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Executive Orders

EXECUTIVE ORDER BR 90-5

WHEREAS, during the 1988 Regular Session the legislature enacted Act 933 (originally Senate Bill No. 606) relative to correctional facilities inmate labor; and

WHEREAS, said Act, among other things, authorizes the governor to use inmate labor in certain projects or maintenance or repair work; and

WHEREAS, the Act provides that the governor, upon determining that it is appropriate and in furtherance of the rehabilitation and training of inmates, may, by executive order, authorize the use of inmates of a penal or correctional facility owned by the state of Louisiana for necessary labor in connection with a particular project;

NOW THEREFORE I, BUDDY ROEMER, Governor of the state of Louisiana do hereby order the following:

SECTION 1: that inmate labor be and is hereby authorized to renovate the fire alarm system at the Louisiana State Penitentiary, Angola, Louisiana.

IN WITNESS WHEREOF, I have hereunto 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 9th day of March, 1990.

Buddy Roemer
GOVERNOR OF LOUISIANA

ATTEST BY
THE GOVERNOR
Fox McKeithen
Secretary of State

1. Chicago EARLY Assessment
2. Miller Assessment of Preschools
3. Developing Skills Checklist
4. DIAL-R-Developmental Indicators for the Assessment of Learning

BESE policy (May, 1988) requires a three-year approval period for kindergarten screening instruments. The policy further requires that prior to the end of that period the department will conduct a review of instruments currently on the approved list as well as other nationally recognized instruments. The emergency adoption is necessary due to time lines inherent in the policy.

Em Tampke
Executive Director

DECLARATION OF EMERGENCY

Board of Elementary and Secondary Education

Procedure to Review Kindergarten Developmental Readiness Screening Instruments

The State Board of Elementary and Secondary Education, at its meeting of March 22, 1990, exercised those powers conferred by the emergency provisions of the Administrative Procedure Act, R.S. 49:953B and adopted a procedure to review kindergarten developmental readiness screening instruments on a five-year basis in lieu of the current three-year cycle as now provided in board policy.

Emergency adoption of this rule allows the local education agencies (LEA) to negotiate with publishers the purchase of screening instruments on a five-year basis rather than three years. LEA receipt of this information is critical prior to entry into agreement.

Em Tampke
Executive Director

Emergency Rules

DECLARATION OF EMERGENCY

Board of Elementary and Secondary Education

Kindergarten Developmental Readiness Screening Instruments

The State Board of Elementary and Secondary Education, at its meeting of March 22, 1990, exercised those powers conferred by the emergency provisions of the Administrative Procedure Act, R. S. 49:953B and adopted the department's recommended list of four kindergarten developmental readiness screening instruments for Cycle II of the state program as follows:

DECLARATION OF EMERGENCY

Board of Elementary and Secondary Education

Transition Year for Kindergarten Developmental Readiness Screening Instrument

The State Board of Elementary and Secondary Education, at its meeting of March 22, 1990, exercised those powers conferred by the emergency provisions of the Administrative Procedure Act, R.S. 49:953B and directed that FY 1990-91 be a transition year so that local school districts may opt to select a kindergarten developmental readiness screening instrument from the current list or from the newly adopted list and fully implement Cycle II no later than 1991-92.

School systems wishing to adopt a new instrument for the upcoming school year may be advised of the newly approved list. The emergency adoption will afford them the opportunity to conduct a local adoption and to secure materials prior to the beginning of the 1990-91 school year.

Em Tampke
Executive Director

DECLARATION OF EMERGENCY

Board of Elementary and Secondary Education

Amendment to Nonpublic School Standards

The State Board of Elementary and Secondary Education, at its meeting of March 22, 1990, exercised those powers conferred by the emergency provisions of the Administrative Procedure Act, R. S. 49:953B and adopted the recommendation of the Nonpublic School Commission that the nonpublic school standards be amended to allow the removal of two deficiencies during elementary summer school with a required total of 60 hours of instruction for the removal of one deficiency and 120 hours of instruction for the removal of two deficiencies.

The emergency adoption is necessary because the amendment to the Nonpublic School Standards affects the 1990 Summer School program.

Em Tampke
Executive Director

DECLARATION OF EMERGENCY

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, has exercised the emergency provision of the Administrative Procedure Act, R.S. 49:953B to adopt the following rule in the Medical Assistance Program effective April 1, 1990.

Current federal law requires states to offer Medicaid coverage to certain children (known as "qualified" children) born after September 30, 1983 and younger than age seven if their family incomes were below the AFDC financial eligibility levels. Louisiana has also chosen the option to cover children born after September 30, 1983 and younger than age eight.

Under the mandatory provisions of the Omnibus Reconciliation Act of 1989, states are required to cover children born after September 30, 1983, who have not attained six years of age, and whose family income is below 133 percent of the federal poverty guidelines. This law allows the state to continue to cover children from age six through age seven whose family incomes are up to 100 percent of the federal poverty guidelines.

Implementation of this provision is mandated by the Omnibus Reconciliation Act of 1989. This rule is necessary to ensure compliance with mandated federal regulations and to avoid sanctions from HCFA.

EMERGENCY RULE

Beginning April 1, 1990, the upper income eligibility limitation for children born after September 30, 1983 who have not attained six years of age, and whose family income is up to 133 percent of the federal poverty level as required by the Omnibus Reconciliation Act of 1989.

David L. Ramsey
Secretary

DECLARATION OF EMERGENCY

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, has exercised the emergency provision of the Administrative Procedure Act, R.S. 49:953B to adopt the following rule in the Medical Assistance Program effective April 1, 1990.

Current federal law requires states to offer Medicaid coverage to pregnant women and to infants up to age one with family incomes below 75 percent of the federal poverty level, and then, effective July 1, 1990, below 100 percent of the federal poverty level. States currently also have the option of extending Medicaid coverage to all pregnant women and infants with incomes at percentages above the poverty guidelines.

Under the mandatory provisions of the Omnibus Reconciliation Act of 1989, states are required to cover pregnant women and infants to age one with family incomes up to 133 percent of the federal poverty level. OBRA '89 thus accelerates the effective date of mandatory coverage for pregnant women and infants from July 1, 1990 to April 1, 1990 and raises the level from 100 percent to 133 percent of poverty.

Implementation of this provision is mandated by the Omnibus Reconciliation Act of 1989. This rule is necessary to ensure compliance with mandated federal regulations and to avoid sanctions from HCFA.

EMERGENCY RULE

Beginning April 1, 1990, the upper income eligibility limitation for pregnant women and infants to age one is a family income up to 133 percent of the federal poverty level as required by the Omnibus Reconciliation Act of 1989.

David L. Ramsey
Secretary

DECLARATION OF EMERGENCY

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, has exercised the emergency provision of the Administrative Procedure Act, R.S. 49:953B to adopt the following rule in the Medical Assistance Program effective April 1, 1990.

Interest accrued on burial spaces is currently exempt from treatment as a resource in computing eligibility for Medicaid benefits under optional provisions of Title XIX of the Social Security Act. Under the provisions of this emergency rule, interest accrued on burial spaces shall not be considered in determining Title XIX eligibility under the mandatory provisions of §8013 of the Omnibus Reconciliation Act of 1989.

This rule is necessary to comply with the Omnibus Reconciliation Act of 1989 which defines this provision as a mandatory requirement in eligibility computation for Title XIX services. This rule is necessary to ensure compliance with mandated federal regulations and to avoid sanctions from HCFA.

EMERGENCY RULE

Beginning April 1, 1990, interest earned on burial spaces shall not be considered a countable resource in determining eligibility for Medicaid services in accordance with the mandatory provisions of the Omnibus Reconciliation Act of 1989.

David L. Ramsey
Secretary

DECLARATION OF EMERGENCY

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, has exercised the emergency provision of the Administrative Procedure Act, R.S. 49:953B to adopt the following rule in the Medical Assistance Program effective April 1, 1990.

Under the provisions of the Omnibus Reconciliation Act of 1989, additional State Plan documentation of payment rates for specified pediatric services and all obstetrical services is required annually. Amendments must be submitted by April 1 of each year to notify the Health Care Financing Administration of specific procedures and payment methodology to be utilized effective October 1 of that year. Assurances and documentation of the methodologies must be submitted with cost and utilization data supporting the state's findings of adequacy and access.

The bureau has initiated inquiries to physicians and other professionals in the pertinent fields of specialization and to other sources of private and public reimbursement to gather the necessary cost and methodology data necessary to furnish the required reports, and has been working closely with the Professional Reimbursement Committee to analyze physician fees and make recommendations.

Implementation of this provision is mandated by the Omnibus Reconciliation Act of 1989. This rule is necessary to ensure compliance with mandated federal regulations and to avoid sanctions from HCFA.

EMERGENCY RULE

Beginning April 1, 1990, the requirements of §6402 of the Omnibus Reconciliation Act of 1989 shall be met. Annual Title XIX State Plan amendments shall be submitted specifying payment rates by procedure for the upcoming year.

David L. Ramsey
Secretary

DECLARATION OF EMERGENCY

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, has exercised the emergency provision of the Administrative Procedure Act, R.S. 49:953B to adopt the following rule in the Medical Assistance Program effective April 1, 1990.

Under current policies only physician services and prenatal clinic services are reimbursed to federally-qualified health centers. Effective April 1, 1990, BHSF will begin implementation of reimbursement based on allowable costs for federally-qualified health center services. This includes any other services provided by a federally-qualified health center which are otherwise included as reimbursable Medicaid services in Louisiana. Federally-qualified health centers are defined as those receiving a grant under §§ 329, 330, or 340 of the Public Health Service Act or which, based on the recommendation of the Health Resources and Services Administration within the Public Health Service, are determined by the secretary to meet the requirements for receiving such a grant and has been recognized by the Health Care Financing Administration as eligible for Medicaid reimbursement.

Following implementation of these regulations, primary health services mandated to be covered (if reimbursable under Title XIX in Louisiana) when rendered by the federally-qualified health centers shall include physicians' services, nurse clinicians' services, diagnostic lab and x-ray, preventive health services (including children's eye and ear examinations, perinatal services, well child services, and family planning services), emergency medical services, transportation services as required for adequate patient care, preventive dental services, and pharmaceutical services as may be appropriate for particular centers. Additional supplemental health services may be reimbursed when rendered by these providers and covered under Title XIX in Louisiana.

Implementation of this provision is mandated by the Omnibus Reconciliation Act of 1989, Section 6404 (P.L. 101-239). This rule is necessary to ensure compliance with mandated federal regulations and to avoid sanctions from HCFA.

EMERGENCY RULE

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing shall begin implementation of reimbursement for all covered ambulatory services delivered by federally-qualified health centers receiving grants under §§ 329, 330, 340 of the Public Health Service Act as required by §6404 of the Omnibus Reconciliation Act of 1989.

Reimbursement for these services shall be based on allowable costs in accordance with Medicare principles of cost reimbursement found at 42 CFR Part 413. Annual cost reporting and full cost settlement shall be required to participate in Title XIX as a federally-qualified health center.

David L. Ramsey
Secretary

DECLARATION OF EMERGENCY

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, has exercised the emergency provisions of the Administrative Procedure Act, R.S. 49:953B to adopt the following rule in the Medicaid program.

The Health Care Financing Administration (HCFA) has established a new focus on the Nation's problem of infant mortality and morbidity. The number of low birthweight babies born in the United States continues to be too high, and this is an important factor leading to infant mortality and morbidity, costly intensive care for newborns

and extremely expensive long term care for children disabled by this poor beginning. Medicaid, a major source of financing health care for poor women and children, has been shown to improve perinatal outcomes by improving access to health care for indigent pregnant women and children.

In 1986, Louisiana's percentage of low birthweight babies (8.7 percent) was exceeded or equaled in the United States only by that of Washington, D.C. (12.2 percent) and Mississippi (8.7 percent). Louisiana's rate was 28 percent higher than the rate occurring in the U. S. as a whole (6.8 percent). Louisiana's infant mortality rate for 1986 (11.9 per 1000 live births) was 14 percent higher than that for the U. S. as a whole (10.4 per 1000) and Louisiana's rate for 1987 (11.8 per 1000) was 17 percent higher than the U. S.

This rule is necessary in order to ensure that targeted groups of at-risk pregnant women are able to receive Medicaid-reimbursed case management services as soon as possible. Effective case management contributes to cost containment, quality assurance and continuity of care. Adoption of this provision will contribute materially to maternal and child health and is cost effective. Failure to adopt this provision could result in seriously jeopardizing the lives and future health of pregnant women and their offspring. Therefore, the rule shall be effective April 1, 1990.

EMERGENCY RULE

The Medicaid Program shall implement case management services for a new targeted group of Medicaid recipients defined as at-risk pregnant women.

Case Management for at-risk pregnant women is defined as:

1. arrangements for and compilation of Interdisciplinary Team or other evaluative materials;
2. coordination and participation in the development of a comprehensive service plan for each recipient;
3. training and support of the recipient and her family in the use of personal and community resources identified in the service plan;
4. advocacy on behalf of recipients to assure that they receive appropriate benefits or services;
5. coordination of care between the recipient and all other individuals/agencies involved in care;
6. referral of recipients for appropriate benefits and services;
7. scheduling appointments for these benefits and services;
8. following up on a recipient's attendance at appointments, identification and resolution of barriers to care, and rescheduling of appointments, if necessary;
9. monitoring a recipient's progress in relation to his or her interdisciplinary service plan;
10. periodic reassessment of the recipient's services to insure that they continue to meet the individual's needs.

This service will be reimbursed when provided to pregnant women subject to the limitations specified below.

1. Standards for Participation

The provider of case management services must:

A. enter into a provider agreement with the Bureau of Health Services Financing, including a supplement to the provider agreement which specifies the Bureau of Health Services Financing requirements for the provision of case management services;

B. be licensed to provide case management services in the state;

C. have been certified by the Office of Public Health as having adequate programming and administration to provide the services effectively and efficiently.

2. Standards for Payment

In order to be reimbursed by the state, the provider of case management services must:

A. insure that all case management services are provided by individuals who are licensed to practice in Louisiana or individuals under the supervision of licensed professional staff who meet one of the following education and experience requirements:

(1) an individual with at least a bachelor's degree from an accredited institution and a minimum of one year of experience in a human services field;

(2) a licensed RN with at least one year of experience in public health nursing or a related field;

B. insure that a recipient of services meets the criteria listed below:

(1) the recipient must be at risk of an unfavorable physical, psychosocial, or developmental outcome;

(2) the recipient must require services from multiple health and social services providers;

(3) the recipient must be unable to arrange the necessary services;

C. insure that a recipient agrees voluntarily to receive case management services for which he may be eligible;

D. insure that case management services under this provision will not be used to restrict the access of the recipients to other services available under the State Plan;

E. insure that payment for case management services under this provision will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose;

F. insure that the maximum units of service covered by this provision per individual per calendar year shall not exceed the limit set in accordance with the Title XIX State Plan agreement with the Health Care Financing Administration;

G. insure that these services shall be limited to certain geographical areas in accordance with the Title XIX State Plan agreement with the Health Care Financing Administration;

H. insure that services are provided according to an individualized service plan developed by an interdisciplinary team of professionals;

I. insure that only one individual who is an employee of the case management agency is assigned as the primary case manager for each recipient;

J. insure that the case manager visits the recipient on site at her place of residence or assures that such a visit is made in the first month of service. This visit is intended as part of the assessment of the client's needs and barriers to obtaining care;

K. insure that the case manager maintains regular contact with the recipient after the recipient begins to receive case management services, in accordance with the supplement to the provider agreement with the Bureau of Health Services Financing;

L. insure that the case manager, as well as any other employee of the case management provider who is providing services, maintains separate records for case management for each recipient and that these records contain documentation of contacts and address the efficacy of the service plan in accordance with the supplement to the provider agreement with the Bureau of Health Services Financing;

M. insure that appropriate professional consultation is available to each case manager when necessary;

N. insure that appropriate and timely referrals for services are made, documented and followed up for each recipient served under this provision;

O. insure that the maximum caseload for a case manager for at-risk pregnant women, established in the supplement to the provider agreement with the Bureau of Health Services Financing, is not exceeded;

P. insure that each recipient has freedom of choice with regard to providers of any services, including case management services;

Q. although the recipient may receive services on an inpatient or an outpatient basis, the provider must insure that specific services provided to individuals in institutional settings are not charged as case management services when those services are included in the per diem rate for the institution;

R. abide by the articles of the provider agreement and the supplement to the provider agreement entered into with the Bureau of Health Services Financing;

S. collect data which is used by the Bureau of Health Services Financing to evaluate the effectiveness of the services provided, in accordance with the supplement to the provider agreement with the Bureau of Health Services Financing guidelines.

3. General Provisions

A. Providers of case management services will be reimbursed on a unit of service basis as described in the supplement to the provider agreement with the Bureau of Health Services Financing. Separate unit of service fees will be established for the units of service based on the cost of providing case management services. Reimbursement will be based on allowable cost not to exceed limitations established by the Bureau of Health Services Financing.

B. Providers of case management services shall maintain case records for each recipient which are completed by their case managers to document the provision of service. These records shall contain the dates and times of service provision, the type of service provided, the name of the service provider, the name of the recipient and other necessary information as specified in the supplement to the provider agreement with the Bureau of Health Services Financing and shall be retained for audit as prescribed by the State Plan Standards of Payment.

C. Providers of case management services shall maintain other documentation and submit written reports to the Bureau of Health Services Financing as specified in the supplement to the provider agreement with the Bureau of Health Services Financing.

D. The number of units of service to be reimbursed by the state for each individual in a calendar year shall not exceed the maximum established under the Title XIX State Plan agreement.

E. Standard provisions concerning such procedures as audit, submittal of cost reports, etc. contained in the State Plan Standards for Payment shall be adhered to by providers of case management services.

David L. Ramsey
Secretary

DECLARATION OF EMERGENCY

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, has exercised the emergency provisions of the Administrative Procedure Act, R.S. 49:953B to adopt the following rule in the Medicaid program.

The Health Care Financing Administration (HCFA) has established a new focus on the Nation's problem of infant mortality and morbidity. The number of low birthweight babies born in the United States continues to be too high, and this is an important factor leading to infant mortality and morbidity, costly intensive care for newborns and extremely expensive long term care for children disabled by this poor beginning. Medicaid, a major source of financing health care for

poor women and children, has been shown to improve perinatal outcomes by improving access to health care for indigent pregnant women and children.

In 1986, Louisiana's percentage of low birthweight babies (8.7 percent) was exceeded or equaled in the United States only by that of Washington, D.C. (12.2 percent) and Mississippi (8.7 percent). Louisiana's rate was 28 percent higher than the rate occurring in the U. S. as a whole (6.8 percent). Louisiana's infant mortality rate for 1986 (11.9 per 1000 live births) was 14 percent higher than that for the U. S. as a whole (10.4 per 1000) and Louisiana's rate for 1987 (11.8 per 1000) was 17 percent higher than the U. S. (10.1 per 1000).

The goal of HCFA's Medicaid maternal and infant health initiative is to help states reduce infant mortality and morbidity by maximizing Medicaid coverage and benefits for pregnant women and infants, in part by:

- a. bringing more low income eligible pregnant women into risk-specific prenatal care earlier; and
- b. bringing more infants and toddlers into early and continuing risk-specific health supervision.

P.L. 99-272, the Consolidated Omnibus Budget Reconciliation Act gave Medicaid the ability to provide case management services to certain population groups which could be specified by the state. Case management, defined as an activity under which responsibility for locating, coordinating and monitoring necessary and appropriate services for an individual rests with a specific person or organization, is a invaluable tool in reducing barriers to health care for indigent pregnant women and infants, and, therefore, preventing or ameliorating infant mortality, morbidity or disability.

The increasing capability of Neonatal Intensive Care Unit technology to save smaller and more immature infants results in increasing numbers of fragile infants surviving to discharge. These infants are at excess risk of mortality, morbidity and re-hospitalization for the first few years of life. Developmental disabilities are also significantly increased in this population. Many of these developmentally delayed and high-risk infants require services from multiple agencies and service providers. Coordination of this care through case management results in the infant or toddler receiving services from these agencies more consistently and with little or no unnecessary duplication of services. Public Law 99-457 provides that the state must develop and implement statewide coordinated, interagency systems of comprehensive early intervention services for handicapped infants, toddlers and their families which include case management services. The Medicare Catastrophic Coverage Act of 1988 clearly specifies that Medicaid has responsibility for financing these services for eligible children.

This rule is necessary in order to ensure that targeted groups of high-risk infants and toddlers are able to receive Medicaid-reimbursed case management services as soon as possible. Effective case management contributes to cost containment, quality assurance and continuity of care. This will contribute materially to child health care in Louisiana and is cost effective. Failure to adopt this provision could result in seriously jeopardizing the lives and future health of infants born prematurely, with low birth weights, or suffering from other conditions which can be ameliorated and in increased publicly financed health care costs for providing intensive health services to chronically ill children who may require long-term hospitalization or institutionalization. Therefore, the rule shall be effective April 1, 1990.

EMERGENCY RULE

The Medicaid Program shall implement case management services for a new targeted group of Medicaid recipients defined as high-risk infants and toddlers.

Case Management for high-risk infants and toddlers is defined as:

1. arrangements for and compilation of Interdisciplinary Team

or other evaluative materials;

2. coordination and participation in the development of a comprehensive service plan for each recipient;

3. training and support of the recipient's parents and family in the use of personal and community resources identified in the service plan;

4. advocacy on behalf of recipients to assure that they receive appropriate benefits or services;

5. coordination of care between the recipient and all other individuals/agencies involved in care;

6. referral of recipients for appropriate benefits and services;

7. scheduling appointments for these benefits and services;

8. following up on a recipient's attendance at appointments, identification and resolution of barriers to care, and rescheduling of appointments, if necessary;

9. monitoring a recipient's progress in relation to his or her interdisciplinary service plan;

10. periodic reassessment of the recipient's services to insure that they continue to meet the individual's needs.

This service will be reimbursed when provided to high-risk infants, subject to the limitations specified below.

1. Standards for Participation

The provider of case management services must:

A. enter into a provider agreement with the Bureau of Health Services Financing, including a Supplement to the Provider Agreement which specifies the Bureau of Health Services Financing requirements for the provision of case management services;

B. be licensed to provide case management services in the state;

C. have been certified by the Office of Public Health as having adequate administrative capabilities, staffing, and technical expertise to provide the services effectively and efficiently.

2. Standards for Payment

In order to be reimbursed by the state, the provider of case management services must:

A. Insure that all case management services are provided by individuals who are licensed to practice in Louisiana or individuals under the supervision of licensed professional staff who meet one of the following education and experience requirements:

(1.) An individual with at least a master's degree in social welfare and at least two years experience in a human service or public health area;

(2.) A licensed RN with at least two years of clinical pediatric, maternal and child health, public health or related experience.

B. Insure that the recipients of services meet the criteria listed below:

(1.) The recipient must meet risk criteria approved by the Bureau of Health Services Financing as qualifying the recipient for case management services for high-risk infants and toddlers;

(2.) The recipient must require services from multiple health/social/informal services providers;

(3.) The recipient's parents or family must be unable to arrange the necessary services independently.

C. Insure that a recipient agrees voluntarily to receive case management services under this provision for which he may be eligible.

D. Insure that case management services under this provision will not be used to restrict the access of the recipients to other services available under the State Plan.

E. Insure that payment for case management services under this provision will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

F. Insure that the maximum units of service covered by this

provision per individual per calendar year shall not exceed the limit set in accordance with the Title XIX State Plan agreement with the Health Care Financing Administration.

G. Insure that these services shall be limited to certain geographical areas and maximum ages in accordance with the Title XIX State Plan agreement with the Health Care Financing Administration.

H. Insure that services are provided according to an individualized service plan developed by an interdisciplinary team of professionals.

I. Insure that only one individual who is an employee of the case management agency is assigned as the primary case manager for each recipient.

J. Insure that the case manager visits the recipient on site at his place of residence or assures that such a visit is made in the first month of service. This visit is intended as part of the assessment of the client's needs and barriers to obtaining care.

K. Insure that the case manager maintains regular contact with the recipient and his parents and family in the months after the recipient begins to receive case management services in accordance with the supplement to the provider agreement with the Bureau of Health Services Financing.

L. Insure that the case manager, as well as any other employee of the case management provider who is providing services, maintains separate records for case management for each recipient and that these records contain documentation of contacts and address the efficacy of the service plan in accordance with the supplement to the provider agreement with the Bureau of Health Services Financing.

M. Insure that appropriate professional consultation is available to each case manager when necessary.

N. Insure that appropriate and timely referrals for services are made, documented and followed up for each recipient served under this provision.

O. Insure that the maximum caseload for a case manager for at high-risk infants and toddlers established in the supplement to the provider agreement with the Bureau of Health Services Financing, is not exceeded.

P. Insure that each recipient has freedom of choice with regard to providers of any services, including case management services.

Q. Although the recipient may receive services on an inpatient or an outpatient basis, the provider must insure that specific services provided to individuals in institutional settings are not charged as case management services when those services are included in the per diem rate for the institution.

R. Abide by the articles of the provider agreement and the supplement to the provider agreement entered into with the Bureau of Health Services Financing.

S. Collect data which is used by the Bureau of Health Services Financing to evaluate the effectiveness of the services provided, in accordance with the supplement to the provider agreement with the Bureau of Health Services Financing.

3. General Provisions

A. Providers of case management services will be reimbursed on a unit of service basis as described in the supplement to the provider agreement with the Bureau of Health Services Financing. Separate unit of service fees will be established for the units of service based on the cost of providing case management services. Reimbursement will be based on allowable cost not to exceed limitations established by the Bureau of Health Services Financing.

B. Providers of case management services shall maintain time-sheets which are completed by their case managers to document the provision of service. Time sheets shall contain the dates and times of service provision, the type of case management service provided, the name of the service provider, the name of the recipient and other

necessary information specified in the supplement to the provider agreement with the Bureau of Health Services Financing and shall be retained for audit as prescribed by the Title XIX State Plan Standards of Payment. Specific information on services or activities which may be billed as case management services and on calculation of time for purposes of reporting units of service contained in the supplement to the provider agreement with the Bureau of Health Services Financing shall be followed.

C. Providers of case management services shall maintain documentation and submit written reports to the Bureau of Health Services Financing as specified in the supplement to the provider agreement with the Bureau of Health Services Financing.

D. The number of units of service to be reimbursed by the state for each individual in a calendar year shall not exceed the maximum established under the Title XIX State Plan agreement.

E. Standard provisions concerning such procedures as audit, submittal of cost reports, etc. contained in the State Plan Standards for Payment shall be adhered to by providers of case management services.

David L. Ramsey
Secretary

DECLARATION OF EMERGENCY

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, has exercised the emergency provisions of the Administrative Procedure Act, R.S. 49:953B to revise the following rule in the Medicaid program, published as a rule in the *Louisiana Register* Vol. 15, No. 6, dated June 20, 1989.

The Health Care Financing Administration (HCFA) has established a new focus on the Nation's problem of infant mortality and morbidity. The number of low birthweight babies born in the United States continues to be too high, and this is an important factor leading to infant mortality and morbidity, costly intensive care for newborns and extremely expensive long term care for children disabled by this poor beginning. Medicaid, a major source of financing health care for poor women and children, has been shown to improve perinatal outcomes by improving access to health care for indigent pregnant women and children.

In 1986, Louisiana's percentage of low birthweight babies (8.7 percent) was exceeded or equaled in the United States only by that of Washington, D.C. (12.2 percent) and Mississippi (8.7 percent). Louisiana's rate was 28 percent higher than the rate occurring in the U. S. as a whole (6.8 percent). Louisiana's infant mortality rate for 1986 (11.9 per 1000 live births) was 14 percent higher than that for the U. S. as a whole (10.4 per 1000) and Louisiana's rate for 1987 (11.8 per 1000) was 17 percent higher than the U. S. (10.1 per 1000).

The goal of HCFA's Medicaid maternal and infant health initiative is to help states reduce infant mortality and morbidity by maximizing Medicaid coverage and benefits for pregnant women and infants, in part by:

- a. bringing more low income eligible pregnant women into risk-specific prenatal care earlier; and
- b. bringing more infants and toddlers into early and continuing risk-specific health supervision.

P.L. 99-272, the Consolidated Omnibus Budget Reconciliation

Act gave Medicaid the ability to provide case management services to certain population groups which could be specified by the state. Case management, defined as an activity under which responsibility for locating, coordinating and monitoring necessary and appropriate services for an individual rests with a specific person or organization, is an invaluable tool in reducing barriers to health care for indigent pregnant women and infants, and, therefore, preventing or ameliorating infant mortality, morbidity or disability.

This rule revision is necessary in order to ensure that targeted groups of pregnant women who are at medical high risk are able to receive adequate and appropriate Medicaid-reimbursed case management services as soon as possible. Effective case management contributes to cost containment, quality assurance and continuity of care. Revisions to accomplish this include a requirement that an obstetrician be included on her interdisciplinary service team. Adoption of this provision will contribute materially to maternal and child health and is cost effective. Failure to adopt this provision could result in seriously jeopardizing the lives and future health of high-risk pregnant women and their offspring. Therefore, the rule shall be effective April 1, 1990.

EMERGENCY RULE

Case Management for high-risk pregnant women is defined as:

- a. arrangements for and compilation of Interdisciplinary Team or other evaluative materials;
 - b. coordination and participation in the development of a comprehensive service plan for each recipient;
 - c. training and support of the recipient in the use of personal and community resources identified in the service plan;
 - d. advocacy on behalf of recipients to assure that they may receive appropriate benefits or services;
 - e. coordination of care between the recipient and all other individuals/agencies involved in care;
 - f. referral of recipients for appropriate benefits and services;
 - g. scheduling appointments for these benefits and services;
 - h. following up on a recipient's attendance at appointments, identification and resolution of barriers to care, and rescheduling of appointments, if necessary;
 - i. monitoring a recipient's progress in relation to his or her interdisciplinary service plan;
 - j. periodic reassessment of the recipient's services to insure that they continue to meet the individual's needs;
1. Standards for Participation. The provider of case management services must:
 - a. enter into a provider agreement with the Bureau of Health Services Financing, including a supplement to the provider agreement which specifies the Bureau of Health Services Financing requirements for the provision of case management services;
 - b. be licensed to provide case management services in the state;
 - c. have been certified by the Office of Public Health as having adequate programming and administration to provide the service effectively and efficiently.
 2. Standards for Payment. In order to be reimbursed by the state, the provider of case management services must:
 - a. insure that all case management services are provided by individuals who are licensed to practice in Louisiana or individuals under the supervision of licensed professional staff who meet one of the following education and experience services.
 - (1.) An individual with a Master's degree in social work and a minimum of one year of experience in a human services field;
 - (2.) An individual with a Bachelor's degree in nursing with a minimum of two years of experience in perinatal or public health nursing.

b. insure that all recipients of services meet the criteria listed below:

(1.) the recipient must be at the highest risk of an unfavorable physical, psychosocial or developmental outcome;

(2.) the recipient must require services from multiple health and social services providers;

(3.) the recipient must be unable to arrange the necessary services.

c. insure that a recipient agrees voluntarily to receive case management services under this provision for which he may be eligible.

d. insure that case management services under this provision will not be used to restrict the access of the recipients to other services available under the State Plan.

e. insure that payment for case management services under this provision will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

f. insure that the maximum units of service covered by this provision per individual per calendar year shall not exceed the limit set in accordance with the Title XIX State Plan agreement with the Health Care Financing Administration.

g. insure that these services shall be limited to certain geographical areas in accordance with the Title XIX State Plan agreement with the Health Care Financing Administration.

h. insure that services are provided according to an individualized service plan developed by an interdisciplinary team of professionals, which must include, at a minimum, an obstetrician/gynecologist, a master's level social worker, a perinatal nurse and a nutritionist;

i. insure that only one individual who is an employee of the case management agency is assigned as the primary case manager for each recipient;

j. insure that the case manager visits the recipient on site at her place of residence or assures that such a visit is made in the first month of service. This visit is intended as part of the assessment of the client's needs and barriers to obtaining care.

k. insure that the case manager maintains regular monthly contact with the recipient after the recipient begins to receive case management services, in accordance with the standards in the supplement to the provider agreement with the Bureau of Health Services Financing;

l. insure that the case manager, as well as any other employee of the case management provider providing services, maintains separate records for case management for each recipient and that these records contain documentation of contacts and address the efficacy of the service plan in accordance with Bureau of Health Services Financing guidelines:

m. insure that appropriate professional consultation is available to each case manager when necessary;

n. insure that appropriate and timely referrals for services are made and documented for each recipient served under this provision;

o. insure that the maximum caseload for a case manager for at-risk pregnant women, established in the supplement to the provider agreement with the Bureau of Health Services Financing, is not exceeded;

p. insure that each recipient has freedom of choice with regard to providers of any services, including case management services;

q. although the recipient may receive services on an inpatient or an outpatient basis, the provider must insure that specific services provided to individuals in institutional settings are not charged as case management services when these services are included in the per diem rate for the institution.

r. abide by the articles of the provider agreement and the supplement to the provider agreement entered into with the Bureau of

Health Services Financing;

s. collect data which is used by the Bureau of Health Services Financing to evaluate the effectiveness of the services provided, in accordance with the supplement to the provider agreement with the Bureau of Health Services Financing guidelines.

3. General Provisions

a. providers of case management services will be reimbursed on a unit of service basis. Separate unit of service fees will be established for the initial month of service and subsequent months of services, based on the cost of providing case management services. Reimbursement will be based on allowable cost not to exceed limitations established by the Bureau of Health Services Financing.

b. providers of case management services shall maintain case records for each recipient which are completed by their case managers to document the provision of service. These records shall contain the dates and times of service provision, the type of service provided, the name of the service provider, the name of the recipient and other necessary information as specified in the supplement to the provider agreement with the Bureau of Health Services Financing and shall be retained for audit as prescribed by the State Plan Standards of Payment.

c. providers of case management services shall maintain other documentation and submit written reports to the Bureau of Health Services Financing as specified in the supplement to the provider agreement with the Bureau of Health Services Financing.

d. the number of units of service to be reimbursed by the state for each individual in a calendar year shall not exceed the maximum established under the Title XIX State Plan agreement.

e. standard provisions concerning such procedures as audit, submittal of cost reports, etc. contained in the State Plan Standards for Payment shall be adhered to by providers of case management services.

David L. Ramsey
Secretary

DECLARATION OF EMERGENCY

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, has exercised the emergency provisions of the Administrative Procedure Act, R.S. 49:953B to adopt the following rule in the Medicaid program.

The Health Care Financing Administration (HCFA) has established a new focus on the Nation's problem of infant mortality and morbidity. The number of low birthweight babies born in the United States continues to be too high, and this is an important factor leading to infant mortality and morbidity, costly intensive care for newborns and extremely expensive long term care for children disabled by this poor beginning. Medicaid, a major source of financing health care for poor women and children, has been shown to improve perinatal outcomes by improving access to health care for indigent pregnant women and children.

In 1986, Louisiana's percentage of low birthweight babies (8.7 percent) was exceeded or equaled in the United States only by that of Washington, D.C. (12.2 percent) and Mississippi (8.7 percent). Louisiana's rate was 28 percent higher than the rate occurring in the U. S. as a whole (6.8 percent). Louisiana's infant mortality rate for 1986 (11.9

per 1000 live births) was 14 percent higher than that for the U. S. as a whole (10.4 per 1000) and Louisiana's rate for 1987 (11.8 per 1000) was 17 percent higher than the U. S. (10.1 per 1000).

The goal of HCFA's Medicaid maternal and infant health initiative is to help states reduce infant mortality and morbidity by maximizing Medicaid coverage and benefits for pregnant women and infants, in part by:

- a. bringing more low income eligible pregnant women into risk-specific prenatal care earlier; and
- b. bringing more infants and toddlers into early and continuing risk-specific health supervision.

P.L. 99-272, the Consolidated Omnibus Budget Reconciliation Act gave Medicaid the ability to provide these enhanced services. These services include risk assessments for pregnant women to determine her level of risk, to determine which services are most needed to protect her health, to improve the birth outcome and to enhance her chances of raising a healthy child. Such a service provided to indigent pregnant women, particularly in combination with case management services, may prevent or ameliorate infant mortality, morbidity or disability and the enormous costs associated with these problems.

This rule is necessary in order to ensure that Medicaid-eligible pregnant women are able to receive this cost effective, enhanced service as soon as possible. Therefore, this rule shall be effective April 1, 1990.

EMERGENCY RULE

The Medicaid Program shall implement a new prenatal service, risk assessment, to be extended to all Medicaid eligible pregnant women in the state.

Risk Assessment is defined as the systematic determination of factors which may compromise the health outcome for a pregnant woman or her infant. Such assessments should include, but are not limited to medical, social and nutritional factors. The assessment may be done by a prenatal medical care provider or by a health care professional under the supervision of a prenatal medical care provider.

A risk assessment shall result in a baseline of information regarding the pregnant woman's needs or problems which will be used to guide the development of an interdisciplinary plan of care describing the type and level of intensity of services the recipient will require during her pregnancy. If the recipient is eligible for or receiving case management services, the risk assessment provider shall cooperate with the case management provider and other appropriate health care professionals in the development of the interdisciplinary plan of care.

1. Standards for Participation

The risk assessment provider shall:

A. enter into a provider agreement with the Bureau of Health Services Financing, including a supplement to the provider agreement which specifies the Bureau of Health Services Financing requirements for the provision of risk assessment services;

B. be licensed in the state as one of the following:

1. a physician;
2. a certified nurse midwife;
3. a prenatal care clinic;
4. a registered nurse, who may provide risk assessment services under the supervision of a physician.

C. have been certified by the Office of Public Health to provide risk assessment services.

2. Standards for Payment

In order to be reimbursed by the state, the provider of risk assessment services must:

A. assure that all risk assessment services are provided only to women whose pregnancy has been verified;

B. insure that the risk assessment instrument used is one approved by the Bureau of Health Services Financing;

C. insure that a recipient agrees voluntarily to receive risk assessment services for which she is eligible;

D. insure that risk assessment services under this provision will not be used to restrict the access of the recipients to other services available under the State Plan;

E. insure that payment for risk assessment services under this provision will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose;

F. insure that, if the recipient is eligible for or receiving case management services because of the risk level involved in her pregnancy, the provider will cooperate with the recipient's case management provider and other appropriate professionals in developing interdisciplinary service plan;

G. insure that each recipient has freedom of choice with regard to providers of any services necessary for her treatment;

H. abide by the articles of the provider agreement and the supplement to the provider agreement entered into with the Bureau of Health Services Financing.

3. General Provisions

A. Providers of risk assessment services will be reimbursed on a unit of service basis. Reimbursement will be based on allowable cost not to exceed limitations established by the Bureau of Health Services Financing.

B. Providers of risk assessment services shall maintain adequate documentation of the provision of service in a separate record for each recipient. These records should include the date of service provision and the name of the service provider and be retained for audit as prescribed by the State Plan Standards of Payment.

C. The number of units of service to be reimbursed by the state for each individual per pregnancy shall not exceed the maximum of two established under the Title XIX State Plan agreement.

D. Standard provisions concerning such procedures as audit, submittal of cost reports, etc. contained in the Title XIX State Plan Standards for Payment shall be adhered to by risk assessment providers.

David L. Ramsey
Secretary

DECLARATION OF EMERGENCY

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, has exercised the emergency provisions of the Administrative Procedure Act, R.S. 49:953B to adopt the following rule in the Medicaid program effective April 1, 1990.

The Health Care Financing Administration (HCFA) promulgated reimbursement limits on payments for drugs under Title XIX (Medicaid). These limits were published in the *Federal Register*, Vol. 52, No. 147, dated July 31, 1987, Pages 28648 - 28658. Under these regulations reimbursement for prescription drugs was divided into two groupings: Multiple Source Drugs for which a federal upper limit was established; and Other Drugs. Under this regulation the state agency incorporated federal upper limits into its existing "lower-of" reimbursement methodology. The state agency also retained its reimbursement methodology for drugs included in the "Other Drugs" category. Reimbursement for drugs in this category was based on the lower of:

1. Louisiana Maximum Allowable Cost (LMAC) limits on multiple source drugs;
2. Average Wholesale Price (AWP) for the drug product subject to expanded package size limitations; and
3. Usual and customary charges to others.

Following submittal of the state's reimbursement methodology to the Health Care Financing Administration (HCFA) the state was notified the continued utilization of AWP in setting reimbursement for "Other Drugs" was unacceptable in light of "overwhelming evidence" that providers do not pay AWP for drugs purchased. The state agency appealed this decision and was notified on June 16, 1989 that the administrator of HCFA had upheld the disapproval of Louisiana's methodology making the following findings:

The administrator has reviewed the entire prescription drug reimbursement plan proposed in Plan Amendment No. 87-33. There are features in this plan which properly constrain Medicaid drug reimbursement costs. The state's LMAC program has been, and continues to be, a significant factor in keeping total costs in line. There was evidence in the record that the LMAC program accounted for 56% of all drug claims reimbursed by the state.

However, all of the drugs subject to LMAC are multiple-source drugs. Other multiple-source drugs are subject to the Federal MAC, set up under 42 CFR 447.332. EAC would still serve as the primary cost screen for all single source drugs. This is the crux of the issue in this reconsideration - the effectiveness of EAC for those drugs subject to it.

Reimbursement for all drugs, except those subject to the federal MAC, would be subject to the additional limitation of the usual and customary charge made to the general public. This is a regulatory requirement at 42 CFR 447.331(b). However, when this limitation is frequently used because the retail prices are lower than the average wholesale price (AWP) plus a dispensing fee, there is a further indication that the unmodified AWP is in excess of the providers' acquisition cost.

The LMAC and usual and customary charge limitation are commendable features of the state's proposed plan. However, the plan would be more economical and efficient if the EAC did not rely upon an unmodified AWP.

The Bureau of Health Services Financing has been orally advised by HCFA Region VI personnel that without specific findings of what price participating pharmacies are paying for prescription drugs, reimbursement of single source drugs based upon data cannot be approved unless such data is reduced by a minimum of 10.5 percent.

To prevent the disallowance of federal funding effective July 1, 1989, for pharmacy services, the Bureau of Health Services Financing adopted this change in reimbursement through emergency rules, published in the *Louisiana Register* Vol. 15, No. 7, page 536, dated July 20, 1989 and Vol. 15, No. 11, dated November 20, 1989. While the bureau appealed HCFA's disapproval of the state's reimbursement methodology, it was necessary to implement the mandated methodology of the federal government until a decision of the Federal Court of Appeals was rendered.

Under these rules the agency expanded its definition of "Estimated Acquisition Cost" for "Other Drugs" to include an additional "lower-of" limitation. This limitation established AWP-10.5 percent as the maximum reimbursement for "Other Drugs" not subject to, or exempt from LMAC and federal upper limits. This change is mandated to comply with HCFA's final ruling on Louisiana drug reimbursement and mandatory federal regulations effective July 1, 1989.

As the dispensing fee was established taking reimbursement limitations into account, the changes in reimbursement limits required the bureau to also amend its dispensing fee to assure total reimbursement for prescription services remains reasonable and adequate to cover the costs which must be incurred by efficiently and economically

operated providers. The dispensing fee was set at \$4 effective June 26, 1989, based on projections of anticipated costs and revised reimbursement impact. However, retrospective studies have demonstrated that reimbursement under the AWP minus 10.5 percent methodology has not yielded adequate total reimbursement to cover the costs incurred by efficiently and economically operated providers.

Under this rule the agency is adjusting its maximum allowable dispensing fee to \$4.41 effective April 1, 1990. This rule is necessary to implement mandatory federal regulations and prevent issuance of disallowances for pharmacy services.

EMERGENCY RULE

The bureau shall pay a dispensing fee on each Title XIX prescription of no more than \$4.41. The dispensing fee paid on a prescription shall be subject to reimbursement limitations adopted by the bureau for payment of Title XIX prescription drug services.

Implementation of this rule is dependent on the approval of the Health Care Financing Administration (HCFA). Disapproval of the change by HCFA will automatically cancel the provisions of this rule and current policy will remain in effect.

David L. Ramsey
Secretary

DECLARATION OF EMERGENCY

Department of the Treasury Bond Commission

The Louisiana State Bond Commission amended the commission's rules as originally adopted on November 20, 1976.

The commission amended Rule No. 15 of the original commission rules and increased the maximum amount of authorized lines of credit as follows:

15. Line of credit - A line of credit is an authorization to a state agency to proceed with a project and draw from the State Treasury funds for the project prior to the sale of bonds for that project. The maximum amount of lines of credit which may be authorized by the commission shall be \$140,000,000. Bonds shall be issued to replenish lines of credit granted in the fiscal year in which the line of credit was granted. No lines of credit may be granted for a project unless and until either the bonds have been sold, lines of credit have been granted, or a certificate of possibility and impracticality has been issued for all projects of higher priority as stated in the comprehensive capital budget adopted by the Legislature. The maximum amount of lines of credit provided herein shall not apply in cases where the commission shall deem an item to be an emergency matter.

Monies advanced on a line of credit for any project shall be spent only in accordance with the description in the bond authorization act authorizing bonds to be issued for that project.

Prior to the execution of any contract or agreement obligating the expenditure of monies received by any state department or agency or any other entity from line of credit funds, the attorney general's office shall be requested to review such proposed contracts or agreements for the sole purpose of determining whether expenditure of funds thereunder is for the purpose of furthering the applicable project adopted by the Legislature. If given, such prior approval by the attorney general's office shall be in writing to the appropriate state department, agency or other entity with a copy to be furnished to the State Bond Commission.

Should the attorney general's office determine that the proposed expenditure of line of credit funds not be in order, no funds may

be used to pay obligations which may be incurred if such contracts are executed after an adverse conclusion by the attorney general's office.

All approvals of lines of credit shall be conditioned on compliance by the state department, agency or other entity with the aforementioned procedure, and it shall be their duty to request approval from the attorney general's office, stating to which bond act and to which project the contract or agreement in question pertains. Failure to comply with such procedure by any such department, agency or other entity shall result in the immediate revocation of the line of credit, and all information regarding the possible expenditure of line of credit funds for other than authorized purposes shall be forwarded immediately by the commission to the attorney general's office and the district attorney's office.

This emergency rule is necessary to ensure continued construction and funding of all projects heretofore begun and contained in Priority 1 of the current Capital Outlay Act, Act No. 822 of the 1989 Regular Session of the Louisiana Legislature and a number of projects contained in Priority 2 of said Act.

This rule is effective immediately.

Mary L. Landrieu
State Treasurer and Chairman
State Bond Commission

Rules

RULE

Department of Agriculture and Forestry Office of Agriculture and Environmental Sciences

Quarantine Program

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950 et seq.), the Department of Agriculture and Forestry, in accordance with the authority granted under R.S. 3:1655 and pursuant to the notice of intent published on February 20, 1990, adopts the following amendments to the Plant Quarantine Regulations.

Title 7 AGRICULTURE AND ANIMALS Part XV. Plant Diseases

Chapter 95. Crop Pests and Diseases

Subchapter A. General Plant Quarantine Provisions

§9523. Host Materials

The following materials are declared to be host materials for the plant pests or diseases indicated:

Plant pest/disease	Host materials
A. Sweetpotato weevil [<i>Cyrtosuchus formicarius</i> , <i>elegantulus</i> , (Sum.)]	Dehydrated sweet potatoes, sweet potato roots, plants, vines or parts thereof; all other <i>Ipomoea</i> spp.; and containers used for transportation or storage of all such hosts

B. Pink bollworm [*Pectinophora gossypiella*, (Saunders)]

All parts of cotton and wild cotton plants of the genus *Gossypium*, seed cotton, cottonseed, cotton lint, cotton linters, okra, kanef, cotton waste, gin trash, cottonseed hulls, cottonseed cake, cottonseed meal, used bagging and other wrappers for cotton, used cotton harvesting equipment, used picking sacks and any other farm products, equipment, household goods, ginning and oil mill equipment, means of conveyance and any other articles which may serve as host materials

C. Brown garden snail (*Helix aspersa* Muller)

Ornamental, horticultural and nursery stock

D. Leaf scald (*Xanthomonas albilineans*)

Sugar cane plants, stalks, cuttings and seed; maize

E. Lethal yellowing

1. *Cocos nucifera* L. (Coconut palm) all varieties, including Malayan dwarf
2. *Veitchia* spp.
3. *Pritchardia* spp.
4. *Arikuryroba schizophylla* (Mart.) Bailey (Arikury palm)
5. *Corypha elata* Roxb. (Buri palm, Gebang palm)
6. *Phoenix reclinata* Jacq. (Senegal date palm)
7. *Phoenix canariensis* Hort. ex Chab. (Canary Island date palm)
8. *Phoenix dactylifera* L. (Date palm)
9. *Phoenix sylvestris* (L.) Roxb. (Sylvester date palm)
10. *Trachycarpus fortunei* (Hook.) Wendl. (Chinese windmill palm)
11. *Hyophorbe (Mascarena) verschaffeltii* H. Wendl. (Spindle palm)
12. *Caryota mitis* Lour. (Cluster fishtail palm)
13. *Borassus flabellifer* L. (Palmyra palm)
14. *Chrysalidocarpus cabadae* H.E. Moore (Cabada palm)
15. *Dictyosperma album* (Bory) H. Wendl. & Drude (Hurricane or princess palm)
16. *Aiphanes lindeniana* (H. Wendl.) H. Wendl.
17. *Allagoptera arenaria* (Gomes) Kuntze
18. *Arenga engleri* Becc.

19. *Ravenea hildebrandti*
Wendl. ex Bouche
20. *Gaussia attenuata* (O. F. Cook) Beccari (Puerto Rican *Gaussia*)
21. *Howeia belmoreana* (C. Moore & F. Muell.) Becc. (Sentry palm)
22. *Latania* spp. (all species)
23. *Livistona chinensis* (N. J. Jacquin) R. Br. ex Mart. (Chinese fan palm)
24. *Nannorrhops ritchiana* (W. Griffith) J. E. T. Aitchison (Mazari palm)
25. *Neodypsis decaryi* Jumelle (Triangle palm)

F. Sweet potato mosaic

Sweet potato tubers, plants, vines, cuttings, draws and slips; morning glory plants

G. Tristeza, xyloporosis, psorosis, exocortis

Citrus nursery stock, scions and budwood

H. Burrowing nematode (*Radopholus similis*)

All plants with roots; all earth; all sand; and all parts of plants produced below soil level
Exceptions:

1. aquatic plants if free from soil;
2. air plants, including certain orchids, grown in soil-free media;
3. air layered plants if roots are still established in the original soil-free moss wrappings;
4. dormant bulbs and corms if free from roots and soil;
5. fleshy roots, corms, tubers and rhizomes for edible or medicinal purposes if washed or otherwise freed of soil; and
6. industrial sand and clay.

I. Oak wilt (*Ceratocystis fagacearum*)

Rooted trees, seedlings and/or propagative parts of oak (*Quercus* spp.), Chinese chestnuts (*Castanea mollissima*), tanoak (*Lithocarpus deniflorus*) and bush cinquapen (*Castanopsis sempervirens*), but not including seeds thereof

J. Phony peach

All peach, plum, apricot, nectarine and almond stock

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:1655.

HISTORICAL NOTE: Promulgated by the Department of Agriculture LR 11:319 (April 1985).

Bob Odom
Commissioner

RULE

Department of Culture, Recreation and Tourism Office of State Museum

Notice is hereby given that the Office of the State Museum adopted the rule as follows:

Title 25 CULTURAL RESOURCES Part III. Office of State Museum

Chapter 1. Public Access

§103. Building Rental Policy

The Louisiana State Museum is responsible for the preservation of the historic buildings placed in its care and the collections contained within the buildings. In order to meet this responsibility the Board of Directors of the Louisiana State Museum has adopted the following policy for use of the Museum's facilities for functions not sponsored by the Louisiana State Museum.

A. Requests for Usage

Requests will be considered from:

1. nonprofit organizations with purposes similar to the educational and historical museum purposes of the Louisiana State Museum;
2. official governmental agencies for governmental functions;
3. groups and individuals whose proposed usage does not involve commercial or political promotion or fundraising and whose usage is, in the opinion of the Museum Board, not in conflict with the purpose of the Louisiana State Museum.

B. Procedures

1. Requests will be considered from:

- a. eligible organizations/agencies/groups/individuals for receptions and similar functions numbering no more than 500 persons and occurring during non-public hours;
- b. eligible organizations/agencies/groups/individuals for business meetings, lectures and slide presentations numbering no more than 200 persons and occurring during non-public hours;
- c. eligible organizations/agencies for business meetings, lectures and slide presentations numbering no more than 100 persons and occurring during public hours.

2. The museum director is authorized to approve usage of the building within the provisions of this policy, in addition to museum-sponsored programs/functions.

3. Requests for usage of the buildings that do not clearly come within this policy will be submitted to the Museum Board's Buildings and Grounds Committee. The committee will make a recommendation to the museum board for final action.

4. The museum board will deny an application if, in the board's opinion, the proposed usage would endanger the museum's building and/or collections or interfere with its interpretive exhibitions and other programs.

5. The museum board may waive the tax-deductible gift donation when the board determines that to do so would be in the best interest of the museum.

6. Base service charge fees will not be waived for non-museum functions.

7. The museum does not provide catering services. Host organizations must make arrangements with the caterer of their choice. The museum reserves the right to reject caterers that do not comply with the museum's instructions concerning proper care of museum facilities.

8. All requests must be submitted in writing prior to the anticipated function in sufficient time (14 days) to allow for proper planning, coordination and completion of the necessary written agreement.

9. All rentals will be based on a written agreement signed at least 10 days in advance of the event or function by the authorized representative of the museum and the organization or group renting the space. The agreement must specify all costs, fees and arrangements. All arrangements must be pre-approved. Spaces in all buildings may be designated as not available.

10. Base service charge fees are established to cover costs of security, custodial and utility services. The museum may, at its discretion, make additional charges based on the nature of the function. Such additional charges will be specified in the rental agreement.

11. The museum will not remove collections/exhibition items to accommodate host organization.

12. Smoking is prohibited in the museum.

13. Host organization will designate an authorized representative who will be present at the function and responsible for all coordination with the museum.

14. If the number in attendance, time and space used is greater than indicated in the written agreement, the host organization will be billed the additional required fees, in accordance with this policy.

15. A deposit of 50 percent of the written agreement indicated cost is required one week prior to the date of the event/function. The balance will be payable upon billing after the function.

16. The museum does not furnish special equipment, tables, etc. for functions in excess of 100 persons or for sit-down dinners.

17. Approved functions which require closing any portion of the museum prior to the scheduled time will be charged an additional \$100 per hour for the period closed.

18. Host organizations will be charged no less than the actual costs for repairing damage to the museum's building and/or collections caused by the function. These charges will be in addition to all other charges.

C. Rates

(Established rates apply to buildings open/available at the time of the request)

1. Tax Deductible Donation

Applicants eligible under Subsection A. 3 above will donate a tax deductible gift to the Louisiana Museum Foundation fund designated for use by the State Museum for endowment, educational, acquisitions, publications, conservation, and building function support purposes. Expenditures of monies in the fund generated by these donations shall be subject to approval of the Joint Legislative Committee on the Budget. Donations will be made in accordance with the following schedule:

Location	Building	Rate (3 hours)	Each Additional Hour
New Orleans	Cabildo	\$3000	\$1000
New Orleans	Presbytere	\$3000	\$1000
New Orleans	Old U.S. Mint	\$2500	\$ 900
Baton Rouge	Old State Capitol	\$2500	\$ 900
Shreveport	State Exhibit Museum	\$2000	\$ 700
New Orleans	1850 House	\$1500	\$ 500
New Orleans	Arsenal	\$1500	\$ 500
New Orleans	Jackson House	\$1500	\$ 500
New Orleans	Creole House	\$1000	\$ 350
New Orleans	Madame John's Legacy	\$1500	\$ 500

2. Base Service Charge Fees - All Buildings

a. Business Meetings, Lectures, Slide Presentations 10 a.m.-5 p.m. Maximum 100 persons-\$100

Guests	1st Hour	Ea. Additional 1/2 Hour
1-100	\$200	\$50
101-200	\$300	\$75

An additional cleaning and repair fee of \$100 during public hours and \$300 during non-public hours will be charged for costs involved in preparation and post function cleaning, set-up and take down.

b. Receptions and similar functions

After 5 p.m. - Maximum 500 persons

Minimum 1 hour

Guests	1st Hour		Ea. Additional 1/2 Hour	
	1st floor	2nd floor	1st floor	2nd floor
1-200	\$250	\$300	\$50	\$ 75
201-300	\$300	\$350	\$75	\$100
301-500	Both Floors	\$450	Both Floors	\$150

An additional cleaning repair fee of \$300 will be charged for costs involved in preparation and post function cleaning, set-up and take down.

c. Sit-Down Dinner

After 5 p.m. - Maximum 100 persons

Guests	1st Hour	Ea. Additional 1/2 Hour
1-50	\$250	\$100
50-100	\$500	\$200

An additional cleaning and repair fee of \$500 will be charged for costs involved in preparation and post function cleaning, set-up and take down.

AUTHORITY NOTE: Promulgated in accordance with R.S. 25:343 - 344.

HISTORICAL NOTE: Promulgated by the Department of Culture, Recreation and Tourism, Office of State Museum, LR 16: (April 1990).

James F. Sefcik
Assistant Secretary

RULE

Board of Elementary and Secondary Education

Notice is hereby given that the Board of Elementary and Secondary Education, pursuant to notice of intent published January 20, 1990 and under the authority contained in Louisiana State Constitution (1974), Article VIII, Section 3, Act 800 of the 1979 Regular Session, adopted the rule listed below:

Title 28 EDUCATION

Part I. Board of Elementary and Secondary Education

§921. Quality Education Support Fund (8g)

A. 8 (g) Policy Manual

1. Eligible Applicants

The following are eligible to apply for an award of Support Fund monies:

a. Any public or approved nonpublic elementary/secondary school system located within the state of Louisiana. Applications made on behalf of a specific classroom teacher, a department within a school, a school, a group of schools, or on a system-wide basis shall be eligible for submission only through the approved recipient who shall serve as fiscal agent.

b. Any approved elementary or secondary school located within the state of Louisiana that is not a part of a school system, provided that the school has been certified by the State Board of Elementary and Secondary Education to meet all applicable standards and is approved for state funding under *Brumfield vs. Dodd*. Applications made on behalf of a specific classroom, teacher, or department, or an

entire school shall be eligible for submission only through the approved recipient who shall serve as fiscal agent.

- c. Any public postsecondary vocational-technical institution.
- d. Private organizations/individuals shall be eligible to submit only through an approved recipient who shall serve as fiscal agent.
- e. State agencies shall be eligible for funding for noncompetitive statewide projects as allocated by BESE.

2. Application for Support Fund

Applicants should submit 10 copies of the complete Support Fund application, including all attachments to the State Board of Elementary and Secondary Education, Box 94064, Baton Rouge, LA 70804-9064.

3. Period to be Covered by Application for Support Fund Monies

The maximum years eligible to receive funding for a continuing project is three years. It should be clearly understood by applicants, however, that no project will be funded for more than one fiscal year. Funding for subsequent years contained in the project proposal is subject to reconsideration by the board in each subsequent fiscal year. The award of Support Fund monies will, in all cases, be guaranteed for one fiscal year only.

Em Tampke
Executive Director

RULE

Board of Elementary and Secondary Education

Notice is hereby given that the Board of Elementary and Secondary Education, pursuant to notice of intent published January 20, 1990 and under the authority contained in Louisiana State Constitution (1974), Article VIII, Section 3, Act 800 of the 1979 Regular Session, adopted the rule listed below:

**Title 28
EDUCATION**

Part I. Board of Elementary and Secondary Education

§903. Teacher Certification Standards and Regulations

- A. - F. ...
- G. Certification Fee Schedule

(All Certification Fees are Nonrefundable)

- 1. Initial Certification Application Fee
- a. Teaching Certificates \$55
 - i. Type C certificate
 - ii. Temporary Certificate (initial certificate only)
 - iii. Emergency permit
 - iv. Temporary employment permit
- b. Ancillary Certificate \$50
- c. VTIE
 - i. Full-time, day postsecondary and secondary \$50
 - ii. Extension postsecondary and secondary \$25
 - iii. Duplicate certificates \$15
 - iv. Additional transactions \$25

There will be no certification fee for extension personnel who are certified by the Department of Health and Hospitals (DHH) to teach the EMT programs.

There will be no certification fee for the specialized business/industry training program personnel.

- 2. Additional Certification Endorsement/Transactions \$25
 - a. Additional Endorsement to Certificate
 - b. Higher Certificate
 - c. Name Change
 - d. Adding Degree
 - e. Extension
 - f. Written evaluations (limit two)
 - 3. Appeal Evaluation \$25
 - 4. Duplicate Certificate \$15
 - 5. Copies of Material in Folder \$ 5
 - a. Letters - per letter
 - b. Transcripts - each university
 - c. NTE scores
 - 6. Bulletin 746, Louisiana Standards for State Certification of School Personnel
 - a. Part A - Teachers, administrators and ancillary personnel \$12
 - b. Part B - Vocational-technical personnel \$ 5
- CERTIFIED CHECK or MONEY ORDER to be made payable to the Louisiana Department of Education.
FEE VALID FOR ONE YEAR PENDING COMPLETION OF TRANSACTION OR REQUEST EFFECTIVE DATE: JANUARY 1, 1990.
- H. - L. ...

Em Tampke
Executive Director

RULE

Board of Elementary and Secondary Education

Louisiana Administrative Code,
Title 28, Part I

Notice is hereby given that the Board of Elementary and Secondary Education, pursuant to notice of intent published February 20, 1990, and under the authority contained in Louisiana State Constitution (1974), Article VIII, Section 3, Act 800 of the 1979 Regular Session adopted as a rule, Title 28, Part I - Education for inclusion in the *Louisiana Administrative Code*.

Em Tampke
Executive Director

RULE

**Department of Employment and Training
Office of Workers' Compensation**

Pursuant to the authority granted by R.S. 49:950, et seq., and LSA-R.S. 23:1031.1(C), the Louisiana Department of Employment and Training, Office of Workers' Compensation, adopts a rule pertaining to administrative hearing officers, which was published as a notice of intent in Volume 16 of the *Louisiana Register* on January 20, 1990. This rule shall become a part of Title 40: Part I, Chapter 15.

Title 40

LABOR AND EMPLOYMENT

Part 1. Workers' Compensation Administration

Chapter 15. Hearing Officers

§1501. General Provisions

A. Director. The director shall perform, organize, direct, and develop the administrative work in support of the work of the hearing

officers, including docketing, clerical, technical and shall establish hours of operation, and perform such other duties relating to matters within the purview of the hearing officers as is prescribed by law.

B. Rules for Hearings. Any matter of practice or procedure not specially dealt with either by the Workers' Compensation Act or by these rules will be guided by practice and procedure followed in the district courts of this state.

C. Forms Under old Rules. Forms, pleadings or instruments which were in conformity or compliance with the Officer of Workers' Compensation (hereinafter referred to as the "Office") rules when filed shall be given full effect in accordance with the Office procedure in force at the time of their filing.

D. Instruments and Orders - Signatures. Any instrument, correspondence or order submitted to the director or to any hearing officer thereof shall be typed or printed legibly on 8½" × 11" paper and shall bear the name and signature of the person who prepared the instrument or correspondence, the firm name if applicable, the complete address including the zip code, the telephone number, including the area code and the case number, if one has been assigned to the claim. All attorneys shall note their bar roll number on all documents and correspondence.

E. Date of Filing - Stamping - Time. All instruments filed with or correspondence forwarded to the Office of Workers' Compensation shall be stamped by the records manager with the date of receipt. Time limits prescribed by law, or these rules, shall be calculated from the date of filing as borne by the instrument, correspondence, order or award.

F. Correspondence with the Office of Workers' Compensation

1. Prior to the assignment of a case all instruments or correspondence pertaining to that case shall be sent to the director of the Workers' Compensation Administration, 1001 North 23rd Street, Baton Rouge, Louisiana 70804. After the claim has been assigned, instruments or correspondence shall be addressed to the assigned hearing officer.

2. Copies of all correspondence and any other instruments sent to the Office of Workers' Compensation shall be mailed by the party originating the correspondence to all other parties of record in the case.

G. Appearance of Parties

1. In all formal proceedings before the hearing officer the parties may appear in person or by counsel licensed to practice law in the State of Louisiana. Corporate entities, unincorporated associations, insurance companies and own-risk carriers may appear only by such counsel. Counsel who will appear before the hearing officer on behalf of a party in any proceeding shall notify the Office of Workers' Compensation of their appearance by filing an entry of appearance or other appropriate pleading.

2. In prehearing proceedings, the parties may appear as above or through agents such as claims personnel assigned to a file.

H. Discovery and Attendance. The hearing process shall be available to aid any party in pursuit of discovery and to compel attendance of witnesses or production of evidence.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1(C).

HISTORICAL NOTE: Promulgated by the Department of Employment and Training, Office of Workers' Compensation, LR 16: (April 1990).

§1503. Forms

A. Preparation and Adoption - Use

1. The Office of Workers' Compensation shall prepare and adopt such forms for use in matters before the Office of Workers' Compensation as it may deem necessary or advisable. Whenever Office of Workers' Compensation forms are prescribed and are applica-

ble, they shall be used. Printed copies of all forms may be procured in reasonable quantities upon request to the Record Management Section of the Office of Workers' Compensation Administration.

2. The following forms have been adopted by the Office of Workers' Compensation:

a. Form LDOL-WC-1000 - Annual Report of Workers' Compensation Costs

b. Form LDOL-WC-1002 - Memo of Payment Modification or Suspension

c. Form LDOL-WC-1003 - Notice That Compensation Payments Have Stopped

d. Form LDOL-WC-1004 - Notification of Rehabilitation Services

e. Form LDOL-WC-1005 - Rehabilitation Services Dispute Form

f. Form LDOL-WC-1006 - Notification of Termination of Rehabilitation Services

g. Form LDOL-WC-1007 - Employer's Report of Occupational Injury or Disease

h. Form LDOL-WC-1008 - Notice of Commencement of Claim for Compensation

i. Form LDOL-WC-1010 - Notice of Payments to Dependents for the Death of an Employee

j. Form LDOL-WC-1015 - Request for Independent Medical Examination

k. Form LDOL-WC-1016 - Request for Review of Physician Fees

l. Form LDOL-WC-1017 - Employer's Report of Occupational Injury and Illness

m. Form LDOL-WC-SIF - Notice of Appeal Against Second Injury Fund

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1(C).

HISTORICAL NOTE: Promulgated by the Department of Employment and Training, Office of Workers' Compensation, LR 16: (April 1990).

§1505. Claims

A. Commencement of Claim. All claims for any compensation or benefits under the Workers' Compensation Act shall be commenced with the filing of a notice of injury with the director on the LDOL-WC-1007, Employer's Report of Occupational Injury and Illness. An employer or carrier must file a first notice of injury, as otherwise provided by law. All matters pertaining to such injuries shall be presented to the director until such time as the director is notified by the filing of Form 1008, or a petition and Form 1008, by a party that there is a controverted issue that cannot be resolved by the parties. Receipt of such a petition by the director constitutes the initiation of a claim under Section 1209. Upon receipt of the petition, the director shall assign the matter to a hearing officer and shall send copies of the petition by certified mail to the named defendants.

B. Appeals from Second Injury Board Decisions. Appeals from decisions of the Second Injury Board shall be made in compliance with R.S. 23:1378 (E), as amended by Act 1988, No. 938.

C. Commencement of Temporary Compensation and Medical Treatment. Upon the receipt of notice that an employee has been injured, the employer has an obligation under the Workers' Compensation Act to provide that employee with reasonable and necessary medical treatment and to commence temporary compensation in the event the employee is disabled and unable to return to work for more than seven calendar days. It is not necessary for there to be any order by the hearing officer directing the employer to provide these benefits. The fact that an employer does begin to provide these benefits on a voluntary basis as outlined in this rule shall not constitute an admission of liability on the part of the employer.

D. Denial of Claim - Answer - Defenses

1. If the liability for any claim, including a claim for health

service or rehabilitation expense, is denied, the respondent or its insurance carrier must file an answer within 15 days from the date of receipt of the petition by certified mail.

2. If the time fixed for filing the answer has elapsed without any answer having been filed, then upon simple request of the petitioner the hearing officer shall immediately enter a preliminary judgment of default. The confirmation date shall be fixed by an order signed by a hearing officer at the request of the plaintiff.

3. Upon receipt of the answer, the hearing officer shall set the matter for hearing at the earliest available time to be heard in the appropriate judicial district as provided in R.S. 23:1310.4.

4. Untimely answers may be filed only with leave of the hearing officer. If a hearing officer has not been assigned, or if the assigned hearing is unavailable, any hearing officer may permit the filing of the answer if good cause is shown. In such a case, leave to file the answer shall not exceed 10 days.

E. Medical Evidence and Affidavits

1. Expert medical or rehabilitation testimony may be offered by:

- a. a verified or declared report;
- b. deposition; or
- c. oral examination in open hearing proceeding, however, no more than two physicians may present testimony for either party.

2. The office, taking into consideration that it is costly and time-consuming to have physicians actually appear at the time of hearing for the purpose of giving live testimony, encourages the production of medical evidence by verified or declared report which shall contain the following, where applicable:

- a. a complete history of the claimant, including all previous relevant or contributory injuries with a detailed description of the present injury;
- b. the complaints of the claimant;
- c. the physician's findings on examination, including a description of the examination and any diagnostic test and x-rays;
- d. the date and cause of the alleged injury and whether, in the physician's opinion, it is job-related;
- e. the medical treatment which has already been rendered and the treatment, if any, which the physician recommends for the future;
- f. the physical rehabilitative procedures which have already been rendered and the rehabilitative procedures, if any, which the physician recommends for the future;
- g. the period during which the claimant was temporarily and totally disabled. If the claimant remains temporarily and totally disabled, the physician should so indicate. If temporary total disability has already terminated, the date of termination must be indicated;
- h. the physician's evaluation of the extent of any impairment with a clear indication as to whether it is temporary or permanent in nature;
- i. any other detailed factors upon which the physician's evaluation of permanent impairment is based, including a statement that the evaluation is in accordance with the "Guides to the Evaluation of Permanent Impairment" as required by R.S. 23:1221(4)(g); and
- j. the report itself must be signed by the physician and be verified or contain a written declaration, made under the penalty of perjury, that the report is true. The following form of declaration is suggested: "I declare under penalty of perjury that I have examined this report and all statements contained herein, and to the best of my knowledge and belief, are true, correct and complete."

3. Medical reports concerning only the liability of the Second Injury Board must comply only with Subparagraphs a, b, c, and j of the foregoing paragraph.

4. Within 10 days of receiving a copy of the other party's verified or declared report, a party-recipient shall advise the hearing

officer in writing if there is an objection to the admission of the verified or declared report in evidence. A copy of the objection shall be mailed to all parties of record in the claim. Unless the hearing officer and the other parties are timely notified of the objection, the party-recipient of the verified or declared report shall be deemed to have waived the right to object and the verified or declared report shall be admitted into evidence at the hearing. When a timely objection is received, the party intending to offer the verified or declared report shall, within a reasonable time, or at least 10 days prior to any scheduled formal hearing, arrange for the taking of the physician's deposition.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1(C).

HISTORICAL NOTE: Promulgated by the Department of Employment and Training, Office of Workers' Compensation, LR 16: (April 1990).

§1507. Evidence

A. Medical and Hospital Records

1. Medical and hospital records, as hereinafter defined, may be offered in evidence by either party by the filing of such records attached to the appropriate form (Form 1008) in a timely manner as required by §1505.E.

2. Recognizing that such records are widely accepted as exceptions to the hearsay rule, only the objection that such records are not properly identified will be entertained by the hearing officer. A party wishing to object to such records as not properly identified shall notify the offering party and the hearing officer, in writing, of the objection within 10 days of the receipt of such records. The offering party shall promptly arrange the deposition of the custodian of such records. If the offered records are ultimately admitted in evidence, the cost of such deposition shall be assessed against the objecting party. If the offered records are ultimately excluded from evidence, the costs of such deposition shall be assessed against the offering party.

3. For purposes of this rule, the term "medical or hospital records" shall be defined as the regularly kept records of any hospital, clinic, emergency room or other treatment facility and the office records or notes, including summaries, of any "physician" as defined by Louisiana law. The term "medical and hospital records" does not include any statement, letter, memorandum or report prepared by a physician specifically for use at hearing.

4. Medical and hospital records offered in evidence in accordance with this rule are to be received in evidence for case history purposes only.

B. Objections to Evidence

1. An objection to testimony offered by oral examination must be made at the time the testimony is elicited.

2. An objection to testimony offered by deposition must be interposed at the time the deposition is offered or at the deposition hearing.

3. An objection to medical testimony offered by verified or declared report, if on the grounds that (1) it is based on inaccurate or incomplete history or is otherwise without probative value, or (2) it does not properly evaluate claimant's impairment or disability, as the case may be, in accordance with the Workers' Compensation Act, must be interposed at the same time it is offered into evidence.

4. Unless an objection is timely made, it shall be waived. Any legally inadmissible evidence that stands admitted without objection shall be regarded as admitted as part of the proof in the case.

C. Withheld Medical Report

The oral testimony or the verified or declared report of any physician whose report has been withheld from a party who has made timely written request therefor may be excluded by the hearing officer.

D. Change of Condition. Any party to the claim may move to set the cause for hearing on a change of condition by filing a motion

on a hearing form (Form 1008) as provided in §1507.A. The parties, if at all practical, should rely upon the testimony of the physicians who have examined the claimant and testified at the time of the previous award. The physician's medical report or testimony at the subsequent hearing must show that said physician was either the attending or examining physician at the time of the previous award or that the physician has personal knowledge of claimant's condition at that time, or it must show that the physician has examined reports, x-rays and any other medical data referring to claimant's condition at the time of the previous award.

E. Other Evidence. A person, partnership, corporation or institution which is seeking to recover for health services, drugs or supplies that have been provided to the claimant, may use a verified or declared report to establish that:

1. such charges were based upon the rates prevailing in the community where rendered;
2. such services, drugs or supplies were necessary; and
3. the notice requirements of R.S. 23:1142 were substantially complied with or that the treatment was otherwise authorized.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1(C).

HISTORICAL NOTE: Promulgated by the Department of Employment and Training, Office of Workers' Compensation, LR 16: (April 1990).

§1509. Joint Petition Settlements

A. No joint petition settlement may be presented until competent medical evidence is ready for admission.

B. A lump sum or compromise settlement entered into by the parties under R.S. 23:1271 shall be presented to the hearing officer for approval through a petition and Form 1008 signed by all parties and verified by the employee or his dependent. The hearing officer shall determine whether the employee or his dependent understands the terms and conditions of the proposed settlement.

C. If the hearing officer finds the settlement agreement to be fair, equitable, and consistent with this Chapter, he shall approve it by order, and the order shall not thereafter be set aside or modified except for fraud or misrepresentation made by any party. The hearing officer may refuse to approve a settlement if he finds that it does not provide substantial justice to all parties.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1(C).

HISTORICAL NOTE: Promulgated by the Department of Employment and Training, Office of Workers' Compensation, LR 16: (April 1990).

§1511. Appeals

A. Upon the completion of such hearing or hearings, the hearing officer shall make such order, decision, or award as is proper, just, and equitable in the matter.

B. Either party feeling aggrieved by such order, decision, or award shall, after receipt by certified mail of the order, decision, or award, have the right to take an appeal to the circuit court of appeal for the judicial district elected by the claimant upon the filing of the petition. A copy of the petition for appeal shall be filed with the director who, upon receipt, will prepare the record for the appellate court.

C. The order, decision, or award of the hearing officers shall be final and conclusive upon all questions within its jurisdiction between the parties, unless, within the delays established by the Code of Civil Procedure for appeals, a notice of appeal is filed with the director to the Court of Appeals over the judicial district elected by the claimant upon the filing of the petition.

D. Where there has been an award of benefits by the hearing officer, no appeal by an employer shall be entertained by the appellate court unless the employer secures a bond with one or more sureties

authorized to write appeal bonds for the district court in the district in which the hearing is located, guaranteeing that the employer will pay the amount of the award rendered therein together with interest thereon as otherwise provided by law, and all costs of the proceeding. The limits for perfecting the bond shall be as provided in the code of Civil Procedure, but shall not commence to run against the appellee until the appellee is notified by the director as to the amount of the bond fixed in accordance with law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1(C).

HISTORICAL NOTE: Promulgated by the Department of Employment and Training, Office of Workers' Compensation, LR 16: (April 1990).

§1513. Fees

A. Cost

1. The cost of taking a deposition shall be borne, in the first instance, by the deposing party. If the hearing officer finds the objection to the deposing party's medical report was groundless or for dilatory purposes, s/he may tax the cost of the deposition, to the objecting party. In all cases where the proceeding culminates in an award against a respondent, taxable costs, other than deposition, shall be taxed to respondent. Taxable costs advanced by the claimant mentioned in this rule may be ordered reimbursed by the respondent. A party desiring to have deposition or other costs taxed to the opposing party in the case may file a motion to tax costs.

2. A fee of \$30 shall be remitted in one payment made payable to the order of the Office of Workers' Compensation Administration on the filing of the claim form/petition. The hearing officer, upon written motion, may waive filing fees and all other costs upon a showing of the inability of a claimant to pay.

3. An administrative assessment of \$.25 per page shall be levied for all copies requested.

4. The costs of preparing an appeal shall be sustained by the appellant. In the case of a pauper, the costs sustained by the Office of Workers' Compensation in preparing the transcript shall be reimbursed by the appellant if he is successful in his appeal or settlement prior to a decision by the appellate court.

B. Disputed Counsel Fees

1. When a dispute arises among several counsel as to the identity of claimant's counsel of record, or when several successive counsel lay claim to a fee in the same case, the hearing officer shall decide the issues raised and allocate the fee allowed in proportion to the services rendered.

2. Counsel of record who are discharged or wish to withdraw from a claim prior to its submission must file an application for leave to do so with the Clerk for the Office of Workers' Compensation Administration. If they desire to assert a claim for a fee, they must attach a statement to that effect and set forth the period of time during which the claimant was under their representation.

C. Medical Costs - Determination of Reasonable, Usual and Customary Charges

1. The determination of all reasonable, usual, and customary medical fees shall be based upon the most current schedule adopted by the director of the Office of Workers' Compensation Administration. Every attempt to resolve disputes over medical charges shall be made by applying said schedule.

2. Disputes as to the necessity and advisability of proposed or already performed medical care or services shall be submitted to the hearing officer for resolution according to the procedures set forth in §1505.D. Upon completion of the prehearing conference, if the dispute is still not resolved, the hearing officer shall propose the following options to the parties:

- a. refer the medical dispute for review to the Medical Review

Section, which may consist of but is not limited to any of the following:

i. review by a nursing consultant; or
ii. review by a physician consultant; or
iii. order for an examination of the claimant to determine the necessity and advisability of the proposed or already performed medical service;

b. medical review to determine the necessity or advisability of proposed or performed medical care service in a medical dispute could be assessed up to \$1,500;

c. hearing officer decides the medical dispute based on existing medical evidence; or

d. the parties may obtain supplemental independent medical evidence through a physician of choice.

3. Any party feeling aggrieved by the hearing officer's decision, order, or award has the right to take an appeal as set out in §1511, Appeals.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1(C).

HISTORICAL NOTE: Promulgated by the Department of Employment and Training, Office of Workers' Compensation, LR 16: (April 1990).

§ 1515. Disqualification of Hearing Officer

Any party who feels that he cannot receive a fair and impartial hearing from the hearing officer to whom the matter is assigned shall make written motion requesting such hearing officer to withdraw from the case. That application must set forth specific reasons. The hearing officer may withdraw without further proceedings and immediately refer the matter to the director for reassignment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1(C).

HISTORICAL NOTE: Promulgated by the Department of Employment and Training, Office of Workers' Compensation, LR 16: (April 1990).

§ 1517. Prehearing Conferences

A. If either the claimant or the attorney for the respondent or insurance carrier fails to attend the prehearing conference, the hearing officer shall assess all costs and reasonable attorney's fees (if applicable) against the respondent or insurance carrier; and if the claimant or the claimant's attorney fails to appear, the hearing officer shall strike the claimant's case from any docket upon which it is set until the claimant or the claimant's attorney has attended such prehearing conference.

B. Since the purpose of a prehearing conference is to mediate or encourage settlement of a case, the respondent and claimant at the prehearing conference must file a written medical report meeting the requirements of §1505.E with the hearing officer and mail a copy thereof by certified mail to all other parties at least 10 days prior to the prehearing conference. Failure to strictly adhere to this requirement will result in the assessment of attorney's fees and costs as are set out in Subsection A of this Section.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1(C).

HISTORICAL NOTE: Promulgated by the Department of Employment and Training, Office of Workers' Compensation, LR 16: (April 1990).

Phyllis Coleman Mouton
Secretary

RULE

Office of the Governor Governor's Special Commission on Education Office of Education Services

Institutional Participation

The Governor's Special Commission on Education Services (GSCES) has amended Policy, Chapter V, "Institutional Participation," and Procedure 4.0, "How to Establish Eligibility to Participate as a School in the Louisiana Student Loan Programs," and has adopted Procedure 4.1, "How to Maintain Eligibility to Participate as a School in the Louisiana Student Loan Programs," and Procedure 4.2, "Loss or Limitation of Institutional Eligibility to Participate as a School in Louisiana Student Loan Programs."

Copies of Policy V, and Procedures 4.0, 4.1, and 4.2 may be seen in the offices of GSCES, 8401 United Plaza, State Retirement Systems Building, Room #250, or the office of the *Louisiana Register* located in the Capitol Annex.

The policies were published as a notice of intent on January 20, 1990, (volume 16, number 1, page 49-50).

The Governor's Special Commission on Education Services approved the adoption of the rule at the February 22, 1990 commission meeting.

Jack L. Guinn
Executive Director

RULE

Office of the Governor Governor's Special Commission on Education Services Office of Education Services Scholarship Division

Scholarship Application Form and Eligibility Criteria

The Governor's Special Commission on Education Services (GSCES), Scholarship Division, has adopted a new combined Scholarship Application Form in the following scholarship programs: Rockefeller State Wildlife Program, Paul Douglas Federal Teacher Program, and the T. H. Harris State Academic Program, for the 1990-91 academic year, and has revised scholarship program policies and eligibility criteria. Effective January 1, 1990, the combined new Scholarship Application Form will be used for all scholarship programs administered by GSCES.

Copies of the new scholarship applications may be seen in the offices of GSCES, Scholarship Division, 8401 United Plaza, State Retirement Systems Building, Room #250, or the office of the *Louisiana Register* located in the Capitol Annex.

The new procedure was published as a notice of intent on January 20, 1990, (volume 16, number 1, page 50).

Jack L. Guinn
Executive Director

RULE
Office of the Governor
Office of Women's Services

The Office of Women's Services amends the following guidelines for allocation of marriage license surcharge fees from the Programs for Victims of Family Violence Fund.

Title 4
ADMINISTRATION
Part VII. Governor's Office

Chapter 17. Women's Services

§1737. Guidelines for Application of Additional Marriage License Fees

E. Application Process

1. Notification of the availability of funds for family violence programs for fiscal year 1990-91 will be given through the Office of Women's Services.

2. Application packets will be sent to all existing family violence program providers, and all persons/organizations who have made past inquiries regarding funding. Interested potential applicants may request application packets from the Office of Women's Services, Box 94095, Baton Rouge, LA 70804-9095.

3. The application packet will be mailed within five working days of receipt of request.

4. The applications must be received by the Office of Women's Services by June 1, 1990.

5. All applications will be evaluated and prioritized according to the stated criteria for evaluation. During the evaluation process, applicants may be contacted by the Office of Women's Services to review and negotiate the application and proposed budget.

6. Applicants will be notified by the Office of Women's Services as to the final decision within 60 days of receipt of the application.

7. The contracts will be signed, and distribution of funds will begin within 45 days of final approval of the contract.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2121.1(1), R.S. 46:2126, R.S. 46:2127 and R.S. 46:2128.

HISTORICAL NOTE: Adopted by the Office of the Governor, Office of Women's Services, LR 13:238 (April 1987); LR 16: (April 1990)

Glenda Parks
 Executive Director

RULE
Department of Health and Hospitals
Board of Examiners of Professional Counselors

The Louisiana Licensed Professional Counselors Board of Examiners, under authority of the Louisiana Mental Health Counselor Licensing Act, R.S. 37:1101-1115, and in accordance with the Administrative Procedure Act R.S. 49:950 et seq., has adopted the following rule amendment governing the practice of mental health counseling in the state of Louisiana. The proposed rule amendment, which appeared as a proposed rule amendment by notice of intent previously published in the *Louisiana Register*, LR 16:151 (February 20, 1990), is set forth below.

1. §503.D of Part LX of Title 46 of the Louisiana Administrative Code is amended so that, as amended, said Subsection shall provide as follows:

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LX. Professional Counselors Board of Examiners

Chapter 5. License and Practice of Counseling

§503. Definitions

A. - C. ...

D. *Practice of mental health counseling* - means rendering or offering to individuals, groups, organizations, or the general public by a licensed professional counselor, any service consistent with his professional training as prescribed by R.S. 37:1107(A)(8), and code of ethics/behavior involving the application of principles, methods, or procedures of the mental health counseling profession which include but are not limited to:

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:83 (February 1988), amended by the Department of Health and Hospitals, Board of Examiners of Professional Counselors, LR 16: (April 1990).

Susan S. Mayeaux
 Executive Director

RULE
Department of Health and Hospitals
Office of Public Health

In accordance with the laws of the State of Louisiana, R.S. 40:4, 40:5, and the provisions of Chapter XIII of the Louisiana Sanitary Code, the state health officer has determined that the following amendment to the listing entitled "Mechanical Wastewater Treatment Plants for Individual Homes--Acceptable Units" is adopted:

Amend the listing to cause to reflect a superseding corporate entity in lieu of a previously listed manufacturer of mechanical wastewater treatment plants, specified as follows:

MANUFACTURER	PLANT DESIGNATION	RATED CAPACITY
*Delta Fiberglass and Environmental Products, Inc. P. O. Box 969 Denham Springs, LA 70727-0969 (504) 665-1666	Models HU-0.5	500 GPD
	HU-1.0	1000 GPD
	HU-1.5	1500 GPD
*(NOTE: Formerly "Delta Process Equipment, Inc.")	HU-0.5D	500 GPD
	HU-1.0D	1000 GPD
	HU-1.5D	1500 GPD

This amendment to the listing is necessitated in view of the assumption of certain business interests of Delta Process Equipment, Inc. (the previously listed manufacturer) by Delta Fiberglass and Environmental Products, Inc. (the superseding corporate entity).

The specified change is in compliance with the requirements set forth in Section 6.6 of Appendix A of Chapter XIII of the Louisiana Sanitary Code.

David L. Ramsey
 Secretary

RULE

Department of Health and Hospitals Office of Public Health

The Department of Health and Hospitals, Office of Public Health adopts the following Chapter XXVII Sanitary Code regulations in accordance with the Louisiana Administrative Procedure Act and, R.S. 40:4 and R.S. 40:5. These regulations specifically relate to refuse management and the need for special handling of potentially infectious biomedical waste, above and beyond the routine handling of ordinary municipal waste.

CHAPTER XXVII

Part 1. REFUSE MANAGEMENT

27:001. DEFINITIONS. Unless otherwise specifically provided herein, the following words and terms used in Chapter XXVII of the Sanitary Code and all other Chapters which are adopted or may be adopted, are defined for the purposes thereof as follows:

(a). *Ashes* include the solid residue resulting from the combustion of all fuels, including those used for heating, cooking, and the production of energy in any public or private establishment, institution, or residence.

(b). *Garbage* means the putrescible components of refuse which are subject to spoilage, rot, or decomposition. It includes wastes from the preparation and consumption of food, vegetable matter, and animal offal and carcasses.

(c). *Offal* means waste parts especially of a butchered animal including, but not limited to, bones, cartilage, fatty tissue and gristle.

(d). *Refuse* means any garbage, rubbish, sludge from a waste treatment plant, water supply treatment plant, or air pollution control facility. It also includes other discarded material such as solid, liquid, semi-solid, or contained gaseous material resulting from either industrial, commercial, mining, or agricultural operations, or from community activities. It does not include solid or dissolved material in domestic sewage, irrigation return flows, industrial discharges which are point sources, or radioactive wastes.

(e). *Rubbish* includes all non-putrescible waste matter, except ashes, from any public or private establishments, institution, or residence. It also includes construction and demolition wastes.

(f). *Stable Refuse* includes animal feces and urine, any material contaminated by animal body discharges, and waste feed stuff.

(g). *Trash* means rubbish.

ACCUMULATION AND COLLECTION OF REFUSE

27:002. No owner or lessee of any public or private property or premises nor agent of such owner or lessee shall permit garbage to accumulate upon the property or premises except in tightly covered containers constructed of such material and in such a manner as to be strong, watertight, not easily corroded, and rodent and insect-proof. When garbage and other types of refuse are collected separately, separate containers may be required by the state health officer.

27:003. Refuse shall not be allowed to remain in any house or other building, cellar, or outhouse, or on any premises long enough to cause a nuisance or health hazard.

27:004. The bodies of vehicles used for the collection and transportation of garbage shall be watertight and easily cleaned. Such bodies shall be covered except when being loaded and unloaded.

27:005. No person shall throw, deposit, or allow to fall upon any public or private property any refuse of any kind.

SWINE FEEDING

27:006. No garbage, either cooked or raw, shall be disposed of by feeding said garbage to swine.

DISPOSAL OF CARCASSES

27:007. Animal offal and the carcasses of animals shall be buried or cremated or shall be cooked (rendered) at minimum temper-

ature of 250 degrees Fahrenheit, which temperature shall be maintained for at least 30 minutes. The apparatus and method or methods used in rendering shall be approved by the Livestock Sanitary Board and the state health officer, and rendering shall not be carried out in any establishment except as required in the Louisiana Administrative Code, Title 7, Volume 2, Louisiana Department of Agriculture and Animals, and under the provisions of a permit issued by such representative, as required in Chapter XI of this Code.

STABLE REFUSE

27:008. Every owner, lessee, manager (or other agent of an owner or lessee) of any stable, barn, stall, or any other establishment in the built-up part of any community, in which horses, cattle, dogs, fowl, or any other animals are quartered or in which stable refuse may accumulate shall cause such stable refuse to be removed therefrom, and shall at all times keep, or cause to be kept, such stable, barn, stall, or quarters, and the yards, drains, and appurtenances in a clean and sanitary condition so that no offensive odors shall be allowed to escape therefrom. Manure shall be kept in covered containers, or shall be treated to prevent the breeding of flies.

27:009. It shall be the duty of every owner, lessee, manager (or other agent of an owner or lessee) of any stable, barn, stall, or other establishment used for quartering animal or fowl to cause all stable refuse to be removed daily from such stable, or stable premises, unless the refuse is pressed bales, barrels or boxes. The removal and disposal of stable refuse without a written permit from the state health officer is prohibited.

27:010. Vehicles used for the removal of stable refuse shall be loaded within the premise, and not upon the street or sidewalk.

27:011. No stable refuse vault or receptacle shall be built, or used, on any premises except pursuant to the terms of a permit granted therefor by the state health officer.

Part 2. MANAGEMENT OF INFECTIOUS WASTE, MEDICAL WASTE AND POTENTIALLY INFECTIOUS BIOMEDICAL WASTE

27:020. DEFINITIONS. Unless otherwise specifically provided herein, the following words and terms used in this Chapter of the Sanitary Code are defined for the purposes thereof as follows:

(a). *Generator* shall mean any person or facility that produces Potentially Infectious Biomedical Waste.

(b). *Health Care and Medical Facilities* shall include, but not be limited to hospitals, clinics, dialysis facilities, birthing centers, emergency medical services, mental health facilities, physicians' offices, outpatient surgery centers, nursing and extended care facilities, podiatry offices, dental offices and clinics, veterinary medical facilities, medical laboratories, home health care services, diagnostic services, mortuaries, and blood and plasma collection centers and mobile units.

(c). *Infectious Waste* is that portion of potentially infectious biomedical waste which contains pathogens with sufficient virulence and quantity that exposure to the waste by a susceptible host could result in an infectious disease.

(d). *Labeling* shall mean to pre-print, mold an impression, write on or affix a sign to a package that is water resistant, legible and readily visible.

(e). *Large Health Care and Medical Facility Generator* shall mean a health facility generating 25 or more kilograms (55 pounds) of potentially infectious biomedical waste, not including sharps, or five or more kilograms (11 pounds) of sharps per month.

(f). *Medical waste* is that portion of potentially infectious biomedical waste that is generated from the operation of medical programs, offices and facilities.

(g). *Packaging* shall mean containing of potentially infectious biomedical waste in disposable or reusable containers in such a manner as to prevent exposure to the waste material.

(h). *Potentially Infectious Biomedical Waste* includes medical

waste, infectious waste as defined herein, and as may be defined in other Louisiana law or code, and waste considered likely to be infectious by virtue of what it is or how it may have been generated in the context of health care or health care like activities.

It includes, but is not limited to the following:

(1). cultures and stocks of infectious agents and associated biologicals, including cultures from medical and pathological laboratories, from research and industrial laboratories;

(2). human pathological wastes including tissue, organs, body parts and fluids that are removed during surgery or autopsy;

(3). human blood, human blood products, blood collection bags, tubes and vials;

(4). sharps used or generated in health care or laboratory settings;

(5). bandages, diapers, "blue pads," and other disposable materials IF they have covered infected wounds or have been contaminated by patients isolated to protect others from the spread of infectious diseases;

(6). any other refuse which has been mingled with potentially infectious biomedical waste.

For purposes of these regulations, eating utensils are excluded from the definition of potentially infectious biomedical waste.

Also excluded are animal carcasses and bedding as regulated under §§ 27:007 through 27:011 of these regulations, and very small quantities of uninfected human and animal surgical waste as specified in § 27:021-5.

Once treated in accordance with the provisions of § 27:025 of these regulations, the waste shall be deemed not to be potentially infectious, and may be handled and treated in accordance with those regulations governing the management of other municipal and industrial waste.

(i). *Sharps* are needles, syringes, scalpels, scalpel blades, pipettes and other medical instruments capable of puncturing or lacerating skin. This definition also includes glass fragments and other health care and laboratory waste capable of puncturing or lacerating skin.

(j). *Small Health Care and Medical Facility Generator* shall mean a health facility generating less than 25 kilograms (55 pounds) of potentially infectious biomedical waste, not including sharps, or less than five kilograms (11 pounds) of sharps per month.

(k). *Small Quantity* of potentially infectious biomedical waste shall mean a single package containing less than five kilograms (11 pounds) of such waste, not including sharps, or less than one kilogram (2.2 pounds) of sharps.

(l). *Storage* shall mean the containment of potentially infectious biomedical waste until treated or transported from the premises of a generator or treatment facility while the material is still potentially infectious.

(m). *Transport* shall mean the movement of potentially infectious biomedical waste from the premises of a generator or others involved to places for storage, treatment or disposal.

(n). *Treatment*, in the case of potentially infectious biomedical wastes other than human bodies; gross anatomical parts such as limbs, torsos and heads; fetal remains; and sharps shall mean any method, technique, or process designed to change the character or composition of any potentially infectious biomedical waste so as to render the waste non-infectious. Treatment of human bodies, gross anatomical parts and fetal remains shall be by cremation, burial, or other means specifically authorized by law or regulation. Sharps shall be treated by incineration, encapsulation, or other means by which they are rendered unrecognizable as potentially infectious biomedical waste or otherwise unusable.

27:021. Requirements for Large Health Care and Medical Facility Generators of Potentially Infectious Biomedical Waste

27:021-1. If potentially infectious biomedical waste is not segregated from other wastes at the point of origin, all wastes commingled with the potentially infectious biomedical waste must be managed as potentially infectious biomedical waste.

27:021-2. Potentially infectious biomedical waste must be packaged as defined in § 27:020(g). Liquid wastes require sturdy, leak resistant containment. For sharps, this is to be a break resistant, rigid, puncture resistant container, the openings of which must be tightly closed prior to storage or transport. Plastic bags and other containers used for potentially infectious biomedical waste must be clearly labeled, impervious to moisture and have a strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage. Such containers must be securely closed so as to prevent leakage or other loss of contents during storage and transport. Potentially infectious biomedical wastes to be stored outside prior to treatment require a second level of containment. The outer containers must be constructed of such material and in such a manner as to be strong, watertight, not easily corroded, and rodent and insect-proof.

27:021-3. Liquid or liquefied potentially infectious biomedical waste may be directly disposed into a sewage system meeting the requirements of Chapter XIII.

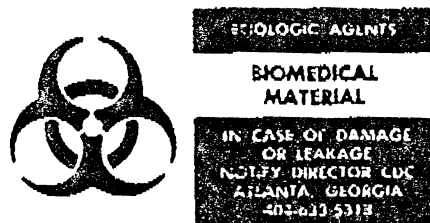
27:021-4. Animal cadavers, and tissue and waste from large animals (e.g. livestock and horses) that are potentially infectious to human hosts may be disposed of in accordance with Livestock Sanitary Board regulations, or treated and disposed as potentially infectious biomedical waste. Cadavers, tissues and waste from companion animals (e.g. cats and dogs) that are potentially infectious to human hosts may be buried, rendered, incinerated or otherwise appropriately treated in accordance with these regulations by, or on the order of, a licensed veterinarian involved with the case.

27:021-5. Very small quantities of human or animal tissue, reasonably estimated as less than 250 grams (about half a pound) and associated surgical dressings and non-sharp surgical wastes from clean surgical procedures from persons or animals not known or suspected to be infected with a disease communicable to humans, need not be disinfected prior to disposal, but must be disposed of in tightly closed plastic bags or other impervious containers.

27:021-6. Sharps shall be packaged as defined in § 27:021-2. Every sharps container shall be labeled as defined in § 27:020(d) and as specified in § 27:021-7. The contents of the container will be treated as specified in § 27:025 prior to disposal.

27:021-7. All bags and other containers of potentially infectious biomedical waste shall be labeled as defined in § 27:020(d) and as follows:

(a) Each package shall be prominently identified as "Potentially Infectious Biomedical Waste," "Medical Waste," or "Infectious Waste," with or without the universal biohazard symbol.



(b). Untreated, potentially infectious biomedical waste that leaves the premises of the generator must bear the name and address of the generator or transporter. If not labeled as to generator, the transporter must maintain a tracking system that can identify the generator of every package of potentially infectious biomedical waste.

(c). Treated, but still recognizable potentially infectious biomedical waste shall carry a supplemental label or marking to specify the

treatment method used and the name or initials of the person responsible for assurance of treatment.

27:021-8. Storage of potentially infectious biomedical waste shall be in a secure manner and location which affords protection from theft, vandalism, inadvertent human and animal exposure, rain and wind. It shall be managed so as not to provide a breeding place or food for insects or rodents, and not generate noxious odors.

27:021-9. Transportation of potentially infectious biomedical waste shall be as follows:

(a). A generator who transports large quantities of untreated or treated but still recognizable potentially infectious biomedical waste off site must register as a transporter and meet all the requirements specified in § 27:023 of these regulations.

(b). Generators shall transfer custody of potentially infectious biomedical waste only to transporters who are registered with the state health officer for this purpose as set forth in § 27:023.

27:021-10. Disposal of potentially infectious biomedical wastes shall be in accordance with the provisions of § 27:026.

27:021-11. Generators who normally depend upon on site incineration or other on site treatment and destruction of potentially infectious biomedical waste shall prepare and annually update written contingency plans for management of such waste when the incinerator or other means of on site destruction becomes inoperative for any reason. Such contingency plans shall be developed for periods of one day, seven to 29 days, and more than 30 days.

27:022. Requirements for Small Health Care and Medical Facilities, Household and Other Small Quantity Generators of Potentially Infectious Biomedical Waste

27:022-1. A physician, dentist, veterinarian or nurse or, in the case of households, patient or family member, is authorized to transport small quantities of properly packaged sharps and other potentially infectious biomedical waste, generated as a result of professional or self administered health care services, from the place of original generation of the waste to an approved large quantity generator, permitted storage facility, or permitted treatment facility without having to meet the requirement of § 27:023 or 27:025 of these regulations.

27:022-2. Small quantity generators shall package, label and store potentially infectious biomedical wastes as defined and specified in § 27:021 of these regulations.

27:022-3. Small quantity generators may handle liquid, animal and very small quantity wastes as specified in §§ 27:021-3,4 and 5.

27:022-4. Interim waiver for small quantity household generators:

(a). On an interim basis, until June 30, 1991, small quantities of potentially infectious biomedical waste may be disposed of in ordinary municipal waste without treatment, provided that such waste is packaged to assure no loss of contents, should the integrity of the original package be violated. This shall generally be interpreted to mean placing the original plastic bag or rigid container into a second bag or rigid disposable container. In the case of sharps, this shall require tight closure and wrapping or taping as may be needed to prevent spillage of the contents. This sharps container should then be placed within another bag or rigid container containing a greater volume of non-infectious waste.

(b). These regulations do not prohibit individual municipal waste haulers or individual permitted municipal waste landfills from establishing policies more restrictive than those specified in this interim waiver.

(c). After this interim period, no sharps, and no other potentially infectious biomedical waste may be disposed into the ordinary municipal waste stream. Other than the transportation waiver specified in § 27:022-1, the handling of all such waste must then fully meet the requirements as specified in §§ 27:021 and 27:025.

27:023. Requirements for Transporters of Potentially Infectious Biomedical Waste

27:023-1. This Section shall apply to all transportation of potentially infectious waste within, into, out of or through the state of Louisiana.

27:023-2. A generator that transports large quantities of untreated, or treated but still recognizable potentially infectious biomedical waste must secure a permit as required in this Section.

27:023-3. Arrangements between a generator and transporter for the transport of potentially infectious biomedical waste must be in the form of written contract which specifies that both parties fully understand and are fully committed to compliance with the provision of these regulations.

27:023-4. Potentially infectious biomedical waste to be transported from the point of generation to an off-site treatment or disposal facility must meet the packaging and labeling requirements specified in § 27:021.

27:023-5. The transporter shall deliver potentially infectious biomedical waste only to facilities that are permitted to transfer, store, treat or otherwise receive such wastes in accordance with these regulations. In the event that potentially infectious biomedical waste is transported out of state, the transporter shall deliver such waste to a facility demonstrating full compliance with all pertinent federal, state and local laws, rules and regulations.

27:023-6. The transporter shall assure that all vehicles used for transporting potentially infectious biomedical waste shall be designed, constructed, placarded and operated in accordance with all pertinent federal, state and local laws, rules and regulations, including, but not limited to the requirements of the federal Medical Waste Tracking Act. The terms "Medical Waste," "Infectious Waste" and "Potentially Infectious Biomedical Waste" shall also be deemed acceptable for placarding of vehicles used to transport such waste in Louisiana.

27:023-7. Any person transporting potentially infectious biomedical waste for a generator other than himself shall secure a permit from the state health officer or his duly authorized representative by submitting each of the following:

27:023-7(1). A completed and signed permit application form provided by the Louisiana Department of Health and Hospitals. The forms shall contain the following:

(a). a statement certifying that the permittee understands and will comply with the applicable requirements of this Chapter;

(b). a list of all vehicles and containers to be used by the permittee for transporting potentially infectious medical waste, and;

(c). a copy of a certificate of insurance.

(d). a commitment that insurance coverage will be fully maintained for the duration of the permit.

27:023-7(2). An operation plan for the handling and transport of potentially infectious biomedical waste. The operation plan shall include the following, each of which shall be subject to approval by the state health officer or his designee:

(a). The method(s) to be used for handling potentially infectious biomedical waste separately from other waste which prevents unauthorized persons from having access to or contact with the waste;

(b). The method(s) to be used for labeling each package of potentially infectious biomedical waste, and, if needed, the method(s) for tracking such waste, if the name, address and phone number of the generator is not to appear on the outer package, as specified in Paragraph 27:021-7 (b) of these regulations.

(c). The method(s) to be used for loading and unloading of such wastes which limits the number of persons handling the wastes and minimizes the possibility of exposure of employees and the public to potentially infectious biomedical waste;

(d). The method(s) to be used for decontaminating emptied

reusable potentially infectious biomedical waste containers, transport vehicles and facility equipment which are known or believed to have been contaminated with potentially infectious biomedical waste;

(e). The provision and required use of clean protective gloves and uniforms for persons manually loading or unloading containers of potentially infectious biomedical waste on or from transport vehicles. Soiled protective gear shall be laundered or otherwise properly treated;

(f). The management of any person having had bodily contact with potentially infectious biomedical waste.

(g). Except as specified in Section 27:022, and single small quantity packages of potentially infectious biomedical waste, Compactor vehicles shall not be used for the transport of potentially infectious biomedical waste.

27:024. Storage of Potentially Infectious Biomedical Waste

27:024-1. Storage of potentially infectious biomedical waste shall be in a secure manner and location which affords protection from theft, vandalism, inadvertent human and animal exposure, rain and wind. It shall be managed so as not to provide a breeding place or food for insects or rodents, and not generate noxious odors.

27:024-2. Compactors shall not be used for the storage of potentially infectious biomedical waste.

27:025. Treatment of Potentially Infectious Biomedical Waste Treatment shall be by one of the following:

27:025-1. Incineration - to consume waste by burning under conditions in conformance with the standards prescribed by the Louisiana Department of Environmental Quality and other laws, rules and regulations as may apply.

27:025-2. Steam sterilization - autoclaving at a temperature of at least 120 C., (248 F.), and a pressure of at least 15 pounds per square inch for at least 30 minutes. Longer times are required depending on the amount of waste, the presence of water and the type of container used. Alternate patterns of temperature, pressure and time may be used if compatible with the sterilization equipment being used and demonstrably sufficient to kill disease-causing microorganisms.

27:052-3. Disposal as a liquid, with or without other treatment, into a sewage treatment system meeting the requirements of Chapter XIII of this Code.

27:025-4. Thermal inactivation - dry heat of at least 160 C., (320 F.), at atmospheric pressure for at least two hours. This relates to time of exposure after attaining the specific temperature and does not include lag time.

27:025-5. Chemical disinfection - the use of a chemical agent only in accordance with the written approval of the state health officer, except for hypochlorite bleach, diluted with water to no less than 5,000 ppm of chlorine (generally one part liquid household bleach, nine parts water). If chemically disinfected wastes are to be disposed into a swag treatment system, the written permission of the operating authority of the sewage treatment system must be secured.

27:025-6. Irradiation sterilization - the use of gamma rays, x-rays, or other forms of radiation to treat potentially infectious biomedical waste may be used only with the written approval of the state health officer.

27:025-7. Treatment and disposition of human bodies, gross anatomical parts and fetal remains shall be by burial, cremation, or other means specifically authorized in law or regulation. Extracted human teeth may be disposed of by these means, or as sharps.

27:025-8. Treatment and disposition of Sharps shall be by incineration, encasement in plaster within a tightly closed container, encasement in other substances within a tightly closed container, as approved by the state health officer or by other treatment that renders them unrecognizable as medical sharps, and, for all practical purposes, preclude the release of recognizable needles and syringes if compacted. Small health care and medical facility generators, as de-

defined in § 27:020(j) of these regulations may dispose of sharps by encasement, as described above, without prior sterilization, inactivation or disinfection. Large health care and medical facility generators, as defined in § 27:020(e) of these regulations may apply to the state health officer for authority to dispose of sharps by encasement without prior sterilization, inactivation or disinfection.

27:025-9. The interim waiver specified in § 27:022-4 relating to small quantity household generators is an exemption from the requirements of § 27:025.

27:026. Disposal of Potentially Infectious Biomedical Waste

27:026-1. Once treated, as specified in § 27:025, potentially infectious biomedical waste may be disposed as non-infectious waste in a permitted sanitary landfill in accordance with the solid waste regulations of the Department of Environmental Quality.

27:026-2. Treated, but still recognizable potentially infectious biomedical waste shall carry a supplemental label or marking to specify the treatment method used, date and name or initials of the person responsible for assurance of treatment.

27:026-3. The interim procedure specified in § 27:022-2 relating to small quantity generators is an exemption from the requirements of § 27:026.

27:027. Requirements for Storage and Treatment Facilities

27:027-1. A generator may store its own potentially infectious biomedical wastes without a separate permit as otherwise required in this Section, but must fully comply with all other provisions of this Section.

27:027-2. Any generator operating its own incinerator or any other person operating a storage or treatment facility shall secure a permit from the state health officer by submitting each of the following:

a. A completed and signed permit application form provided by the state health officer. The forms shall contain the following:

i. a statement certifying that the permittee understands and will comply with the applicable requirements of this Chapter, and

ii. proof of all appropriate permits as required by the Louisiana Department of Environmental Quality and other state and federal agencies;

iii. written arrangements between the storage and treatment facility and transporters which specify that both parties fully understand and are fully committed to compliance with the provisions of these regulations.

b. An operation plan for the management of potentially infectious biomedical waste. The operation plan shall include the following:

i. Methods of receiving wastes, unloading, storing and processing them, which ensure that all requirements specified in §§ 27:021-1, 27:021-8, 27:024, 27:025 and 27:026 are fully addressed.

ii. A proposed method of decontaminating emptied reusable potentially infectious biomedical waste containers, transport vehicles and facility equipment which are known or believed to have been contaminated with potentially infectious biomedical waste.

iii. The provision and required use of protective gloves and uniforms to protect employees against exposure to potentially infectious biomedical waste. Soiled protective gear shall be laundered or otherwise appropriately treated.

iv. The management of any person having had bodily contact with potentially infectious biomedical waste.

27:027-3. Section 27:027 shall not apply to municipal and other sewage treatment facilities permitted in accordance with Chapter XIII.

27:028. Enforcement

The Office of Public Health shall enforce the provisions of this Chapter in accordance with the provisions of the State Sanitary Code.

27:029. Effective Dates

27:029-1. These regulations shall take effect July 1, 1990.

27:029-2. The interim waiver of treatment and disposal requirements for small generators specified in § 27:022-2 shall terminate June 30, 1991.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:4 and 40:5.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health LR 16: (April 1990).

David L. Ramsey
Secretary

RULE

Department of Health and Hospitals Office of Public Health

In accordance with the Administrative Procedure Act, as amended, the Department of Health and Hospitals, Office of Public Health has amended and repromulgated a revised Certificate of Death form in accordance with R.S. 40:34 (A). Further, the office has promulgated instructions for preparation of the Certificate of Death. The promulgation of rules is authorized by 40:33C.

Title 48

PUBLIC HEALTH - GENERAL

Part V. Preventive Health Services

Subpart 45. Vital Records

Chapter 123. Preparation of Certificates

§12307. Preparation of Certificate of Death (PHS 16)

A. SECTION — Personal Data of Deceased

1. Last Name of Decedent (Item 1A)

Enter the legal surname of the deceased. If unknown, enter "Unknown." Generation identifications, e.g. Jr., II, III, etc., shall appear immediately following and as a part of the surname. The surname of a married woman may be either her maiden name or that of her husband. Alias or "also known as" names should be entered immediately below the legal name in parenthesis (for example, AKA-Smith).

2. First Name (Item 1B)

Enter the first name of the deceased. If unknown, enter "Unknown." Alias or "also known as" names should be entered immediately below the legal name in parenthesis (for example, AKA- John).

3. Middle Name (Item 1C)

Enter the second name of the deceased. If unknown, enter "Unknown." Alias or "also known as" names should be entered immediately below the legal name in parenthesis (for example, AKA-George). If there is no middle name, enter "None."

4. Date of Death (Item 2A)

Enter the month, day and year using the following abbreviations: Jan., Feb., Mar., Apr., Aug., Sept., Oct., Nov., and Dec. Enter the complete spelling for the months of May, June and July.

Consider a death at midnight to have occurred at the end of one day rather than the beginning of the next. For instance, the date for a death that occurs at midnight on December 31 should be recorded as December 31.

If the exact date of death is unknown, it should be estimated by the person completing the medical certification. "Est." should be placed before the date.

5. Hour of Death (Item 2B)

Enter the hour of death indicating a.m. or p.m. If the institution operates on 24-hour or military time, the hour of death may be so

expressed. If the exact hour of death is unknown, it should be estimated by the person completing the medical certification. "Est." should be placed before the hour.

6. Sex (Item 3)

Enter male or female. Do not abbreviate or use other symbols. If sex cannot be determined after verification with medical records, inspection of the body or other sources, enter "Unknown." Do not leave this item blank.

7. Race (Item 4)

Enter the race of the decedent as stated by the informant.

For Asians and Pacific Islanders, enter the national origin of the decedent, such as Chinese, Japanese, Korean, Filipino, or Hawaiian.

If the informant indicates that the decedent was of mixed race, enter both races or ancestries. Generic designations of Oriental, Polynesian, European, etc., are not acceptable.

8. Marital Status (Item 5)

Enter married, never married, widowed or divorced. "Single" is not an acceptable entry.

9. Surviving Spouse (Item 6)

If the decedent was legally married at death, enter the name (maiden name in the case of a widow) of the survivor. If the deceased was single at death, enter "None."

10. Date of Birth (Item 7)

Enter the exact month, day, and year that the decedent was born. Enter the date using the following abbreviations: Jan., Feb., Mar., Apr., Aug., Sept., Oct., Nov., and Dec. Enter the complete spelling for the months of May, June and July. If the birth date is an estimation, enter the birth date as "est." then the date. If the birth date is unknown, enter "Unknown."

11. Age in Years (Item 8A)

Enter the decedent's exact age in years at his or her last birthday. If the decedent was under 1 year of age, leave blank.

12. Under 1 Year (Item 8B)

Enter the exact age in either months or days at time of death for infants surviving at least 1 month.

If the infant was 1-11 months of age inclusive, enter the age in completed months.

If the infant was less than 1 month old, enter the age in completed days.

If the infant was over 1 year or under 1 day of age, leave blank.

13. Under 1 Day (Item 8C)

Enter the exact number of hours and/or minutes the infant lived for infants who did not survive an entire day.

If the infant lived 1-23 hours inclusive, enter the age in completed hours.

If the infant was less than 1 hour old, enter the age in minutes.

14. Birthplace (Item 9)

If the decedent was born in the United States, enter the name of the city or location and state.

If the decedent was not born in the United States, enter the name of the location and country of birth whether or not the decedent was a U.S. citizen at the time of death.

If the decedent was born in the United States but the city or location is unknown, enter the name of the State only. If the State is unknown, enter "U.S.—unknown."

If the decedent was born in a foreign country but the city or location is unknown, enter the name of the country.

If the decedent was born in a foreign country but the country is unknown, enter "Foreign-unknown."

If no information is available regarding place of birth, enter "Unknown."

15. Usual Occupation (Item 10)

Enter the usual occupation of the decedent. This is not neces-

sarily the last occupation of the decedent. "Usual occupation" is the kind of work the decedent did during most of his or her working life, such as claim adjuster, farmhand, coal miner, janitor, store manager, college professor, or civil engineer. Never enter "Retired."

If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent was a "homemaker" during most of his or her working life, and never worked outside the household, enter "Homemaker."

Enter "Student" if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life.

If none of the above are applicable, enter "Not Applicable" or "NA."

16. Kind of Business/Industry (Item 11)

Enter the kind of business or industry to which the occupation listed in 10 is related, such as insurance, farming, coal mining, hardware store, retail clothing, university, or government. Do not enter firm or organization names.

If the decedent was a homemaker during his or her working life, and "Homemaker" is entered as the decedent's usual occupation in item 10, enter "Own home" or "Someone else's home," whichever is appropriate.

If the decedent was a student at the time of death and "Student" is entered as the decedent's usual occupation in item 10, enter the type of school, such as high school or college, in item 11. If none of the above are applicable, enter "Not Applicable" or "NA."

17. Of Hispanic Origin? (Item 12)

Check "No" or "Yes." If "Yes" is checked, enter the specific Hispanic group. Item 12 should be checked on all certificates. Do not leave this item blank. The entry in this item should reflect the response of the informant.

For the purposes of this item, "Hispanic" refers to people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A person's Hispanic origin may be reported based on the country of origin of a parent, a grandparent, or some far-removed ancestor. The response should reflect what the decedent considered himself or herself to be and should not be based on percentages of ancestry.

If the decedent was a child, the parent(s) should determine the Hispanic origin based on their own origin. Although the prompts include the major Hispanic groups of Cuban, Mexican, and Puerto Rican, other Hispanic groups may also be identified in the space provided.

If the informant reports that the decedent was of multiple Hispanic origin, enter the origins as reported (for example, Mexican-Puerto Rican).

If an informant identifies the decedent as Mexican-American or Cuban-American, enter the Hispanic origin as stated.

This item is not a part of the Race item. A decedent of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.

18. Ever in U.S. Armed Forces (Item 13)

Enter yes or no in the blank.

19. Social Security Number (Item 14)

Enter the social security number of the decedent. If it is unknown, enter "Unknown."

20. Decedent's Education (Item 15)

Elementary/Secondary (0-12)—College (1-4 or 5+)

Enter the highest number of years of regular schooling com-

pleted by the decedent in either the space for elementary/secondary school or the space for college. An entry should be made in only one of the spaces. The other space should be left blank. Report only those years of school that were completed. A person who enrolls in college but does not complete one full year should not be identified with any college education in this item.

Count formal schooling. Do not include beauty, barber, trade, business, technical, or other special schools when determining the highest grade completed.

B. Section — Place of Death

Place of Death (Item 16A)

Check appropriate box.

2. Name of Facility (Item 16B) Hospital or facility deaths

If the death occurred in a hospital or other facility, enter the full name of the hospital or facility.

If death occurred en route to or on arrival at a hospital, enter the full name of the hospital. Deaths that occur in an ambulance or emergency vehicle en route to a hospital are in this category.

Non-hospital or non-facility deaths

If the death occurred at home, enter the house number and street name.

If the death occurred at some place other than those described above, enter the number and street name of the place.

If the death occurred on a moving conveyance, enter the name of the vessel, for example, "S.S. Emerald Seas (at sea)" or "Eastern Airlines Flight 296 (in flight)."

3. Place of Death in City Limits? (Item 16C)

Enter "yes" or "no" as appropriate.

4. City, Town or Location of Death (Item 17A)

Enter the full name of the city, town, village or location where death occurred regardless of size.

If the death occurred on a moving conveyance and the body was first removed from the conveyance in this state, complete a death certificate and enter as the place of death the address where the body was first removed from the conveyance but also enter in parenthesis the actual place of death insofar as it can be determined.

5. Parish of Death (17B)

Enter the name of the parish in full. If the death occurred on a moving conveyance, enter the name of the parish where the decedent was first removed from the moving conveyance.

C. Section — Residence

1. Street Address (Item 18A)

Enter the number and the street name of the place where the decedent lived. If the place has no number and street name, enter the rural route number or box number.

2. Parish of Residence (Item 18B)

Enter the name of the parish/county in which the decedent lived.

State of Residence (Item 18C)

Enter the name of the state of residence. This may be different than the state in the mailing address. If the decedent was not a resident of the United States, enter the name of the country and the name of the unit of government that is the nearest equivalent of a state.

4. Usual Residence of Decedent (Item 18D)

Enter the full name of the city, town or location in which the decedent lived. This may differ from the city, town or location in the mailing address.

5. Zip Code (Item 18E)

Enter the Zip Code of the place where the decedent lived. This may differ from the Zip Code used in the mailing address.

6. Residence Inside City Limits (Item 18F)

Enter "yes" or "no" as appropriate.

D. Section — Parents

1. Father's Last Name, First, Middle (Item 19A)

The name of the father shall refer to the husband of the mother of the deceased, unless the biological father had formally acknowledged or legitimated the deceased prior to his/her death. Enter the last, first and middle name of the father. If the father had no middle name, enter "none." If not known, enter "Unknown."

2. Father's Place of Birth (Item 19B)

Enter the name of the city or location where the father was born. If unknown, enter "Unknown."

3. Father's Place of Birth — State (Item 19C)

Enter the name of the state where the father was born. If born outside of the United States, enter the name of the country. If not known, enter "Unknown."

4. Mother's Maiden Name, First, Middle (Item 20A)

The maiden surname of the mother is the name given at birth or adoption, not a name acquired by marriage. If the name is not known, enter "Unknown." If there is no middle name, enter "None." If the middle name is unknown, enter "Unknown."

5. Mother's Place of Birth (Item 20B)

Enter the name of the city or location where the mother was born. If unknown, enter "Unknown."

6. Mother's Place of Birth — State (Item 20C)

Enter the name of the state where the mother was born. If born outside of the United States, enter the name of the country. If not known, enter "Unknown."

E. Section — Informant

1. Informant's Name (Item 21A)

Type or print the name of the person who supplied the personal facts about the decedent and his or her family.

In the event that the information is taken from the institutional records, the entry shall indicate ("name of institution" records and the name of the person extracting the information.)

2. Informant's Address (Item 21B)

Enter the complete mailing address of the informant whose name appears in item 21A. Be sure to include the Zip Code.

3. Date (Item 21C)

Enter the date that the informant provided the information.

F. Section — Cause of Death

1. Cause of Death (Item 22 Part I)

Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest. Enter only one cause on each line followed by the approximate interval between onset and death.

2. Other Significant Conditions (Item 22 Part II)

All other important diseases or conditions that were present at the time of death and that may have contributed to the death but did not lead to the underlying cause of death listed in Part I should be recorded.

3. If Deceased was Female 10-49, was She Pregnant in the Last 90 Days? (Item 23)

Check yes, no or unknown, or leave blank if not applicable.

4. Was an Autopsy Performed (Item 24A)

Enter yes or no.

5. Were Autopsy Findings Available Prior to the Completion of Cause of Death? (Item 24B) Enter yes or no.

6. Manner of Death (Item 25)

Complete this item for all deaths. Check the box corresponding to the manner of death. Deaths not due to external causes should be identified as "Natural." Usually, these are the only types of deaths a physician will certify. "Pending investigation" and "Could not be determined" refer to coroner cases only.

If the manner of death checked in item 25 is anything other

than natural, items 26 A-F must be completed.

7. Date of Injury (Item 26A)

Enter the exact month, day, and year that the injury occurred. Enter the full name of the month, a standard abbreviation or a numeric value. If the exact date is not known, enter an estimated date (enter "est." before the date).

The date of injury may not necessarily be the same as the date of death.

8. Time of Injury (Item 26B)

Enter the time of injury (hours and minutes) according to local time. If daylight saving time is the official prevailing time where death occurs, it should be used to record the time of death. Be sure to indicate whether the time of death is a.m. or p.m.

Enter 12 noon as "12 noon." One minute after 12 noon is entered as "12:01 p.m."

Enter 12 midnight as "12 mid." A death that occurs at 12 midnight belongs to the night of the previous day, not the start of the new day. One minute after 12 midnight is entered as "12:01 a.m." of the new day.

If the exact time of death is unknown, the time should be estimated by the person who pronounces the body dead. "Est." should be placed before the time.

9. Injury at Work (Item 26C)

Enter yes or no.

10. Describe How Injury Occurred (Item 26D)

Enter a brief description of how the injury occurred. As examples: "shot in robbery," "fall from catwalk," "electrocuted installing wiring," "crushed by falling beam," etc.

11. Place of Injury (Item 26E)

Specify where the injury occurred.

12. Location (Item 26F)

Enter the complete address where the injury took place.

G. Section — Certifier

This section is to be completed only by the physician or coroner.

1. Certification of Attendant (Item 27A)

Enter dates of medical attendance of deceased if appropriate.

In accordance with R.S. 40:49B(5), if the death occurred more than 10 days after the decedent was last treated by a physician, the case shall be referred to the coroner for investigation to determine and certify the cause of death.

2. Signature of Physician or Coroner (Item 27B)

The person legally responsible shall sign in the space in permanent black ink indicating professional status, i.e., M.D. or Coroner. The physician or coroner shall limit his signature to the space provided. NOTE: This section shall only be completed by the attending physician or coroner (including assistants) certifying death. No one else may sign for him and facsimiles or stamps shall not be acceptable.

If accident, suicide or homicide is checked, the signature shall be that of the coroner or his assistant in the parish where death due to external violence occurred.

3. Date (Item 27C)

Enter the date that the certification statement was completed.

4. Type or Print Name of Physician or Coroner (Item 27D)

The name of the physician or coroner certifying the death shall be typed (or printed) in permanent black ink.

5. Address of Physician or Coroner (Item 27E)

Enter the street address, city and state of the attending physician or coroner.

H. Section — Funeral Director

This section is to be completed by the funeral director or a person authorized to act in behalf of the funeral director.

1. Method of Disposition (Item 28A)

Check the appropriate block. If "other" is checked, specify method of disposition.

If the decedent was removed from the state and the cemetery or crematorium name and location are known, check burial or cremation and enter appropriate name and location in 28C. If decedent was removed from this state and the name and location of the crematorium or cemetery are unknown, check "removal."

2. Date Thereof (Item 28B)

Enter the date in the specified format.

3. Name and Location of Cemetery or Crematorium (Item 28C)

Enter the official name, address or location, including city or location and state of the cemetery or crematorium where final disposition is to be made.

4. Signature and Address of Funeral Director (Item 29A)

The funeral director or person authorized to act in behalf of the funeral director, or other person managing the body shall sign in black, permanent ink and include the establishment name and the business address.

5. Facility Number (Item 29B)

Enter the facility license number.

6. License Number (29C)

Enter the license number of the funeral director or funeral director/embalmer who signed the death certificate.

I. Section — Registrar

1. Burial Transit Permit (Item 30A)

The number of the Burial Transit Permit is entered here by the local registrar or special agent issuing it at the time of issuance. Note that permits are only issued upon presentation of a properly completed Death Certificate. However, if a funeral director presents a Death Certificate completed to the limits of his ability and resources and for reasons beyond his control he is unable to submit an entirely completed Death Certificate, a permit shall be issued. The permit is issued with the provision and understanding that the funeral director will present a completed document as soon as humanly possible. In the event that the funeral director abuses his privilege, the privilege will be withdrawn.

2. Parish of Issue (Item 30B)

Enter the parish name in full where the permit was issued.

3. Date of Issue (30C)

Enter the date that the Burial Transit Permit was issued.

4. Signature of Local Registrar (Item 31)

Enter the signature of the local registrar of the parish where the certificate is filed. The signature shall be in permanent black ink.

5. Alterations (Item 32)

Enter annotations to document the reason for an alteration which occur after a death certificate is filed with either the Local Registrar or in the State Registry. The annotations should indicate the evidentiary basis for alteration, the date of the alteration and the signature of the official who altered the certificate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:32 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Preventive and Public Health Services, LR 13:246 (April 1987). Revised and re-promulgated by the Department of Health and Hospitals, Office of Public Health, LR 16: (April 1990).

David L. Ramsey
Secretary

RULE

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, is adopting the following rule in the Title XIX (Medicaid) Program. The Emergency Rulemaking provisions of the Administrative Procedure Act, R.S. 49:953 B, were exercised effective January 2, 1990 and published in the *Louisiana Register* Vol. 16, Number 1, page 5 on January 20, 1990 relative to this provision. The rule was published as a notice of intent on February 20, 1990 (Volume 16, No. 2, page 156).

RULE

The Department of Health and Hospitals establishes guidelines concerning factors which will be considered in assessment of civil fines. Specific classifications of violations are defined as follows:

Class A - violations which create a condition or occurrence relating to the operation and maintenance of a nursing facility which results in death or serious harm to a resident;

Class B - violations which create a condition or occurrence relating to the operation and maintenance of a nursing facility which created a substantial probability that death or serious physical harm to a resident will result from the violation;

Class C - violations that create a condition or occurrence relating to the operation and maintenance of a nursing home facility which creates a potential for harm by directly threatening the health, safety, rights, or welfare of a resident;

Class D - violations related to administrative and reporting requirements that do not directly threaten the health, safety, rights, or welfare of a resident;

Class E - failure of any nursing facility to submit a statistical or financial report in a timely manner as required by regulations.

A copy of the complete set of regulations may be viewed at the Office of the State Register, 900 Riverside North, Baton Rouge, LA, or may be obtained by writing the Office of the State Register, Box 94095, Baton Rouge, LA 70804-9095, or by calling (504) 342-5015.

David L. Ramsey
Secretary

RULE

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, is adopting the following rule in the Title XIX (Medicaid) Program. The Emergency Rulemaking provisions of the Administrative Procedure Act, R.S. 49:953 B, were exercised effective September 14, 1989 and published in the *Louisiana Register* Vol. 15, Number 10, page 803 on October 20, 1989 relative to this provision, and the emergency rule was readopted effective January 10, 1990 and published in the *Louisiana Register* Vol. 16, Number 2, page 91 on February 20, 1990. The rule was published as a notice of intent on February 20, 1990 (Volume 16, No. 2, page 157).

RULE

Authorized medications and/or supplies which are payable un-

der Title XIX pharmacy services of the Medical Assistance Program are listed below.

1. All legend drugs will be provided except the following therapeutic classifications:

- a. Anorexics;
- b. Cough and cold preparations;
- c. Minor tranquilizers;
- d. Cosmetic drugs.

2. Non-legend drugs as follows:

Benedict's Solution	Contraceptive Supplies and Devices;
Calcium Gluconate	Ferrous Gluconate;
Calcium Lactate	Ferrous Sulfate;
Calcium Phosphate	Insulin;
Clinitest	Nicotinic Acid
Clinistix	Tes Tape

3. Non-disposable insulin syringes as follows: (Louisiana Drug

Codes for these are indicated)

LDC SYRINGE TYPES

- 994 1901 00 Insulin Syringe Type 1YLI BD
- 994 1902 00 Insulin Syringe Type 1YLI BD
- 994 1903 00 Insulin Syringe Type 2YZ BD
- 994 1904 00 Insulin Syringe Type 1YTI BD
- 994 1905 00 Insulin Syringe Type ND, LO-DOSE, U-100
- 994 1908 00 Insulin Syringe Type 2YPI BD
- 994 1910 00 Insulin Syringe Type U-100 BD
- 994 1911 00 Insulin Syringe Type 3YLH BD

4. Indwelling Catheters and Catheterization Trays as follows:

LDC TYPE

- 993 304 00 5 cc Catheter
- 993 303 00 30 cc Catheter
- 993 302 00 Tray

5. The combination indwelling Catheters and Catheterization

Trays are payable as follows:

LDC TYPE

- 003 305 00 Tray with 5 cc Catheter
- 993-301 Tray with 30 cc Catheter

6. Immunosuppressant Drugs — Pharmacies shall be required to bill Title XVIII for Immunosuppressant drugs prescribed within one year from the date of the transplant for recipients who have Medicare Part B coverage. After Title XVIII has processed the claim, then the claim along with the Explanation of Medicare Benefits should be forwarded to the bureau's fiscal intermediary for payment of co-insurance or deductible where applicable.

If the transplant date is more than one year, then pharmacy claims along with documentation of transplant date from either the physician or hospital should be forwarded to the bureau's fiscal intermediary, Provider Relations TPL Unit for processing and override of the Medicare eligible edit.

Non-Transplant Patients with Medicare Part B: When a prescription is filled for NDC 810597 (Imuran, 50 mg) and NDC780110 (Sandimmune, 100 mg/ml) and the individual is not an organ transplant patient and is covered by Medicare Part B, copy of a physician statement verifying the diagnosis must be attached to each claim submittal.

COVERAGE LISTING

A complete listing of covered drugs will be maintained in the Title XIX provider manual for utilization by providers. The Bureau's fiscal intermediary will provide coverage information on any specific drug. Providers should contact the fiscal intermediary's provider relations unit when a specific coverage question arises.

EXCLUSIONS

Listed below are the medications and/or supplies (with examples) which are not payable under pharmaceutical services of the Medical Assistance Program.

1. Experimental drugs, which are generally labeled: "Caution—limited by Federal Law to investigational use."

2. Anorexics such as:

Adipex-P	Fastin	Obestat	Tenuate
Biphertamine	Ionamin	Panrexin MTP	Tenuate Dospan
Coramine	Mazanok	Pondimin	Tepanil
Dexedrine	Melfiat	Preludin	Trimtabs
Desoxyn	Melfiat 105	Sanorex	
Didrex	Methamphetamine	Statobex	

3. Cough and cold preparations, such as:

Actifed	Glynazan Exp.	Rondec
Actifed C	Hista Vadrin	Rondec DM
Ambenyl	Histabid	Ru Tuss
Brexin LA	Histalet	Ru Tuss Exp.
Brexin Caps	Histalet DM	Ru Tuss Plain
Brexin Liquid	Histalet Forte	Rynatan
Bromfed	Histaspan D	Rynatan Ped
Comhist	Histaspan Plus	Rynatuss
Comhist LA	Hycodan	Singlet
Condriin LA	Hycomine Comp	Sinubid
Cophene	Hycomine Syr	Tavist D
Cophene No. 2	Hycomine Ped	Triaminic
Cophene PL	Hycotuss	Triaminic DH
Cophene S	Isoclor	Triaminic Juvelet
Cophene XP	Marcof	Tussar SF
Co-Pyronil 2	Naldecon	Tussend
Deconamine SR	Naldecon CX	Tussend Exp.
Decongestabs	Naldecon Ped.	Tuss-Organidin
De Tuss	Nolamine	Tuss Ornade
Detussin	Novafed-A	
Dihistine	Ornade	
Dimacol	Pancof	
Dimetane DX	Pediacof	
Dimetane Exp.	Phenergan Comp.	
Dimetane Exp. D.C.	Phenergan D	
Disophrol	Phenergan Exp.	
Drixoral	Phenergan w/Codeine	
Drize	Phenergan Ped. DM	
Endal	Phenergan VC	
Endal ND	Phenergan VC Codeine Exp.	
Endal SR	Polaramine Exp.	
Endal Plain	Polyhistine D	
Entex	PV Tussin	
Entex LA	Robitussin DAC	

4. Minor Tranquilizers, such as:

Atarax	Miltown	Tranxene
Ativan	Paxipam	Traxin
Centrax	Promate	Valium
Equanil	Rezine	Valrelease
Libritab	Serax	Vistaril
Librium	Trancopal	Xanax

5. Cosmetic Drugs

A/T/S	Cleocin T Topical Gel	Pan Oxyl 5
Accutane	Cleocin T Topical Soln	Pan Oxyl 10
Benoquin	Desquam X 5	Pan Oxyl AQ 2 1/2
Benzac 5 Gel	Desquam X 10	Pan Oxyl AQ 5
Benzac 10 Gel	Drysol	Pan Oxyl AQ 10
Benzac W 2 1/2	Eldopaque	Retin A
Benzac W 5	Eldoquin-Forte	Rogaine
Benzac W 10	Eryderm 2%	Staticin
Benzac W Wash 5	Meclan Cream	Solaquin-Forte
Benzac W Wash 10	Melanex	T-Stat 2%
Benzagel	Minoxidil Topical	Topicycline

6. Compounded prescriptions (mixtures of two or more ingredients).
7. Narcotics prescribed only for narcotic addiction.
8. In addition, payment will not be made for medications which are included in the reimbursement to a facility such as a:
 - a. hospitalized recipient, or
 - b. a recipient receiving benefits under Part A of Title XVIII in a Skilled Nursing Facility, or
 - c. a resident/patient at Villa Feliciana or at a State Mental Hospital.
9. DESI Drugs—Drugs which have been identified by the FDA as lacking evidence of safety/effectiveness.

David L. Ramsey
Secretary

RULE

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, is adopting the following rule in the Title XIX (Medicaid) Program. The rule was published as a notice of intent on December 20, 1989 (Volume 15, No. 12, page 1131.). The emergency rulemaking provisions of the Administrative Procedure Act, R.S. 49:953 B, were exercised effective February 5, 1990 and published in the *Louisiana Register* Vol. 16, Number 2 on February 20, 1990 relative to this service.

RULE

Case management for mentally retarded/developmentally disabled individuals is defined as:

1. development of initial service plan which identifies the evaluations necessary to determine the recipient's service needs;
2. arrangements for and compilation of interdisciplinary team or other evaluative materials;
3. coordination and participation in the development of a comprehensive service plan for each recipient which includes both formal and informal services;
4. training and support of the recipient in the use of personal and community resources identified on the care plan;
5. advocacy on behalf of recipients so that they may receive appropriate benefits or service;
6. periodic reassessment of the recipient's services to insure that they continue to meet the individual's needs;
7. maintenance of documentation of each service provided to a recipient;
8. during such time as the state has an approved §1915(c) waiver, monitoring service delivery in order to assess progress, the quality of services and that the services are being provided as ordered by the ID Team.
9. for recipients of MR/DD waiver services, periodic calculation of each recipient's waiver service costs.

This service will be reimbursed when provided to MR/DD individuals subject to the limitations specified below.

1. The following conditions must be met for services to be reimbursed:

- A. A recipient of services must meet the criteria listed below:
 - (1.) The recipient must meet the definition of "Developmentally

Disabled" as defined by the Division of Mental Retardation and Developmental Disabilities, and

(2.) The recipient, except in the instance of waiver recipients, must require services from multiple health/social/informal services providers, as determined by the case manager and documented in the case record, and

(3.) (a.) the individual is at risk of becoming homeless or in need of protection from harm due to environmental or life circumstances, need for supervision, or potential threat of abuse or neglect, or

(b.) the individual has been institutionalized, is at risk of becoming institutionalized or would otherwise require ICF/MR level of care unless eligible to participate in Medicaid Home and Community Based Waiver Services.

B. A recipient may receive services on an inpatient or an outpatient basis.

C. Providers of case management services will not be reimbursed for specific services provided to individuals in institutional settings when those services are included in the per diem rate for the institution.

D. The recipient will not be forced to receive case management services for which he or she may be eligible.

E. Case management services will not be used to restrict the access of the recipient to other services available under the State Plan.

F. Payment for case management services will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

G. The maximum number of units of service covered by this provision per individual per calendar year shall be limited in accordance with the Title XIX State Plan agreement with the Health Care Financing Administration.

2. Standards for Participation

The provider of case management services must:

A. enter into a provider agreement with the Bureau of Health Services Financing;

B. be licensed to provide case management services in the state;

C. have been certified by the Office of Mental Retardation/Developmental Disabilities as having adequate programming and administration to provide the service effectively and efficiently.

3. Standards for Payment

In order to be reimbursed by the state, the provider of case management services must:

A. insure that all case management services are provided by individuals who meet the following education and experience requirements:

(1.) an individual with at least a bachelor's degree in human service related field plus two years of experience in such a field.

(2.) years of experience in human services related field may be substituted for the bachelor's degree on an equivalent basis of one year of experience for 30 hours of course credit.

(3.) thirty hours or more graduate level course credit in the human services field may be substituted for one year of the experience.

B. insure that services are provided according to an individualized plan of care developed by an interdisciplinary team of professionals;

C. insure that only one individual who is an employee of the case management agency is assigned as the primary case manager for each recipient;

D. insure that the one case manager for each recipient under this provision visits the recipient in accordance with the plan of care.

E. insure that the individual assigned as the case manager

maintains contact with the recipient or his/her legal representative and that these contacts are documented in progress notes and address the efficacy of the care plan;

F. insure that the case manager assigned to serve the recipient as well as any other employee of the case management provider providing services keep sufficient records to document the services being provided;

G. insure that appropriate professional consultation is available to each case manager at all times;

H. insure that appropriate referrals for services are made and documented for each recipient served under this provision;

I. insure that the maximum caseload established by the Bureau of Health Services Financing for a case manager is not exceeded;

J. insure that each recipient has freedom of choice with regard to providers of any service, including case management services;

K. abide by the articles of the Provider Agreement entered into with the Bureau of Health Services Financing.

4. General Provisions

A. Providers of case management services will be reimbursed on a unit of service basis. A unit of service negotiated fee will be established based on the cost of providing case management service. Reimbursement will be based on allowable cost not to exceed limitations established by the Bureau of Health Services Financing.

B. Providers of case management services shall maintain time sheets which are completed by their case managers to document the units of service they have provided. Time sheets shall contain the dates and times of service provisions and be maintained for audit.

C. The number of units of service to be reimbursed by the state for each individual in a calendar year shall not exceed the maximum established under the Title XIX State Plan agreement.

D. Standard provisions concerning such procedures as audit, submittal of cost reports, etc. shall be adhered to by providers of Case Management Services.

David L. Ramsey
Secretary

RULE

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, is adopting the following rule in the Title XIX (Medicaid) Program. As a result of public comments and legislative requests for additional study, the bureau prepared a special computer program analysis to determine the net effect of reducing ingredient costs by 10.5 percent. As a result, the bureau found the dispensing fee was underpriced by \$.41. In order to maintain the purpose of the proposed rule and assure adequate reimbursement to providers, the bureau is making a technical correction to the dispensing fee in this final rule. This change is not considered significant as it prevents any change in the Fiscal and Economic Impact Statement previously published.

The dispensing fee is increasing to \$.41 under the final rule, maintaining expenditures at the current level. Without this technical correction, the bureau would be required to repromulgate this rule as a reimbursement reduction for participating providers. This rule was published as a notice of intent on January 20, 1990 (Volume 16, No. 1, page 59).

RULE

Prescribed Drugs are reimbursed as follows:

I. Methods of Payment

Maximum and minimum payment rates for medications - pharmacy or dispensing physician are as follows:

A. Maximum Pharmaceutical Price Schedule

The maximum payment by the agency for a prescription shall be no more than the cost of the drug established by the state plus the established dispensing fee.

Each pharmacy's records shall establish that the established dispensing fee paid by the Medical Assistance Program for prescriptions does not exceed the dispensing fee paid by others. This also applies to the payment for insulin and diabetic testing agency and indwelling catheters and catheterization trays for which the dispensing fee may not exceed 50 percent of the wholesale price.

B. Payment for Medications to Dispensing Physician

Payment will be made for medications dispensed by a physician on a continuing basis only when his main office is more than five miles from a facility which dispenses drugs.

Under the above circumstances, vendor payments (when the treating prescriber dispenses his own medications and bills Medical Assistance Program under his own name or the name of his own clinic or hospital) will be made on the same basis as a pharmacist as specified in Paragraph A above.

II. Standards for Payment

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

B. The pharmacy must be licensed to operate in Louisiana except:

1. as provided for a person residing near the state line; or
2. as provided for a recipient visiting out-of-state.

C. Payment will be made only to providers whose records are subject to audit.

D. Payment will be made to providers only for medications furnished to persons eligible for medical vendor payments on a prescription written by a licensed physician or dentist.

E. Payments will be made only for the drugs covered under the Medical Assistance Program's Pharmacy Program.

1. Definitions

Brand Name means any registered trade name commonly used to identify a drug.

Estimated Acquisition Cost means the modified Average Wholesale Price of the drug dispensed, identified by the manufacturer number, product number, and package number usually purchased by a provider, from a supplier whose products are generally available to all pharmacies and reported in one or more national compendia. Repackaged drug products supplied through co-ops, franchises, or other sources not readily available to other providers shall not be used to estimate provider acquisition cost. In such instances, the Average Wholesale Price for the drug product used by the repackager identified by the manufacturer number, product number, and largest reported package size in one or more national compendia shall be utilized by the agency to estimate acquisition cost.

Modified means the lower of the following applicable limits:

a. AWP-10.5 percent for "Other Drugs" not subject to LMAC limits, and any drug exempted from LMAC or Federal Upper Limits by physician override;

b. LMAC limits on multiple source drugs established by the state as set forth below; and

c. Federal Upper Limits on multiple source drugs established

by HCFA as set forth below.

Average Wholesale Price means the wholesale price of a drug product as reported to the agency by one or more national compendia on a weekly basis to update the Medicaid Management Information System (MMIS).

Multiple Source Drug means a drug marketed or sold by two or more manufacturers or labelers or a drug marketed or sold by the same manufacturer or labeler under two or more different proprietary names or both under a proprietary name and without such a name.

2. Federal Upper Limits for Multiple Source Drugs

a. Except for drugs subject to "Physician Certification", the Medical Assistance Program shall utilize listings established by HCFA that identify and set upper limits for multiple source drugs that meet the following requirements:

(1) All of the formulations of the drug approved by the Food and Drug Administration (FDA) have been evaluated as therapeutically equivalent in the most current edition of their publication, *Approved Drug Products with Therapeutic Equivalence Evaluations* (including supplements or in successor publications);

(2) At least three suppliers list the drug (which has been classified by the FDA as category "A" in the aforementioned publication based on listings contained in current editions (or updates) of published compendia of cost information for drugs available for sale nationally.

b. The Medical Assistance Program shall utilize the maximum acquisition cost established by HCFA in determining Multiple Source Drug Cost.

c. The Medical Assistance Program shall provide pharmacists who participate in Title XIX reimbursement with updated lists reflecting the multiple source drugs subject to Federal Multiple Source Drug Cost requirements, the maximum reimbursement amount per unit, and the date such costs shall become effective.

3. Louisiana Maximum Allowable Cost (LMAC) Limits

LMAC is the median AWP cost for a specific strength/unit drug determined by listing the wholesale costs for each readily available manufacturer, labeler, etc. and taking the median of those AWP costs (one-half will be above the median cost and one-half will be below the median cost.) LMAC limits may be adjusted by the agency based on changes in the availability and EAC of the drugs.

The agency shall make determinations of which multiple source drugs are to be subject to LMAC regulation based on the availability of drugs in the Louisiana Medical Assistance Program. The availability of a drug product will be determined by review of provider claim data. Providers shall be given advanced notice of any additions, deletions, or adjustments in price. A complete LMAC cost listing will be distributed periodically. Any provider may request and receive at no charge, one complete listing annually.

In no case shall a recipient be required to provide payment for any difference in a prescription price that may occur with implementation of the LMAC limit, nor may BHSF use a cost which exceeds the established maximums except for Physician Certification for Brand Name Drugs.

4. Lower of Reimbursement for Multiple Source Drugs

The agency shall make payments for Multiple Source Drugs other than drugs subject to "Physician Certifications" based on the lower of:

a. the providers' usual and customary charges to the general public not to exceed the agency's "Maximum Pharmaceutical Price Schedule";

b. the agency's estimate of acquisition cost plus the agency's established dispensing fee;

c. any applicable Federal Upper Limit for Multiple Source Drugs plus the agency's established dispensing fee; or

d. any applicable Louisiana Maximum Allowable Cost Limit plus the agency's established dispensing fee.

5. Physician Certifications

Limits on payments for multiple source drugs shall not be applicable when the prescriber certifies in his own handwriting that a specified brand name drug is medically necessary for the care and treatment of a recipient. Such certification may be written directly on the prescription or on a separate sheet which is attached to the prescription. A standard phrase, in the prescriber's handwriting, such as "brand necessary" will be acceptable.

Any practice which precludes the prescriber's handwritten statement shall not be accepted as a valid certification. Such practices include, but are not limited to:

a. a printed box on the prescription blank that could be checked by the prescriber to indicate brand necessity;

b. a handwritten statement transferred to a rubber stamp and then stamped on the prescription blank;

c. preprinted prescription forms using a facsimile of the prescriber's handwritten statement.

6. Other Drug Cost Limits

The agency shall make payments for drugs other than multiple source drugs and drugs subject to "Physician Certifications" based on the lower of:

a. The agency's estimate of acquisition cost plus the agency's established dispensing fee.

b. The providers' usual and customary charges to the general public not to exceed the agency's "Maximum Pharmaceutical Price Schedule."

7. General Requirements Applicable to all Prescriptions

a. For all prescriptions, the maximum quantity payable shall be a month's supply or 100 unit doses, whichever is greater. The quantity billed shall be that prescribed, unless it exceeds the maximum quantity payable in which case the maximum quantity payable shall be filled.

b. When maintenance drugs are prescribed and dispensed for chronic illnesses they shall be in quantities sufficient to effect economy in dispensing and yet be medically sound. Listed below are drugs the agency considers to be maintenance type drugs and which should be prescribed and dispensed in a month's supply:

Anti-coagulants

Anti-convulsants

Oral Anti-diabetics

Calcium Gluconate, Calcium Lactate, and Calcium Phosphate

Cardiovascular Drugs including: diuretics, antihypertensives, and antihyperlipidemics

Estrogens

Ferrous Gluconate and Ferrous Sulfate

Potassium Supplements

Thyroid and antithyroid drugs

Vitamins - A, D, K, B₁₂ Injection, Folic Acid, and Nicotinic Acid

c. For patients in nursing homes, the pharmacist shall bill for a minimum of a month's supply of medication unless the treating physician specifies a smaller quantity for a special medical reason.

d. Payment will not be made for narcotics prescribed only for narcotic addiction.

F. Recipients shall have free choice of pharmacy unless subject to the agency's "lock-in" procedures.

G. When services are provided the eligible person under another service plan (Hospitalization or extended care facility), the provisions applicable to such service plans shall apply during the time the service is provided and vendor payments will not be made for medications.

H. Payment will be made for prescriptions refilled not more than five times or more than six months after issue date and only to

the extent indicated by the prescriber on the original prescription and as restricted by state and federal statutes. The prescriber is required to state on the prescription the number of times it may be refilled.

I. Prescriptions shall be filled within 10 days; narcotic (classified as schedule II by the U.S. Drug Enforcement Administration) prescriptions within 24 hours.

J. A prescriber who has a suboffice in an area more than five miles from a pharmacy or other facility dispensing medications will not be paid for medication he dispenses if his main office is within five miles of a pharmacy or other facility dispensing medications.

K. When a prescriber bills the Medical Assistance Program for medications he dispenses, he shall certify that he himself, another prescriber or a pharmacist dispensed the medications and he shall maintain the same records as required of the pharmacist.

L. The manufacturer number, product number, and package number for the drug dispensed shall be listed on all claims. This information shall be taken from the actual package from which the drug is usually purchased by a provider, from a supplier whose products are generally available to all pharmacies and reported in one or more national compendia. Repackaged drug products supplied through co-ops, franchises, or other sources not readily available to other providers shall not be used. In such instances, the manufacturer number, product number, and package number for the largest package size, as reported in one or more national compendia, for the drug shall be listed.

III. Dispensing Fee

The bureau shall pay a dispensing fee on each Title XIX prescription of no more than \$4. The dispensing fee paid on a prescription shall be subject to reimbursement limitations adopted by the bureau for payment of Title XIX prescription drug services.

David L. Ramsey
Secretary

RULE

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, is adopting the following rule in the Title XIX (Medicaid) Program. The emergency rulemaking provisions of the Administrative Procedure Act, R.S. 49:953B, were exercised effective January 2, 1990 and published in the *Louisiana Register* Vol. 16, Number 1, page 10 on January 20, 1990 relative to this provision. The rule was published as a notice of intent on February 20, 1990 (Volume 16, No. 2, page 158).

CIVIL FINES

NOTICE, APPEAL AND COLLECTION

I. Notice to Facility of Alleged Violation

A. When the Department of Health and Hospitals has reasonable cause to believe through an on-site survey, a complaint investigation, or other means that there exists or has existed a serious threat to the health, safety, welfare, or rights of a nursing home resident, the department shall give notice of the alleged violation(s) in the following manner:

1. The head of the survey team shall give the facility administrator or his designee oral notice of all alleged violations before leaving the facility.

2. The department shall follow the on-site oral notice with con-

firmed written notice by certified mail to the facility administrator.

B. The written notice given by the department shall:

1. specify the alleged violation(s);
2. cite the legal authority which establishes such violation(s);
3. cite any sanctions which may be assessed if the violation(s) are confirmed;

4. advise the administrator that the facility has 10 days from receipt of notice sent by certified mail within which to request an administrative appeal and what that appeal must specify;

5. explain that the consequences of failing to timely request an appeal will be that the determination made by the department is final and no further administrative or judicial review may be had; and

6. inform the administrator if the department has elected to regard the alleged violation(s) as confirmed repeat violation(s) or as continuing violation(s) and the manner in which sanctions will be imposed.

C. The Department of Health and Hospitals shall have the authority to determine whether a violation is a repeat violation and shall inform the facility in its notice of that determination. Violations may be considered repeat violations by the Department of Health and Hospitals if the following conditions are found to exist:

1. Where the Department of Health and Hospitals has established the existence of a violation as of a particular date and the violation is one that may be reasonably expected to continue until corrective action is taken, the department may elect when circumstances warrant to treat said continuing violation as a confirmed repeat violation subject to appropriate fines for each day following the date on which the initial violation is established, until such time as there is evidence establishing a date by which the violation was corrected.

2. Where the Department of Health and Hospitals has established the existence of a violation and another violation occurs within 18 months which is the same or substantially similar to the previous violation, the subsequent violation and all others thereafter shall be considered repeat violations subject to fines appropriate for confirmed repeat violations.

D. If the facility does not request an administrative appeal in a timely manner or does not submit satisfactory evidence to rebut the allegations of a violation, the secretary may determine the existence of a violation and assess civil fines as provided in these regulations. The Department of Health and Hospitals shall forward its findings to the facility by certified mail, and any fines imposed shall commence as of the date such determination is received by the facility.

E. The facility may request an administrative reconsideration of the alleged violations within seven days of receiving notice of the violation. This reconsideration shall be conducted by a designated official of the department who did not participate in the initial decision to impose the penalty. Reconsideration shall be made solely on the basis of documents before the official and shall include the survey report and statement of violations and all documentation the facility submits to the department at the time of its request for reconsideration. Correction of a violation shall not be a basis for reconsideration. A hearing shall not be held. Oral presentations can be made by DHH spokespersons and facility spokespersons. This process is not in lieu of the appeals process, and the time will continue to run for filing of an appeal. The designated official shall have authority only to affirm the decision, to revoke the decision, to affirm part and revoke part, or to request additional information from either the department or the facility. The official shall be without authority to waive any penalty or to compromise the dollar amount of any penalty. The official shall render a decision on the reconsideration within three days from the date of receipt of the facility's request.

F. If the facility requests an administrative appeal, such request shall:

1. state which alleged violation the facility contests and the specific reasons for disagreement; and

2. be submitted to the Department of Health and Hospitals within 10 days of receipt of the secretary's notice sent by certified mail.

The administrative hearing shall be limited to those issues specifically contested and shall not include any claim or argument that the violation(s) have been corrected. Any violations not specifically contested shall become final, and civil fines shall be assessed at the expiration of the time for appeal. All violations/fines not contested shall become final at the expiration of the appeal request time period.

II. Administrative Appeal Process

A. When an administrative appeal is requested in a timely and proper manner, the Department of Health and Hospitals shall provide an administrative hearing in accordance with the provisions of the Louisiana Administrative Procedure Act. The hearing officer conducting the hearing may require the prefiling of any motions by either party no later than the close of business on the third working day prior to the hearing.

B. When it is alleged that the violation(s) jeopardize the health, safety, rights, or welfare of the facility's residents, the requested hearing shall be held within 14 days of the receipt of the request. The hearing officer shall review all relevant evidence and make its final written determination within six days after the administrative hearing.

C. In all other cases, the requested hearing shall be held within 30 days of the receipt of the request. The hearing officer shall review all relevant evidence and make a final written determination within 15 days after the administrative hearing. The hearing officer may continue the matter when such continuance will not jeopardize the health, safety, rights, or welfare of the facility's residents and good cause is proved by the party requesting the continuance.

D. The hearing officer may assess attorney's fees and costs against the facility if it is determined that the facility's appeal was frivolous.

E. At the conclusion of the administrative hearing, the hearing officer shall make specific written findings as to each alleged violation that was contested by the facility. The hearing officer shall have authority to affirm, reverse, or modify the findings or penalties of the department. The hearing officer shall transmit such findings by certified mail to the facility at the last known address within the time periods stated above in Subsections B and C and by regular mail or hand delivery to the department and other affected parties. Any civil fines assessed shall commence as of the date the findings are received by the facility. Interest on the amount of the fines assessed shall begin accruing on the eleventh day following commencement of the fines at the then current rate of judicial interest.

III. Judicial Review

A. If the results of the administrative hearings are adverse to the facility, the facility may request a judicial review of such matters to the Nineteenth Judicial District Court within 15 days of receipt of such findings. Such appeal shall be suspensive.

B. The facility shall furnish, with the appeal, a bond in the minimum amount of one and one-half times the amount of the fine imposed by the Department of Health and Hospitals. The bond furnished shall provide in substance that it is furnished as security that the facility will prosecute its appeal, then any judgment against it will be paid or satisfied from the amount furnished, or that otherwise the surety is liable for the amount assessed against the facility.

C. The appeal shall be heard in a summary proceeding which shall be given precedence over other pending matters.

D. At the conclusion of the judicial review, the court shall enter an appropriate order either reversing, modifying, or upholding the Department of Health and Hospitals' findings. If the Department of Health

and Hospitals' findings are upheld, the court shall order the payments of all fines imposed. Any party aggrieved by the decision may seek further appeals as authorized by the Administrative Procedure Act.

IV. Collection of Civil Fines Assessed

A. Civil fines assessed shall be final if:

1. no timely or proper appeal was requested;

2. the facility admits the violations and agrees to pay;

3. the administrative hearing is concluded with findings of violations and no timely judicial appeal was requested; or

4. the judicial appeal confirms the findings of violations by the facility.

B. When civil fines become final, they shall be paid in full within 10 days of their commencement, unless the department allows a payment schedule in light of a documented financial hardship.

C. If payment of assessed civil fines is not received within 10 days after they are deemed final, the Department of Health and Hospitals shall deduct the full amount plus interest from money otherwise due to the facility as Medicaid reimbursement in its next (quarterly or monthly) payment.

D. No nursing facility may claim imposed fines as reimbursable costs, nor increase charges to residents as a result of such fines. Any audits performed by the Department of Health and Hospitals shall monitor this prohibition.

David L. Ramsey
Secretary

RULE

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, is adopting the following rule in the Title XIX (Medicaid) Program. The emergency rulemaking provisions of the Administrative Procedure Act, R.S. 49:953 B, were exercised effective October 1, 1989 and published in the *Louisiana Register* Vol. 15, Number 10, page 804 on October 20, 1989 relative to this provision, and the emergency rule was readopted effective January 29, 1990 and published in the *Louisiana Register*, Vol. 16, Number 2, page 92 on February 20, 1990. The rule was published as a notice of intent on February 20, 1990 (Volume 16, No. 2, page 160).

RULE

Changes in income for all pregnant women receiving Medicaid benefits shall be disregarded during the period of pregnancy and for 60 days postpartum. If receiving assistance for herself and minor children, the pregnant woman is obligated to report income changes. The income change will not be considered for the pregnant woman, but will be considered in relation to the children's eligibility.

David L. Ramsey
Secretary

RULE

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, is adopting the following rule in the Title XIX (Medicaid) Program. The emergency rulemaking provisions of the Administrative Procedure Act, R.S. 49:953 B, were exercised effective October 5, 1989 and published in the *Louisiana Register* Vol. 15, Number 10, page 804 on October 20, 1989 relative to this provision, and the emergency rule was readopted effective January 29, 1990 and published in the *Louisiana Register* Vol. 16, Number 2, page 94 on February 20, 1990. The rule was published as a notice of intent on February 20, 1990 (Volume 16, No. 2, page 160).

RULE

Effective for cost reporting periods ending June 20, 1989, the Bureau of Health Services Financing shall revise Medicaid reimbursement for nursing facility services provided by state-operated facilities. Skilled nursing facility (SNF) and Intermediate Care Facility (ICF I and II) services shall be reimbursed allowable costs based on Medicare (Title XVIII) principles of reimbursement and methods of cost apportionment for skilled nursing facilities. An interim per diem shall be established subject to cost settlement. Cost reports shall be filed and subject to desk review and audit by agency personnel or their contractual representative. Desk reviews shall be performed on all cost reports while full-scope on-site audits shall be performed in accordance with the criteria established by Medicare for skilled nursing facilities.

David L. Ramsey
Secretary

RULE

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, is adopting the following rule in the Title XIX (Medicaid) Program. The emergency rulemaking provisions of the Administrative Procedure Act, R.S. 49:953B, were exercised effective January 2, 1990 and published in the *Louisiana Register* Vol. 16, Number 1, page 12 on January 20, 1990 relative to this provision. The rule was published as a notice of intent on February 20, 1990 (Volume 16, No. 2, page 161).

RESIDENTS' TRUST FUND

A. The Residents' Trust Fund, hereinafter referred to as the "Trust Fund", is hereby established in the Department of Health and Hospitals to receive monies collected from civil fines levied against nursing homes found to have been in violation of regulations of the department. Monies deposited in the Trust Fund shall be used to support social welfare programs for the aid and support of the needy residents of nursing homes, and to achieve that purpose the department is hereby authorized to enter into cooperative endeavor agreements with public and private entities. The monies deposited shall be segregated from other funds of the state or the department and shall be designated exclusively for the uses and purposes of this Section. All monies of the Trust Fund shall be deposited in an interest bearing

account under the supervision of the state treasurer. Interest on these monies shall be retained in the Trust Fund.

B. The monies in the Trust Fund may be used for the following purposes:

1. to protect the health or property of residents of nursing homes which the department finds deficient;
2. to pay for the cost of relocation of residents to other facilities;
3. to maintain operation of a facility pending correction of deficiencies or closure;
4. to reimburse residents for personal funds lost.

C. Monies from the Trust Fund shall be utilized only to the extent that private or public funds, including funds available under Title XVIII and Title XIX of the Social Security Act, are not available or are not sufficient to meet the expenses of the facility. The secretary of the department shall conserve the resources of the Trust Fund and shall only authorize expenditures that are consistent with usual and customary charges. Disbursements may be approved for charges in excess of usual and customary charges if the secretary provides adequate written explanation of the need for such disbursement to the House and Senate Health and Welfare Committees.

D. The existence of the Trust Fund shall not make the department responsible for the maintenance of residents of a nursing home facility or maintenance of the facility itself.

E. The Trust Fund shall be administered by the secretary of the department or his designee. Requests for monies from the Trust Fund may be made by a nursing home administrator or owner, a resident of the facility, or a resident's relative, conservator, guardian, or representative. The applicant must submit a completed fund request form to the secretary of the department. Forms may be obtained from the department, which shall maintain an adequate supply of such forms in all state and parish offices. A decision shall be provided within seven days of the request.

F. If an emergency exists, the applicant may request immediate consideration by notifying the secretary of the department by telephone, indicating the seriousness and immediate nature of the request. The secretary may orally authorize immediate disbursement, but proper documentation or reasons for the disbursement and all completed forms must be filed in the office of the secretary within five days thereafter.

G. The department shall make an annual accounting to the Division of Administration of all monies received in the Trust Fund and all disbursements of those monies.

H. The terms of repayment, if any, of monies disbursed from the Trust Fund shall be determined by the secretary of the department and may, where appropriate, be set forth in a contract signed by the secretary and the applicant or other party responsible for repayment.

I. Failure to repay the funds according to the established schedule may, at the discretion of the secretary, prevent future disbursements to the applicant from the Trust Fund until all monies are repaid. Monies due and owing to reimburse the Trust Fund shall accrue interest at a rate of two percent above the prime lending rate, unless a different rate is specified in the repayment agreement. The secretary may authorize funds owed by the department to a nursing home facility to be transferred into the Trust Fund in order to reimburse amounts owed by the facility to the Trust Fund.

David L. Ramsey
Secretary

RULE

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, is adopting the following rule in the Title XIX (Medicaid) Program. The emergency rulemaking provisions of the Administrative Procedure Act, R.S. 49:953B, were exercised effective January 2, 1990 and published in the *Louisiana Register* Vol. 16, Number 1, page 13 on January 20, 1990 relative to this provision. The rule was published as a notice of intent on February 20, 1990 (Volume 16, No. 2, page 162).

TEMPORARY MANAGEMENT

I. Notice of Appointment of Temporary Manager

A. When the Secretary of the Department of Health and Hospitals determines that a nursing facility is in need of a temporary manager, he shall provide written notice which shall include:

1. the date the appointment shall take effect;
2. a statement setting forth grounds for the appointment;
3. the name of the person within the Department of Health and Hospitals who has the responsibility for responding to inquiries about the appointment;
4. the name of the person appointed temporary manager, if such designation has been made;
5. a statement explaining the procedure for requesting a hearing.

B. Notice shall be delivered by hand or by certified mail to the owner and administrator of a nursing facility and shall be effective upon receipt.

II. Grounds; Effective Date of Appointment

A. Appointment of a temporary manager based on one or more of the following grounds will be effective immediately upon receipt of notice, unless a later effective date is specified in the notice:

1. the facility is operating without a current Louisiana license;
2. the licensee has abandoned the facility;
3. the nursing facility is closing within 30 calendar days and the Department of Health and Hospitals has reasonable cause to believe that inadequate arrangements designed to minimize the adverse effects of transfer have been made to relocate its residents;

4. a condition or practice in a facility poses a serious and imminent threat to the health, safety, or welfare of the residents or presents a substantial probability that death or serious physical harm would result therefrom. The facility owner may request approval from the secretary to be put on 23-day fast track in lieu of temporary management. However, such request may only be granted when the secretary determines that an adequate plan to protect the health, safety, and welfare of residents has been devised by the facility to prevent an imminent threat of harm to the facility's residents and when the secretary has provided satisfactory means for the department to monitor subsequent implementation of such corrective measures by the facility.

B. Appointment of a temporary manager based on one or more of the following grounds shall become effective only upon the later of the expiration of the period for seeking appeal or upon the entry of a final administrative determination by the Department of Health and Hospitals or a hearing officer:

1. The nursing facility exhibits a consistent pattern of violating residents' rights established pursuant to Louisiana or federal laws or regulations.

2. The nursing facility is experiencing financial difficulties that present a substantial probability the facility will be compelled to terminate operation.

III. Powers and Duties of Temporary Manager

A. The licensee and administrator shall be divested of administration of the nursing facility in favor of the temporary manager from the effective date of appointment.

B. The temporary manager shall have the following powers and duties:

1. Exercise those powers and perform those duties set out by the Department of Health and Hospitals in accordance with these and any other applicable provisions.

2. Operate the nursing facility in such manner as to assure safety and adequate health care for the residents.

3. Take such action as is reasonably necessary to protect or conserve the assets or property of the facility for which the temporary manager is appointed, or the proceeds from any transfer thereof, and use them only in the performance of authorized powers and duties.

4. Use the building, fixtures, furnishings, and any accompany consumable goods in the provision of care and services to residents and to any other persons receiving services from the nursing facility.

5. Collect payments for all goods and services provided to residents or others during the period of the temporary management at the same rate of payment charged by the owners at the time the temporary manager was appointed or at a fair and reasonable rate as otherwise approved by the Department of Health and Hospitals.

6. Correct or eliminate any deficiency in the structure or furnishings of the nursing facility which endangers the safety, health, or welfare of residents, provided the total cost of correction does not exceed \$5,000. The Department of Health and Hospitals may order expenditures for this purpose in excess of \$5,000 on application from the temporary manager after notice to the owner and an opportunity for informal hearing by the secretary or his designee to determine the reasonableness of the expenditures.

7. Let contracts and hire employees at rates reasonable in the community to carry out the powers and duties of the temporary management.

8. Honor all leases, mortgages, and secured transactions governing the building in which the nursing facility is located and all goods and fixtures in the building of which the temporary manager has taken possession, but only to the extent of payment which, in the case of a rental agreement, are for the use of the property during the period of temporary management, or which, in the case of a purchase agreement, become due during that same period.

9. Have full power to direct, manage, and discipline employees of the nursing facility, subject to any contract rights they have. The temporary manager shall not discharge employees without authorization from the Department of Health and Hospitals and notice to the owner. Temporary management shall not relieve the owner of any obligation to employees made prior to the appointment of a temporary manager and not carried out by the temporary manager.

10. Preserve all property or assets of residents which are in the possession of a nursing facility or its owner; preserve all property or assets and all resident records of which the temporary manager takes possession; and provide for the prompt transfer of the property, assets, and records to the new placement of any transferred resident. An inventory list certified by the owner and temporary manager shall be made at the time the temporary manager takes possession of the nursing facility.

IV. Procedure for Payments to Temporary Manager

As soon as possible after the effective date of appointment of the temporary manager but in no event later than 10 days thereafter, the owner or administrator shall inform the temporary manager of the name and addresses of all persons owing money to the facility and of the amounts owed. The temporary manager shall be the proper recipient of all funds due and owing to the facility from and after the effective date of appointment.

tive date of appointment, regardless of whether such funds are for goods or services rendered before or after the effective date of appointment. The temporary manager shall notify persons making payments to the home of the appointment of a temporary manager.

A person who is notified of the Department of Health and Hospitals' appointment of a temporary manager and of the temporary manager's name and address shall be liable to pay the temporary manager for any goods or services provided by the temporary manager after the date of the appointment, if the person would have been liable for the goods and services as supplied by the owner. The temporary manager shall give a receipt for each payment and shall keep a copy of each receipt on file. The temporary manager shall deposit amounts received in a separate account and may make disbursements from such account. The temporary manager may bring an action to enforce liabilities created by the foregoing provisions. A payment to the temporary manager of any sum owing to the nursing facility or to its owner shall discharge any obligation to the nursing facility to the extent of the payment.

V. Qualifications and Compensation of a Temporary Manager

The Department of Health and Hospitals shall appoint to serve as a temporary manager any person qualified by education and the requisite experience in nursing home administration and who is licensed in accordance with Louisiana law. A temporary manager shall have no financial or fiduciary interest in the facility or any affiliated entities. No temporary manager shall be appointed who is affiliated with a management firm under an order of decertification in Louisiana or another state. The Department of Health and Hospitals shall set the necessary expense of the temporary management. Said compensation shall be in line with the prevailing wage in the nursing home field and shall be charged as an expense to the facility for which the manager is appointed. The department may seek reimbursement for such expenses by deducting the appropriate amount from funds due or payable to the facility.

VI. Personal Liability of Temporary Manager

A temporary manager may be held liable in a personal capacity for the temporary manager's gross negligence, intentional acts, or breach of fiduciary duty, but otherwise, the acts and omissions of such temporary manager will be defended and discharged by the department. The Department of Health and Hospitals shall secure a bond to cover any acts of negligence or mismanagement committed by the temporary manager when not covered by the facility's insurance.

VIII. Termination of Temporary Management

The Department of Health and Hospitals may terminate a temporary manager when it determines that the temporary management is no longer necessary because the conditions which gave rise to the temporary management no longer exist, all of the Title XVIII and XIX residents in the nursing facility have been transferred or discharged and the facility is no longer certified as a provider in the Title XVIII or XIX programs, or the temporary manager has concluded all financial and patient care responsibilities. However, the department shall not terminate a temporary management without first determining that the party assuming responsibility for continued operation of the facility is capable of competently managing the facility in compliance with all requirements of federal and state law.

VIII. Notice of Appeal

Within seven days from its receipt of certified mail notice, the nursing facility may appeal the decision to appoint a temporary manager by delivering notice to the person within the Department of Health and Hospitals who has responsibility for responding to inquiries about the appointment and to the Department of Social Services, Appeals Bureau, 755 Riverside Mall, Baton Rouge, LA 70802.

IX. Administrative Hearing

If an appeal is requested on a timely basis, a hearing officer

from the Department of Social Services, Appeals Bureau shall conduct an administrative hearing in accordance with provisions of the Administrative Procedure Act. Such hearing shall be held within 10 days of the receipt of the request. The hearing officer shall review all relevant evidence and make a final determination in such matters no later than seven days after the conclusion of the administrative hearing.

X. Administrative Hearing Conclusions

At the conclusion of an administrative hearing, the hearing officer shall make specific findings of fact and conclusions of law regarding each alleged condition concerning the appointment. The hearing officer's findings shall be delivered by hand or shall be posted via certified mail to the owner and administrator of the nursing facility or to its counsel no later than seven days after the hearing and shall constitute a final administrative determination of the matter. Either the department or the nursing facility may seek judicial review of the determination in accordance with the provisions of the Administrative Procedure Act.

David L. Ramsey
Secretary

RULE

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, is adopting the following rule in the Title XIX (Medicaid) Program. The rule was published as a notice of intent on February 20, 1990 (Volume 16, No. 2, page 165).

RULE

The Department of Health and Hospitals approves only the following tests for screening blood donors, to detect antibodies to the probable causative agents for the disease acquired immune deficiency syndrome:

1. The enzyme-linked immunoassay initial-screening test, and, if positive,
2. The Western Blot test, for confirmation.

Both of these tests also have the approval of the federal Food and Drug Administration.

David L. Ramsey
Secretary

RULE

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, is adopting the following rule in the Title XIX (Medicaid) Program. The rule was published as a notice of intent on November 20, 1989 (Volume 15, No. 11, page 1003).

RULE

The Medicaid Program shall implement the optional provision of P.L. 99-272 (Section 9529), Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA), which makes possible election to provide Medicaid assistance for non-Title IV-E (state subsidy) children. Coverage shall be extended to children under the age of 18 for whom there is in effect a state adoption assistance agreement (other than under Title IV-E of the Act) who, as determined by the state adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement:

- 1. was eligible for Medicaid under the state's approved Medicaid plan; or
- 2. would have been eligible for Medicaid if the standards and methodologies of the Title IV-E foster care program were applied rather than the AFDC standards and methodologies.

Individuals are eligible for three months' retroactive coverage under 42 CFR 435.914 if all the conditions are met.

This option also applies to legally executed adoption proceedings entered into prior to the enactment of COBRA on April 7, 1986. The requirements are deemed to be met if the Office of Community Services determines that:

- 1. at the time of adoption placement, the child had special needs for medical or rehabilitative care that made the child difficult to place absent receipt of Medicaid benefits under the plan;
- 2. there is in effect a legally executed adoption agreement between the state and the adoptive parent(s); and
- 3. the Medicaid agency found the individual eligible for Medicaid under the plan prior to execution of the adoption agreement.

Once eligibility has been established, the state does not have to redetermine financial eligibility as long as the adoption agreement is in force.

David L. Ramsey
Secretary

RULE

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, is adopting the following rule in the Title XIX (Medicaid) Program. The rule was published as a notice of intent on February 20, 1990 (Volume 16, No. 2, page 165).

RULE

Facilities which wish to participate in the Medicaid Title XIX program must be operational a minimum of two weeks (14 calendar days) prior to the initial certification survey. "Operational" is defined as admission of at least one client, completion of functional assessment(s) and development of individual program plan(s) for the client(s), and implementation of the program plan(s) in order that the facility actually demonstrate the ability, knowledge, and competence to provide active treatment.

Fire and health approvals must be obtained from the proper agencies prior to a client's admission to the facility. The facility must comply with all standards of the state of Louisiana Licensing Requirements for Residential Care Providers. A State Licensing survey will be

conducted to verify that the facility meets all of these requirements. With this approval, the facility may begin operation.

David L. Ramsey
Secretary

RULE

**Department of Natural Resources
Office of the Secretary
Fishermen's Gear Compensation Fund**

The secretary has adopted the following rule:

Pursuant to R.S. 56:700.2., a fee of \$500 is assessed on each state mineral lease and each state pipeline right-of-way located within the coastal zone of Louisiana, effective April 20, 1990.

Ron Gomez
Secretary

RULE

**Department of Public Safety and Corrections
Office of State Fire Marshal**

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950 et seq.) and the Fire Marshal Act (R.S. 40:1561 et seq.) the Department of Public Safety and Corrections, Office of State Fire Marshal is hereby adopting the following rule relative to preparation of plans and specifications to be submitted to the Office of State Fire Marshal:

**Title 55
PUBLIC SAFETY
Part V. Fire Protection**

**Chapter 3. Buildings
§301. Building Permits**

* * *

C. Plans and specifications submitted in violation of R.S. 37:155 (4) will be rejected by the Office of State Fire Marshal and deemed to be "NOT IN COMPLIANCE".

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1563.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, LR 15:1135 (December 1989), amended LR 16: (April 1990).

Carrol L. Herring
State Fire Marshal

RULE

**Department of Social Services
Office of Community Services**

Weatherization Assistance Program

The Department of Social Services, Office of Community Services submitted the State Plan to the U.S. Department of Energy on

February 19, 1990 for the Weatherization Assistance Program pursuant to 10 CFR 440. This plan has been approved by the Department of Energy. The notice of intent was published in the *Louisiana Register*, Volume 16, Number 2 on February 20, 1990. The State Plan's effective date is April 1, 1990.

The public hearing was held on March 6, 1990 to receive comments on the proposed State Plan for the Weatherization Assistance Program for low-income persons, particularly the elderly and handicapped, in the state of Louisiana. Copies of the comprehensive plan will be printed and distributed to all subgrantees and interested persons.

May Nelson
Secretary

RULE

Department of Social Services Office of Eligibility Determinations

The Department of Social Services, Office of Eligibility Determinations, adopts the following rule.

Prior to enactment of Act 226 of the 1989 Regular Session of the Louisiana Legislature, state law governing confidentiality was more restrictive than the corresponding federal confidentiality regulations. Act 226 brings state law into conformity with federal regulations and would allow the agency to share information with other needs-based programs and law enforcement agencies, as necessary for the administration of the program.

Information of the Department of Social Services pertaining to financial assistance programs may be released in accordance with the federal laws and regulations governing the release of information of the financial assistance programs.

Applicable federal laws include:

Social Security Act - Sec. 1106 (42 U.S.C. 1306)

Freedom of Information Act (5 U.S.C. 552 added by P.L. 90-23 and amended by P.L. 93-502 and P.L. 94-409)

Privacy Act of 1974 (5 U.S.C. 552a), P.L. 93-579

Drug Abuse Office and Treatment Act (P.L. 92-255, 21 U.S.C. 1175) as amended by the Comprehensive Alcohol and Alcoholism Prevention, Treatment and Rehabilitation Act Amendment of 1974 (P.L. 93-282) (42 U.S.C. 4582) Section 6103 of the Internal Revenue Service Code (26 U.S.C. 6103), as amended by the Tax Reform Act of 1976 (P.L. 94-455).

"Government in the Sunshine Act" (P.L. 94-409)

The Family Education Right and Privacy Act (FERPA) (P.L. 93-568)

HHS Public Information Regulation (45 CFR Part 5)

HHS Privacy Act Regulations (45 CFR Part 5b)

SSA Regulation No. 1 (20 CFR Part 401)

SSA Regulation No. 22 (20 CFR Part 422)

The Tax Reform Act

The Right to Financial Privacy Act of 1978

Part B, Title XVI of the Federal Coal Mine and Safety Act

7 CFR Part 272.1(c) - Disclosure (Food Stamps)

42 CFR Part 431 Subpart F - Safeguarding Information on Applicants and Recipients

45 CFR Part 74 Subpart D - Retention and Access

Part 74.25 Restrictions on Public Access

Part 205.50 - Safeguarding Information (AFDC)

Part 302.15 - State Plan Requirements - Reports and Maintenance of Records

Part 303 - Standards for Program Operations
Part 303.2 - Maintenance of Case Records
Part 303.21 - Safeguarding Information
Part 305 - Audit and Penalty
Part 305.35 - Reports and Maintenance of Records

May Nelson
Secretary

RULE

Department of Social Services Office of Eligibility Determinations

The Department of Social Services, Office of Eligibility Determinations, adopts the following rule in the Food Stamps and Assistance Payments programs.

This rule is necessary in order to implement the provisions of Public Law 100-503, the Computer Matching and Privacy Protection Act of 1988.

RULE

Due process will be provided to applicants for and recipients of benefits in the Food Stamp, Aid to Families With Dependent Children, and Refugee Cash Assistance programs who are subject to computer matches.

A. Any adverse information developed in a computer match must be subjected to investigation and verification before action is taken.

B. Recipients may not have their benefits suspended or reduced based on the information received in a computer match until the expiration of a 30-day adverse action notice period. If an individual contacts the agency within the notice period and indicates acceptance of the validity of the adverse information, the agency may take immediate action to deny or terminate. The agency may also take action if the period expires without contact.

May Nelson
Secretary

RULE

Department of Social Services Office of Eligibility Determinations

The Department of Social Services, Office of Eligibility Determinations, has adopted the following rule in the Food Stamp Program.

Summary

The policy change is mandated by federal regulations as published in the *Federal Register* of Wednesday, February 15, 1989, Vol. 54, No. 30, pages 6990-7017, mandated a January 1, 1990, implementation date.

Rule

Effective January 1, 1990, households who have applied for initial month's benefits after the fifteenth of the month, completed the application, provided all required verification, and have been determined eligible to receive benefits for the initial month of application

and the next subsequent month shall receive their prorated allotment for the initial month of application and their first full month's allotment at the same time.

May Nelson
Secretary

RULE

Department of Wildlife and Fisheries Office of Fisheries

The secretary, Louisiana Department of Wildlife and Fisheries hereby promulgates a rule to amend the regulations governing the Pompano Permit Program. Authority for adoption of this rule is included in R.S. 56:406.

Title 76 WILDLIFE AND FISHERIES Part VII. Fish and Other Aquatic Life

Chapter 7. Experimental Fisheries Program §703. Pompano and Black Drum Permits

A. Special Pompano Permit Regulations

1. Permits will not be issued for species which are threatened or endangered or for fisheries, gear types or applications of otherwise legal gear which are specifically prohibited by law.

2. Possession of a permit does not exempt the bearer from laws or regulations except for those which may be specifically exempted by the permit. Violation of a fish or game law which carries a Class II penalty or greater shall constitute a violation of the permit.

3. Information gained by the department through the issuance of a permit is not privileged and will be disseminated to the public.

4. Applicants with a citation(s) pending for three years or less, which is a Class II fish or game violation(s) or greater shall be denied a permit until such time as the applicant appears before department officials for the purpose of reviewing the citation(s) issued. The secretary, after reviewing the proceedings, may issue or deny the permit.

5. Permits shall not be issued to any applicant who within three years of the date of his application, has been convicted or pled guilty to a Class II fish or game violation or greater, as defined in the laws pertaining to wildlife and fisheries.

6. Applicants found guilty of two or more Class II fish or game violations or greater within five years of the application date shall not receive a permit.

7. The bearer of a permit shall report monthly the catch and effort under the permit, even when catch or effort is zero. This report shall contain total catch, effort, and other parameters which may be required by the department. A report shall be received by the department no later than 30 days following the last day of each month.

8. When a permit is issued, only the permitted specie(s) can be retained. All other species shall be immediately returned to waters from which they were caught. No other fish may be in the possession of the permittee and all fish on board the permitted vessel shall have the head and caudal fin (tail) intact.

9. The permittee shall have the permit in possession at all times when using permitted gear or harvesting permitted specie(s). Permit holder shall be on board permitted vessel when operating under conditions of permit. No permit is transferrable without written permission from the department secretary.

10. When permitted gear is on board permitted vessel or in

possession of permittee, permittee and vessel are assumed to be operating under conditions of the permit. No gear other than permitted gear may be on board or in possession of permittee.

11. If citation(s) are issued to any permittee for violation of a Class II fish or game law or conditions regulated by the permit, all permittee's permits shall be suspended until such time as the permittee appears before department officials for the purpose of reviewing the citation(s) issued. The secretary, after reviewing the proceedings, may reinstate or revoke the permit, and the permittee may lose all rights and privileges to participate in the program.

12. Any violation of the conditions of the permit shall result in the immediate suspension of the permit and forfeiture of the deposit, and may result in the permanent revocation of the permit.

13. For permitting purposes, a pompano net shall be defined as a gill net not exceeding 1200' in length and not smaller than two and one-half inch bar or five inch stretched mesh.

14. All permits shall be applied for and/or granted from January 1 to April 30 of each year. All permits expire December 31 following the date of issuance. All permits shall be returned to the department by January 31 following expiration.

15. All potential permittees shall request an appointment by contacting Seafood Division personnel at 400 Royal Street, New Orleans. Proof of ownership of the proposed permitted vessel(s) and proof that all applicable licenses have been applied for shall be provided at the time of appointment. Proof of bona fide residency, as defined in R.S. 8:(12), is also required at this time.

16. The permitted boat used in the program shall have a distinguishing sign so that it may be identified. The sign shall have the word "POMPANO" printed on it in at least six-inch high letters on a contrasting background so as to be visible from low flying aircraft or from any other vessel in the immediate vicinity.

17. The department reserves the right to observe the operations taking place under the permit at any time and permittee shall be required to provide food and lodging on the permitted vessel for an observer at the request of the department.

18. All permittees shall notify the department prior to leaving port to fish under permitted conditions and immediately upon returning from permitted trip. The department shall be notified by calling a designated phone number.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:406.A(3).

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 13:440 (August 1987), amended by the Office of Fisheries, LR 16: (April 1990).

Virginia Van Sickle
Secretary

Notices of Intent

NOTICE OF INTENT

Department of Agriculture and Forestry Office of Animal Health Services Livestock Sanitary Board

In accordance with the provisions of LSA 49:950, et seq., the Administrative Procedure Act, and LSA 3:2095, relative to the power of the Louisiana Livestock Sanitary Board to deal with diseases of animals, notice is hereby given that the Louisiana Livestock Sanitary Board advertises its intent to amend and/or add to the Regulations of the board:

Louisiana Administrative Code, Title 7, Section 11701, to require the following:

Brucellosis exposed herd means a herd of cattle that has intermingled with brucellosis infected cattle or otherwise been exposed to brucellosis infected animals which includes: (1) cattle whose premise joins the premises of a known infected herd and/or any cattle within one mile of the periphery of the infected cattle; (2) cattle herds where there is direct drainage from brucellosis quarantined premises; (3) cattle herds in common range with brucellosis infected herds. All herds, other than dairies negative to the Brucellosis Ring Test (BRT), and certified brucellosis free herds, tested within the past 12 months, owned by an individual, partnership, corporation, or association, that are within 50 miles of an infected herd owned by such individual, partnership, corporation, or association.

Brucellosis infected herd means:

1. A herd will be considered infected if an official brucellosis blood test of the herd reveals one or more reactors.

2. A herd to which one or more brucellosis reactors in a consignment, tested in the market cattle testing program, (tested on the physical premises of the auction market or slaughter establishment), has been traced. The herd shall be considered infected and under quarantine until the entire herd of origin has had two official negative blood tests, the second test being not less than 180 days from the date the last reactor was removed from the herd and the premises. The second test may be dispensed with by the State Veterinarian, the State/Federal epidemiologist, and the State/Federal area veterinarian, based on the history and epidemiology of the herd.

3. A dairy herd that has had a positive milk ring test (BRT), shall be considered infected and handled as such until the entire herd has been officially blood tested. The status of the herd will then be determined by the results of the herd test.

Livestock dealer means any person engaged in the buying and selling of livestock. Any person who buys and sells the same livestock within 30 days and has engaged in five or more transactions within any 12-month period, is presumed to be engaged in the business of buying and selling livestock. A transaction is presumed to be any purchase or sale of an animal, or animals, from any individual, partnership, corporation, or association, public or private.

Interested persons may comment on the proposed policy changes and/or additions, in writing, until 4:30 p.m., May 18, 1990, at the following address:

Maxwell Lea, Jr., D.V.M., State Veterinarian, Department of Agriculture and Forestry, Livestock Sanitary Board, Box 1951, Baton Rouge, Louisiana 70821.

Maxwell Lea, Jr. D.V.M.
State Veterinarian

Fiscal and Economic Impact Statement For Administrative Rules Rule Title: 11701. Definitions

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There would be no costs or savings to state or local governmental units to implement the proposed amendments.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Implementation of the proposed amendments would have no effect on revenue collection of state or local governmental units. Since these rule changes involve definitions, this rule would generate no revenue for any state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

Initially, there would be minimal costs to the herd owners in the area included as an adjacent herd area, due to costs of penning the cattle for testing and restrictions placed on the movement of breeding age cattle until the cattle are tested negative for brucellosis. There is no cost to the cattle producer for the cost of the actual testing of the cattle. On a long term basis, the cost to all cattle producers would be great if Louisiana is not upgraded in its brucellosis classification, because severe restrictions on the movement of cattle out of state will be imposed by the Federal Government and other states. Prevention of these restrictions will allow Louisiana cattle to continue to be competitive on a nation-wide basis.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

These rule changes are needed so that Louisiana can locate the sources of brucellosis infection, continue to make progress in the eradication of this costly disease, enable the state's cattle industry to continue to be competitive with other states, and avoid severe restrictions being placed on Louisiana cattle by the Federal Government and other states. It is estimated that there would be no effect on competition and employment by these rule changes, other than allowing Louisiana cattle to be competitive with other states.

Richard Allen
Asst. Commissioner

David W. Hood
Senior Fiscal Analyst

NOTICE OF INTENT

Department of Economic Development Certified Real Estate Appraisal Subcommittee

Notice is hereby given that the Certified Real Estate Appraisal Subcommittee will consider the adoption of the following rules and regulations of the subcommittee to administer and implement the state appraiser certification program: LAC 46:LXVII, Subpart 11, Chapter 103, Sections 10313 and 10315 providing for experience credit points

toward residential and general certification for rural, farm and land appraisals.

Interested parties may direct inquiries and present their views in writing to the commission, or by writing to Bert Coles Bernard, Public Information Representative, Louisiana Real Estate Commission, Box 14785, Baton Rouge, LA 70898.

§10313. Residential Certification Minimum Experience

E. Residential Appraisal Points

- 11. Rural Lot - Unimproved rural land 25 acres or less 1/2 Point
- 12. Rural Residence - On unit primary dwelling, 10 acres or less 2 Points
- 13. Ranchette - Part time rural use 10 to 25 acres with main dwelling and outbuildings such as additional residence, barns or other outbuildings 3 Points

§10315. General Certification Experience

E. General Appraisal Points

- 16. Pasture or Grazing Enterprises
 - 25-50 acres 1 Point
 - 50-100 acres 2 Points
 - 100-500 acres 3 Points
 - 500-2,000 acres 6 Points
 - 2,000 acres or more 8 Points
- 17. Row Crop Enterprises
 - 25-50 acres 2 Points
 - 50-100 acres 3 Points
 - 100-500 acres 4 Points
 - 500-2,000 acres 6 Points
 - 2,000 acres or more 10 Points
- 18. Orchard, Vineyard, and Plant Nursery Enterprises
 - 0-50 acres 2 Points
 - 50-100 acres 4 Points
 - 100-500 acres 6 Points
 - 500-2,000 acres 8 Points
- 19. Aquaculture Enterprises
 - 0-50 acres 4 Points
 - 50-100 acres 6 Points
 - 100-500 acres 8 Points
 - 500-2,000 acres 10 Points
- 20. Truck Farm Enterprises
 - 0-50 acres 2 Points
 - 50-100 acres 4 Points
 - 100-500 acres 6 Points
 - 500-2,000 acres 8 Points
- 21. Dairy Enterprises
 - 0-50 cow milking herd 4 Points
 - 50-100 cow milking herd 6 Points
 - 100 & over cow milking herd 8 Points
- 22. Diversified agricultural operations of over 500 acres involving two or more of the above enterprises; assuming multiple disciplines are exhibited in the report 10 Points
- 23. Specialized agricultural properties Submitted to SubCommittee for determination

24. No more than 40 percent of the cumulative points may be earned from any one category (Items 16-23). The applicant may request a waiver of this requirement for unique depth of experience in a single area.

25. Timber and Timber Land Appraisals

- 40-100 acres 2 Points
- 100-500 acres 3 Points
- 500-2,000 acres 5 Points
- 2,000-10,000 acres 7 Points
- Over 10,000 acres Submitted to SubCommittee for determination

Jane H. Moody
Executive Director

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: General and Residential Certification Experience**

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no impact on revenues to the agency through adoption of this rule. Implementation of the proposed rule is necessary to qualify a certain group of appraisers - rural, farm and land appraisers - for certification but would not impact agency cost or workload in any measurable way.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no measurable impact on revenue collections by adoption of this rule. Experience credits provided for in this proposed rule may allow persons (who are otherwise ineligible to meet the certification requirements) to obtain state appraisal certification. There is no way to estimate this number.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

Persons engaging in appraisal activity in Louisiana who are primarily involved in farm and land appraisals will benefit from the provisions of this rule. Current rules do not provide credit towards certification for farm and land appraisal work. The proposed rule provides a method of experience credit for these appraisers.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule would enable farm and land appraisers and appraisers operating in mainly rural areas to qualify for the state appraisal certification. There is no way to measure the effect on competition and employment as the law is voluntary and in its first year of operation.

Jane H. Moody
Executive Director

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

**Department of Economic Development
State Licensing Board for Contractors**

At its meeting on August 2, 1989, the State Licensing Board for Contractors made a motion which unanimously passed to amend the following rule:

§505. Additional Classifications

A. A licensed contractor may add additional classifications to his license at any time provided:

1. The request for additional classification(s) is in writing;
2. The required additional license fee of \$50 and a \$25 examination fee are paid; and the qualifying party successfully passes the examination.
3. Additions or changes to an existing license shall become effective after completion of the above requirements and upon board approval at the next regularly scheduled board meeting.

Explanation: This change will comply with the amendment to the law as set out by Act No. 559 of 1989.

Comments regarding the proposed rule changes should be directed in written form to Ms. Joy Evans, State Licensing Board for Contractors, Box 14419, Baton Rouge, LA 70898.

Eddie Doucet
Executive Director

**Fiscal and Economic Impact Statement
For Administrative Rules**

Rule Title: Section 505, Additional Classifications

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There will be no cost involved.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There will be no cost involved.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)
After a person has passed the appropriate examination for additional classification the granting of a license for these additional classifications will be delayed until after board approval at their next regularly scheduled board meeting.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
None

Joy Evans
Assistant to the Board

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

**Department of Economic Development
State Licensing Board for Contractors**

At its meeting on August 2, 1989, the State Licensing Board for Contractors made a motion which unanimously passed to amend the following rule:

**Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XXIX. Contractors**

Chapter 1. General Provisions

§101. Contractor's Record Keeping; Specialty Classification

A. It shall be the responsibility of licensed contractors to maintain adequate records at all times to show compliance with the licensure requirements of all subcontracts and subcontractors. Such records shall be made available to the board's inspectors at all reasonable times. The failure to maintain adequate records or the failure to furnish copies of such records within 72 hours notice thereof shall constitute a violation of this rule.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2157.

HISTORICAL NOTE: Promulgated by the Department of Commerce, Licensing Board for Contractors in November 1974, amended LR 8:135 (March 1982), LR 12:761 (November 1986), amended Department of Economic Development, State Licensing Board for Contractors LR 16:

Explanation: This change will comply with the amendment to the law as set out by Act No. 559 of 1989.

Comments regarding the proposed rule changes should be directed in written form to Ms. Joy Evans, State Licensing Board for Contractors, Box 14419, Baton Rouge, LA 70898.

Eddie Doucet
Executive Director

**Fiscal and Economic Impact Statement
For Administrative Rules**

**Rule Title: Contractor's Record Keeping; Specialty Classification,
46:XXIX.101.A**

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
No additional cost since our field inspectors now monitor all construction projects.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
None
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)
There is no additional cost or record keeping on the part of licensed contractors by law. They are now required to furnish this office with a listing of all of their subcontractors and if needed in the case of an unlicensed subcontractor, a copy of the contract. There are no economic benefits involved at all, and before any action is taken by the board and/or staff, a contractor is always given the opportunity to correct a violation of the law.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
None

Joy Evans
Assistant to the Board

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

**Department of Economic Development
State Licensing Board for Contractors**

At its meeting on August 2, 1989, the State Licensing Board for Contractors made a motion which unanimously passed to amend the following rule:

§509. Exemption from Examination

A. A contractor who is a subsidiary of a currently licensed contractor and who is making application for a license in the same classifications as that of the currently licensed contractor shall not be required to take an examination on the subject for which said subsidiary contractor is seeking a license, with the approval of the board, provided that the holders of a majority of the stock in the subsidiary contractor are the same as the holders of the majority of stock in the currently licensed contractor, and further provided that the individual who was designated as the qualifying party at the time a license was originally issued to the currently licensed contractor remains in the employ of the currently licensed contractor at the time of application for license by the subsidiary contractor.

§509. Exemption from Examination

B. A licensed firm, making application for a subsidiary license for the same classification(s) as those in which the licensed firm has qualified may be exempt from taking of an examination, provided that the qualifying party on record with the State Licensing Board for Contractors for the licensed firm making application for a subsidiary license is the same as that of the parent company, and further provided that no person shall be allowed to be the qualifying party for more than one company and two subsidiaries. If more than two subsidiaries are formed or acquired by a parent company, a separate qualifying party shall be registered with the board for each two additional subsidiary companies. It is further provided that any subsidiaries qualifying under the terms of this Section shall not be permitted to assume the position of a parent company or firm for the purpose of forming additional subsidiaries.

§509. Exemption from Examination

C. A qualifying party making application for a license as an individual or stockholder of a corporation may be exempt from taking another examination for the same classification for which he has previously taken and passed, subject to approval by the board.

Explanation: This change will comply with the amendment to the law as set out by Act No. 559 of 1989.

Comments regarding the proposed rule changes should be directed in written form to Ms. Joy Evans, State Licensing Board for Contractors, Box 14419, Baton Rouge, LA 70898.

Eddie Doucet
Executive Director

**Fiscal and Economic Impact Statement
For Administrative Rules**

Rule Title: LAC 46:XXIX.509, Paragraphs A, B, C, Exemption from Examination

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no costs or savings involved.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no costs or savings involved.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

There will be no costs or savings involved.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

None

Joy Evans
Assistant to the Board

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

**Department of Economic Development
State Licensing Board for Contractors**

At its meeting on August 2, 1989, the State Licensing Board for Contractors made a motion which unanimously passed to amend the following rule:

§507. Initial Applicants

B. The qualifying party shall submit his application for approval at least 10 days prior to taking the examination. The qualifying party shall list all prior affiliations with a licensed contractor(s) and shall disclose whether or not he has been involved in sanctions levied against such contractor(s).

Explanation: This change will comply with the amendment to the law as set out by Act No. 559 of 1989.

Comments regarding the proposed rule changes should be directed in written form to Ms. Joy Evans, State Licensing Board for Contractors, Box 14419, Baton Rouge, LA 70898.

Eddie Doucet
Executive Director

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Section 507.B**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

No cost involved.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

No cost involved.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

Additional effort will be required for the qualifying party to provide a list of previous (contractor) employers and all sanctions that may have been applied to them. This person acting as qualifying party must fill out an application showing his past experience. This information would give the board knowledge of a qualifying party who would become affiliated in time with several different companies. We do not feel that this will cost any additional time or money since this application becomes a part of the file.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

None

Joy Evans
Assistant to the Board

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

**Department of Economic Development
State Licensing Board for Contractors**

At its meeting on August 2, 1989, the State Licensing Board for Contractors made a motion which unanimously passed to amend the following rule:

§507. Paragraph A. Initial Applicants

All initial applicants shall be required to take and successfully pass Part I of the board's examination and Part II where there exists a written or oral examination for same.

Explanation: This change will comply with the amendment to the law as set out by Act No. 559 of 1989.

Comments regarding the proposed rule changes should be directed in written form to Ms. Joy Evans, State Licensing Board for Contractors, Box 14419, Baton Rouge, LA 70898.

Eddie Doucet
Executive Director

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Section 507.A, Initial Applicants**

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
No additional cost or savings to the state government.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
No additional cost.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)
No additional cost.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
None

Joy Evans
Assistant to the Board

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

**Department of Economic Development
State Licensing Board for Contractors**

At its meeting on August 2, 1989, the State Licensing Board for Contractors made a motion which unanimously passed to amend the following rule:

§311. Reciprocity

Any applicant applying for a license who desires that any portion of the law be waived shall cause the State Licensing Board of his domiciliary state to certify in writing that such board shall grant a Louisiana domiciliary that same waiver of such laws in that state.

Explanation: This change will comply with the amendment to the law as set out by Act No. 559 of 1989.

Comments regarding the proposed rule changes should be di-

rected in written form to Ms. Joy Evans, State Licensing Board for Contractors, Box 14419, Baton Rouge, LA 70898.

Eddie Doucet
Executive Director

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Section 311, Reciprocity**

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There will be no cost involved because of the implementation of this rule.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
None
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)
None
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
None

Joy Evans
Assistant to the Board

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

**Department of Economic Development
State Licensing Board for Contractors**

At its meeting on August 2, 1989, the State Licensing Board for Contractors made a motion which unanimously passed to amend the following rule:

§301. Requirements

All applications for contractor's license shall contain the information required on the forms which are available at the offices of the State Licensing Board for Contractors, 7434 Perkins Road, Baton Rouge, LA 70808. Application shall be time-dated when received and shall be considered at the next regularly scheduled meeting of the board, provided the application is completed with a financial statement, references, fees, federal employer identification number, properly noticed and provided all examination requirements have been met.

Explanation: This change will comply with the amendment to the law as set out by Act No. 559 of 1989.

Comments regarding the proposed rule changes should be directed in written form to Ms. Joy Evans, State Licensing Board for Contractors, Box 14419, Baton Rouge, LA 70898.

Eddie Doucet
Executive Director

**Fiscal and Economic Impact Statement
For Administrative Rules**

Rule Title: Section 301, Requirements

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There will be no additional cost to state or local governmental units.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
No additional costs involved.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)
No additional costs involved.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
No additional costs involved.

Joy Evans
Assistant to the Board

John R. Rombach
Legislative Fiscal Officer

The implementation of the standard will require the schools to add additional hours of instruction in summer schools. This results in an increase in time for those students requiring removal of deficiencies.

- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Elementary teachers employed in a nonpublic summer school will be able to teach two subjects for the purpose of removing deficiencies.

Graig A. Luscombe
Deputy Superintendent

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

Board of Elementary and Secondary Education

Amendment to Nonpublic School Standards

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 adopted the recommendation of the Nonpublic School Commission that the nonpublic school standards be amended to allow the removal of two deficiencies during elementary summer school with a required total of 60 hours of instruction for the removal of one deficiency and 120 hours of instruction for the removal of two deficiencies.

Interested persons may comment on the proposed policy change and/or additions in writing, until 4:30 p.m., June 8, 1990 at the following address: State Board of Elementary and Secondary Education, Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Em Tampke
Executive Director

**Fiscal and Economic Impact Statement
For Administrative Rules**

Rule Title: Bulletin 741 Nonpublic School Standards

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
It is estimated that approximately \$200 would be needed to reprint page 42 of Bulletin 741 Nonpublic School Standards and to disseminate this information to local school systems.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There should be no effect on revenue collection at the state or local level.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

NOTICE OF INTENT

**Board of Elementary and Secondary Education
Amendment to Bulletin 1822, Competency Based Post-Secondary Curriculum Outlines**

In accordance with the Louisiana Revised Statutes, 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Board of Elementary and Secondary Education approved amendments to Bulletin 1822, Competency Based Post-Secondary Curriculum Outlines which included changes in titles and course lengths in various vocational-technical programs as listed below:

CURRENTLY APPROVED		RECOMMENDED REVISION	
TITLE	LENGTH	TITLE	LENGTH
Air Conditioning/Refrigeration	2700 Hours, 24 Mos.	No Change	No Change
Barbering	1575 Hours, 14 Mos.	Barber-Styling	1500 Hours, 14 Mos.
Child Care	1350 Hours, 12 Mos.	No Change	No Change
Commercial Art	2700 Hours, 24 Mos.	No Change	No Change
Commercial Sewing	1350 Hours, 12 Mos.	Custom Sewing	2025 Hours, 18 Mos.
Cosmetology	1500 Hours, 12 Mos.	No Change	1500 Hours, 14 Mos.
Data Processing			
Computer Operator	1350 Hours, 12 Mos.	No Change	No Change
Computer Programmer	2025 Hours, 18 Mos.	No Change	No Change
Terminal System Operator	1013 Hours, 9 Mos.	No Change	No Change
Diesel Mechanics	1350 Hours, 12 Mos.	No Change	2700 Hours, 24 Mos.
Dietary Manager	1350 Hours, 12 Mos.	No Change	1620 Hours, 14½ Mos.
Electrician	1688 Hours, 15 Mos.	No Change	No Change
First Year Electronics (not separate course)		Electronics (Basic Core) (separate course)	
(Prerequisite to Electronics courses)	1350 Hours, 12 Mos.	(Prerequisite to Electronics courses)	1350 Hours, 12 Mos.
Forestry Technology	1688 Hours, 15 Mos.	No Change	1800 Hours, 16 Mos.
Graphic Arts	1350 Hours, 12 Mos.	No Change	No Change
Horticulture	1688 Hours, 15 Mos.	No Change	No Change
Industrial Machine Shop	1800 Hours, 16 Mos.	No Change	No Change
Medical Laboratory			
Technician - Certificate	1575 Hours, 14 Mos.	No Change	1660 Hours, 12 Mos.
Nurse Assistant	281 Hours, 2½ Mos.	Nursing Assistant	No Change
Office Occupations			
Accounts Clerk	788 Hours, 7 Mos.	No Change	1238 Hours, 11 Mos.
Secretary	1463 Hours, 13 Mos.	No Change	No Change
Stenographer	1350 Hours, 12 Mos.	Delete—Shorthand included with Secretary	
Word Processor Operator	1013 Hours, 9 Mos.	No Change	1125 Hours, 10 Mos.
Outdoor Power Equipment Technician	1013 Hours, 9 Mos.	No Change	2025 Hours, 18 Mos.
Respiratory Therapy Technician	1575 Hours, 14 Mos.	No Change	No Change
Salesmanship	675 Hours, 6 Mos.	Marketing	1350 Hours, 12 Mos.
Upholstering	1350 Hours, 12 Mos.	Upholstery	1800 Hours, 16 Mos.
Welding	1800 Hours, 16 Mos.	No Change	2025 Hours, 18 Mos.

Interested persons may comment on the proposed policy change and/or additions in writing, until 4:30 p.m., June 8, 1990 at the following address: State Board of Elementary and Secondary Education, Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Em Tampke
Executive Director

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Amendments to Bulletin 1822**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
In 1983, the Board of Elementary and Secondary Education adopted the implementation of uniform course titles and time requirements. These amendments to this bulletin are updates on title names and course lengths. The cost to implement this change would be approximately \$75. This would be for printing and postage to mail out the revision to the policy manual.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There will be no effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)
There will be no costs or economic benefits to the affected

groups. We will produce better trained people for business and industry.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

All vocational-technical students will receive the same minimum curriculum from each technical institute attended. If a student transfers from one institute to another institute, they will be able to do so without losing any time. We will be putting out a better product from our technical institutes because of the up-to-date curriculums.

Graig A. Luscombe
Deputy Superintendent

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

Board of Elementary and Secondary Education

Awarding of High School Diplomas

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 the addition of the following standards to Bulletin 741, (p. 77) to provide for the awarding of high school diplomas:

AWARDING OF HIGH SCHOOL DIPLOMAS

2.099.03 A state high school diploma shall be awarded to any student in a state-approved school who successfully completes the state's required program of studies and takes and successfully passes the state high school exit exam.

2.099.04 Any state-approved nonpublic school which wishes to award the state diploma to its students shall contact the State Department of Education for timelines and other administrative guidelines for administering the state exit testing program.

2.099.05 Any approved nonpublic school which does not choose to administer the state high school exit exam to its students may grant a school diploma which shall carry the same privileges as one issued by a state-approved public school.

2.099.06 The awarding of high school diplomas shall in no way affect the school approval classifications of any school.

Interested persons may comment on the proposed policy change and/or additions in writing, until 4:30 p.m., June 8, 1990 at the following address: State Board of Elementary and Secondary Education, Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Em Tampke
Executive Director

**Fiscal and Economic Impact Statement
For Administrative Rules**

Rule Title: To Implement Graduation Exit Examination for Nonpublic Schools

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The estimated implementation costs of this rule are: 1989-90, \$29,250; 1990-91, \$48,063; and 1991-92, \$58,320 per fiscal period. Source of funding is Louisiana Quality Education Support Fund 8(g).

Table I below exhibits the basis for the estimated implementation costs.

TABLE I

	*Number of Students	Cost Per Student	Total Cost
1989-90 Grade 10	9,000	\$3.25	\$ 29,250
1990-91 Grade 10	11,050	3.25	35,913
Grade 11	9,000	1.35	12,150
1990-91 Grade 10	11,762	3.25	38,227
Grade 11	11,050	1.35	14,918
Grade 12	2,250	2.30	5,175
TOTAL			\$135,633

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There was no effect on these revenue collections.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

The students who successfully complete this examination will have a much increased chance of completing high school and thus have increased economic benefits over their lifetime.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The receipt of a high school diploma will result in additional employment opportunities.

Graig A. Luscombe
Deputy Superintendent

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

Board of Elementary and Secondary Education

**Performance Standard(s) for the LEAP Written Composition Test
Grades 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 intends to adopt the following Performance Standard(s) for the LEAP Written Composition Test for Grades 5 and 7 as recommended by the Department of Education.

WRITTEN COMPOSITION - GRADE 5

Performance Standard/ Scale Score	Passing Raw Score	*Maximum Possible Points	Percentage of Points Necessary To Pass	Estimated Percent Failed
553	53	72	74	14%

WRITTEN COMPOSITION - GRADE 7

Performance Standard	Passing Raw Score	*Maximum Possible Points	Percentage of Points Necessary to Pass	Estimated Percent Failed
745	45	72	63	26%

*A student can score a maximum of 72 points based upon the Domain Scoring Model that will be used by the readers to score the student responses.

Interested persons may comment on the proposed policy change and/or additions in writing, until 4:30 p.m., June 8, 1990 at the following address: State Board of Elementary and Secondary Education, Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Em Tampke
Executive Director

**Fiscal and Economic Impact Statement
For Administrative Rules**

Rule Title: Recommended Passing Scores for Criterion-Referenced Tests

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The estimated implementation costs of test materials are: 1989-90, \$137,855; 1990-91, \$137,855; and 1991-92, \$137,855 per fiscal period. The source of funding is Louisiana Quality Education Trust Fund and state funds. The cost to administer the examinations is \$1.90 per test. Beginning in 1990-91, the cost of remediation of students that fail the written composition portion of the examination is estimated at \$1,556,600 (\$100 per unit multiplied by 15,666 units).

TABLE I

	*Number of Students	Cost Per Test	Total Cost
Grade 5	12,300 (20% Sample)	\$1.90	\$ 23,370
Grade 7	60,255	\$1.90	\$114,485
			\$137,855

The estimated cost of remediation is based on the grade 7 written composition pilot data and a projected 26 percent initial failure rate.

TABLE II

1990-91 Grade 7 Written Composition

Remedial Units	Cost Per Unit	Total Cost
@ 15,666	\$100	\$1,566,600
Remediation costs plus cost per test = \$1,704,455		

TABLE III

1991-92 Grade 7 Written Composition

Remedial Units	Cost Per Unit	Total Cost
@ 15,666	\$100	\$1,566,600
Remediation costs plus cost per test = \$1,704,455		

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Local school boards may receive funds from the state for the provision of remediation to students that fail the written composition examination.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

The students who successfully complete this examination will have an increased chance of completing high school and thus have increased economic benefits over their lifetime.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Employment competition in instructional career fields will be increased in order to conduct remedial programs for at-risk students.

*Regular Education and Special Education students tested in 1989-90. Estimates for 1990-91 and 1991-92.

Graig A. Luscombe
Deputy Superintendent

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

Board of Elementary and Secondary Education

Formula for Appropriation of Vo-Tech Funds

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 intends to adopt the following proposed formula for the appropriation of vocational-technical funds.

Interested persons may comment on the proposed policy change and/or additions in writing, until 4:30 p.m., June 8, 1990 at the following address: State Board of Elementary and Secondary Education, Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Em Tampke
Executive Director

FORMULA FUNDING

REGION	SCHOOL	STATE BUDGET 1989-90	FORMULA STATE 1988-89	
REGION 1	Elaine P. Nunez	\$ 967,006	\$ 1,980,941	
	Port Sulphur	102,200	303,374	
	Jefferson Parish	1,399,740	2,209,064	
	New Orleans	1,154,599	1,727,354	
	Sidney Collier	911,180	1,361,377	
	West Jefferson	979,582	1,756,546	
	Region 1 Center	348,026	n/a	
	REGION 1 TOTAL	\$ 5,862,333	\$ 9,338,656	
	REGION 2	Ascension	542,712	810,211
		Baton Rouge	2,311,103	4,684,222
Folkes		623,827	1,098,503	
Florida Parishes		415,605	923,150	
Hammond Area		608,781	1,037,197	
Memorial Area		1,574,229	3,626,793	
J. E. Jumonville		353,022	671,226	
Slidell		785,265	1,493,924	
Sullivan		1,462,812	2,297,736	
Westside		528,287	1,012,926	
Region 2 Center	461,192	n/a		
REGION 2 TOTAL	\$ 9,666,835	\$17,655,888		
REGION 3	River Parishes	534,626	883,533	
	South Louisiana	953,699	1,789,371	
	Thibodaux	402,068	862,791	
	Young Memorial	1,012,642	1,727,607	
	Region 3 Center	136,988	n/a	
	REGION 3 TOTAL	\$ 3,040,023	\$ 5,263,302	
REGION 4	Lafayette	\$ 1,757,181	\$ 5,202,322	
	T. H. Harris	1,777,358	3,205,896	
	Southwest	918,991	1,778,048	
	Teche Area	839,423	1,811,042	
	Gulf Area	728,516	1,442,768	
	Ville Platte	492,980	1,113,571	
	Evangeline Area	533,645	1,263,483	
	Region 4 Center	224,526	n/a	
REGION 4 TOTAL	\$ 7,272,620	\$15,817,130		
REGION 5	Jefferson Davis	\$ 351,578	\$ 545,658	
	Oakdale	269,376	416,610	
	Sowela	2,660,620	3,977,918	
	Region 5 Center	119,586	n/a	
	REGION 5 TOTAL	\$ 3,401,160	\$ 4,940,186	
REGION 6	Alexandria	\$ 1,161,764	\$ 1,898,414	
	Avoyelles	788,590	1,375,014	
	Concordia	413,542	838,241	
	Huey P. Long	552,977	1,277,841	
	Lamar Salter	650,888	1,165,081	
	Region 6 Center	162,449	n/a	
	REGION 6 TOTAL	\$ 3,730,210	\$ 6,554,591	

FORMULA FUNDING

PROPOSED FORMULA

REGION	SCHOOL	STATE BUDGET 1989-90	FORMULA STATE 1988-89
REGION 7	Claiborne	\$ 450,925	\$ 871,480
	Mansfield	268,822	587,015
	Natchitoches-Central	951,294	1,262,767
	Northwest	839,667	1,417,931
	Ruston	452,646	903,860
	Shreveport-Bossier	1,944,178	3,506,054
	Sabine Valley	497,257	847,208
	Voc. Curriculum Lab	346,502	n/a
	Region 7 Center	146,574	n/a
	REGION 7 TOTAL	\$ 5,897,865	\$ 9,396,315
REGION 8	Bastrop	\$ 510,529	\$ 951,891
	Delta Ouachita	1,299,608	2,630,079
	North Central	246,467	608,804
	Northeast	529,875	918,595
	Tallulah	425,378	683,023
	Lake Providence	227,055	502,951
	Region 8 Center	234,213	n/a
	REGION 8 TOTAL	\$ 3,473,125	\$ 6,295,343

GRAND TOTALS BY REGIONS

REGION	STATE BUDGET 1989-90	FORMULA STATE 1988-89
REGION 1	\$ 5,862,333	\$ 9,338,656
REGION 2	9,666,835	17,655,888
REGION 3	3,040,023	5,263,302
REGION 4	7,272,620	15,817,130
REGION 5	3,401,160	4,940,186
REGION 6	3,730,210	6,554,591
REGION 7	5,897,865	9,396,315
REGION 8	3,473,125	6,295,343
GRAND TOTALS	\$ 42,344,171	\$ 75,261,411

PROPOSED ALLOCATION FORMULA

PERSONNEL

POSITION	ALLOCATION
Director	1
Assistant Director (150 FTE Increments)	150-300 FTE 1 Assistant Director 301-450 FTE 2 Assistant Directors 450-600 FTE 3 Assistant Directors 601-750 FTE 4 Assistant Directors
Student Personnel Services Officer (200 FTE Increments)	0-200 FTE 1 Counselor 201-400 FTE 2 Counselors 401-600 FTE 3 Counselors 601-800 FTE 4 Counselors
Special Needs and/or Related Instructor	0-100 FTE 1 Instructor 101-200 FTE 2 Instructors 201-300 FTE 3 Instructors 301-400 FTE 4 Instructors 401-500 FTE 5 Instructors
Accountant	1 Accountant
Secretary	1 Secretary
Clerical Support	100-175 FTE 1 Clerk 176-250 FTE 2 Clerks 251-325 FTE 3 Clerks 326-400 FTE 4 Clerks 401-500 FTE 5 Clerks 501-600 FTE 6 Clerks 601-725 FTE 7 Clerks 726-850 FTE 8 Clerks 851-1000 FTE 9 Clerks
Maintenance	0-75 FTE 1 Maintenance Repairman 76-200 FTE 2 Maintenance Rep/Cust 201-400 FTE 3 Maintenance Rep/Cust 401-600 FTE 4 Maintenance Rep/Cust 601-800 FTE 5 Maintenance Rep/Cust 801-1000 FTE 6 Maintenance Rep/Cust

Instructional Allocation Formula

Vocational Program Area	Teacher Allocation
Health-Licensed Practical Nurse	1 Teacher/8 FTE
All Other Instructors	1 Teacher/12 FTE

I. INSTRUCTION

- A. T & I, O.O., H.O. (excluding Practical Nursing):
One Instructor for each 12 FTE* Students _____
- B. Practical Nursing:
One Instructor for each 8 FTE* Students _____
- C. Support Faculty-Related, Special Needs, etc.
(According to Personnel Allocation Formula) _____
- D. Salaries
[# of Faculty (A+B+C)] x [Avg. Faculty Salary] \$ _____
- E. Instructional Supplies**
(TOTAL SCH) x (\$.40/SCH) \$ _____
- F. TOTAL INSTRUCTION (D + E) \$ _____

* FTE= Full Time Equivalent is a unit of measurement used to determine the amount of instruction in student contact hours that equates to the amount of instruction normally required by one full-time student during one full year. (1 FTE=1248 SCH'S)

II. STUDENT SERVICES

- A. Student Personnel Services Officer
(Salary/Salaries for SPSO's according to Personnel Allocation Formula) \$ _____
- B. \$175.00 x No. of FTE (sufficient to generate salaries for additional support personnel and provide for expenses for office operations) \$ _____
- C. TOTAL STUDENT SERVICES (A+B) \$ _____

III. ADMINISTRATIVE SERVICES AND SUPPORT

- A. Base (Salaries for Director and Accountant) \$ _____
- B. Assistant Director/s and Clerical
(According to Personnel Allocation Formula and Civil Service Classifications) \$ _____
- C. (\$150.00) x FTE
(sufficient to generate salaries for additional support personnel and provide for expenses for the administrative office.) \$ _____
- D. TOTAL ADMINISTRATIVE SERVICES AND SUPPORT (A+B+C) \$ _____

IV. MAINTENANCE AND OPERATIONS

- A. Salaries for Personnel allowed by Personnel Allocation Formula according to Civil Service classifications \$ _____
- B. Utility Cost based upon historical data and projected budget year inflationary increases \$ _____
- C. Insurance costs based on ORM projections \$ _____
- D. Buildings & Grounds square footage and/or acreage x \$.30/sq. ft.
(Provides for Buildings and Grounds maintenance supplies) \$ _____
- E. TOTAL MAINTENANCE AND OPERATIONS (A+B+C+D) \$ _____

V. CAPITAL EXPENDITURES

- A. 10% of Current Dollar Value of Inventory
(As of June 30 DABF-12 Printout) \$ _____
- New and/or replacement equipment and major repairs to fixed assets not exceeding a fixed amount pursuant to current state regulations
- B. TOTAL CAPITAL OUTLAY EXPENDITURES \$ _____

VI. OTHER SALARIES EXPENSES

- A. Employee Benefits - Unclassified (includes Retirees) \$ _____
- B. Employee Benefits- Classified (includes Retirees) \$ _____
- C. Merit Increases- Unclassified \$ _____
- D. Merit Increases-Classified \$ _____
- E. TOTAL OTHER SALARIES EXPENSES (A+B+C+D) \$ _____

VII. GRAND TOTAL (Allocation to Institution) \$ _____
(I.F + II.C + III.D + IV.E + V.B + VI.E)

VIII. SPECIAL ALLOCATIONS

\$ _____

This part of the allocation is primarily an add-on section which the individual school uses when it realizes the need and is defined as temporary in nature. It should be noted that all costs associated with the initiation of new and expanded courses are procured through this section including: hiring of instructors, purchases of instructional equipment and supplies, and accommodations for classrooms. These courses will continue to be funded through this Special Allocation until a full year's count of SCH's is achieved. Certain construction and/or major repair costs may be requested under this category.

IX. TOTAL FISCAL YEAR BUDGET (VII + VIII)

\$ _____

Fiscal and Economic Impact Statement For Administrative Rules

Rule Title: Proposed Formula for the Appropriation of Vo-Tech Funds

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The costs for the state to implement the funding for vo-tech schools through a formula depend upon the number of students attending each vo-tech school. The cost of printing and postage to disseminate the formula is approximately \$75. The proposed funding formula would cost the state approximately \$75,261,411, based on FY 89-90 enrollment. In FY 89-90, the Vo-Tech system received \$42,344,171 in state general funds. This formula is new; there is currently no formula at the present time.

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 action.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

There will be no cost to persons or non-governmental groups for this action. Students being trained at the Vocational Technical School/Institute would benefit because more programs could be offered and more up-to-date equipment would be available.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There will be no effect on competition or employment for this action. This formula would provide for students a better training; therefore, our students would be more competitive in the work place.

Graig A. Luscombe Deputy Superintendent

John R. Rombach Legislative Fiscal Officer

NOTICE OF INTENT

Department of Education Proprietary School Commission

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Proprietary School Commission intends to amend Bulletin 1443 as follows.

Add to Title V, Section I, Subsection 18 and Title VIII, PSC-12 Annual Licensure Renewal Fee form, Appendix L to the Advisory Commission on Proprietary Schools, Louisiana State Department of Education, rules and regulations, Bulletin 1443.

Annual licensing renewal fee for in-state and out-of-state schools is governed by R.S. 17:3141.4B and is to be in the form set in Appendix L (PSC-12).

A PSC-12 form and a current balance sheet prepared by a certified public accountant indicating that all financial records of the school are maintained in accordance with generally accepted business practices shall be submitted by both in-state schools and out-of-state schools.

ANNUAL LICENSURE RENEWAL FEE BASED ON SCHOOLS' PREVIOUS YEARS' GROSS TUITION REVENUE (June 30 - July 1) (R.S. 17:3141.4 B)

STATE OF LOUISIANA DEPARTMENT OF EDUCATION PROPRIETARY SCHOOL COMMISSION POST OFFICE BOX 94064 BATON ROUGE, LOUISIANA 70804-9064

1. IN-STATE SCHOOL RENEWAL FEE

The annual renewal fee for in-state schools shall be based upon each school's previous year's gross tuition revenues as follows:

Table with 2 columns: Fee Range and Fee Amount. Rows include: \$ 0 - 249,999 (\$ 800), \$ 250,000 - 499,999 (\$1,000), \$ 500,000 - 699,999 (\$1,200), \$ 700,000 - 999,999 (\$1,400), \$ 1,000,000 - 1,499,999 (\$1,800), \$ 1,500,000 - 1,999,999 (\$2,000), \$ 2,000,000 - 2,499,999 (\$2,200), \$ 2,500,000 - and Above (\$2,500)

2. OUT-OF-STATE SCHOOL RENEWAL FEE

Annual Renewal Fee for out-of-state schools licensed to conduct business in Louisiana shall be \$2,500. DEFINITION: "Out-of-State School" means a school that is incorporated in another state.

Please Attach:

- 1. a current balance sheet prepared by a certified public accountant indicating that all financial records of the school are maintained in accordance with generally accepted business practices and,
2. this completed PSC-12 form attesting to the gross tuition income of the school.

AFFIDAVIT

KNOW ALL MEN BY THESE PRESENTS:

That we,

of the City of _____, State of _____ collected Gross Tuition from 7/1/___ to 6/30/___ in the amount of \$ _____.

I do solemnly declare and affirm, under penalties of perjury that the information presented on this document is true and correct.

Name of Institution: _____

Signature of Owner or Authorized Official: _____

Title: _____

Address: _____

Notary Public

Signature and Seal

Inquiries and comments should be addressed in writing to Andrew H. Gasperecz, Executive Secretary, Louisiana Proprietary School

Commission, State Department of Education, Box 94064, Baton Rouge, LA 70804-9064 through April 30, 1990.

The public hearing will be held at 10 a.m., May 2, 1990, in the eighth floor conference room, State Department of Education Building, 626 North Fourth Street, Baton Rouge, LA.

Andrew H. Gasperecz
Executive Secretary

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Annual Licensure Renewal Fee**

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There will be a cost of \$50 for mailing to implement this.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There will be no effect on revenue collections of state or local governmental units.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)
There will be no cost or economic benefits to directly affect persons or non-governmental groups.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
There will be no effect on competition or employment.

Andrew H. Gasperecz
Executive Secretary

John R. Rombach
Legislative Fiscal Officer

**NOTICE OF INTENT
Department of Education
Proprietary School Commission**

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Proprietary School Commission intends to amend Bulletin 1443 as follows.

Add to Title 1, Section 2. Definition, Subsection 18, the Advisory Commission on Proprietary Schools. Louisiana State Department of Education, rules and regulations, Bulletin 1443.

18. *Branch School* is defined as a separate facility established by a main school, responsible for the branch's management, control, and supervision. The branch offers full student services and is under the supervision of a designated on-site employee responsible for the day-to-day operation of this branch. Each branch school shall be licensed and bonded.

Inquiries and comments should be addressed in writing to Andrew H. Gasperecz, Executive Secretary, Louisiana Proprietary School Commission, State Department of Education, Box 94064, Baton Rouge, LA 70804-9064, through April 30, 1990.

The public hearing will be held at 10 a.m., May 2, 1990, in the eighth floor conference room, State Department of Education Building, 626 North Fourth Street, Baton Rouge LA.

Andrew H. Gasperecz
Executive Secretary

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Definition of Branch School**

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There will be a cost of \$50 for mailing to implement this.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There will be no effect on revenue collections of state or local governmental units.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)
There will be no cost or economic benefits to directly affect persons or non-governmental groups.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
There will be no effect on competition or employment.

Andrew H. Gasperecz
Executive Secretary

John R. Rombach
Legislative Fiscal Officer

**NOTICE OF INTENT
Department of Education
Proprietary School Commission**

This is to amend the rules and regulations in Bulletin 1443 relating to general provisions, procedures, license, solicitor permits, forms, advertising rules, statutes relating to agents, student records and Associate in Occupational Studies Degree of proprietary schools. Interested parties may obtain copies from the Department of Education, Room 210, Baton Rouge, Louisiana 70804.

Inquiries and comments should be addressed in writing to Andrew H. Gasperecz, Executive Secretary, Louisiana Proprietary School Commission, State Department of Education, Box 94064, Baton Rouge, LA 70804-9064 through April 30, 1990.

The public hearing will be held at 10 a.m., May 2, 1990, in the eighth floor conference room, State Department of Education Building, 626 North Fourth Street, Baton Rouge, LA.

Andrew H. Gasperecz
Executive Secretary

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Bulletin 1443**

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
All costs of the Proprietary School Bureau are self-generated by license fees paid to the bureau by licensees. The bureau receives no funds from state government.
Budget for proprietary schools: 1989-90 - \$229,099;
1990-91 - \$382,808 (projected)
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
License fees collected from July 1, 1989 to March 26, 1990

were \$270,600 less returned checks (NSF, Stop-Payment, etc.) of \$3,300 for a net receipt of \$267,300.

The Student Protection Fund, a trust fund held by the bureau for the protection of students in the event a licensed school causes financial harm, collected \$69,000 from July 1, 1989 to March 26, 1990.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

Because of the revised licensure fee schedule for proprietary schools, the fees are based on the location of the school. In-state schools are charged a rate different from out-of-state schools. By law, an out-of-state school is one which is incorporated in another state.

Out-of-State schools and in-state schools pay an initial license fee of \$1,000. This represents a 67 percent increase from last year's fee of \$600.

In-state schools pay an annual renewal fee which is based on their gross tuition receipts with the fee ranging from \$800 to \$2,500 per year. This is an increase for some schools by as much as \$1,700 from the previous fee of \$800.

Out-of-state schools pay an annual license renewal fee of \$2,500 which represents an increase of \$1,700 from the previous fee of \$800.

Because this is the first year of implementation of the Student Protection Fund, the percentage of cost increase to licensed proprietary schools is incalculable.

In-state schools pay a fee to the Student Protection Fund of \$200 to \$2,000 based on tuition receipts.

Out-of-state schools pay an annual fee to the Student Protection Fund of \$2,000 regardless of tuition receipts.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There will be no effect on competition or employment.

Andrew H. Gasperecz
Executive Secretary

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

**Board of Trustees of the Firefighters'
Pension and Relief Fund for the
City of New Orleans**

A public hearing will be conducted by the Board of Trustees of the Firefighters' Pension and Relief Fund for the City of New Orleans. The location, date and time of the hearings will be held the second Thursday of each month at 10 a.m., 329 S. Dorgenois Street, New Orleans, LA 70119. The purpose of this hearing is to consider the adoption of amended rules and regulations of the Board of Trustees in accordance with R.S. 49:951 et seq. and R.S. 33:2101 et seq. The rules which will be considered concern the following subjects:

Rule I - Definitions of the terms of the rules.

Rule II - The organization, rules and procedures of the board concerning the procedures for election of officers, establishing of a Pension and Relief Committee, and the adoption of Rules of Order, the adoption of rules, meetings of the board, regular and special meetings, quorum of the board and records of the board.

Rule III - Application procedure, initial determination and notice concerning requirements on the filing of applications for benefits, documentary evidence, affidavits, and initial determination by the board.

Rule IV - Hearing procedures, appeal, oath, testimony, productions of records and depositions concerning hearings pursuant to R.S. 49:956 et seq., the use of depositions, swearing of witnesses, subpoena power in accordance with R.S. 49:956.

Rule V - Judicial Review concerning judicial review of any final decision by the Pension and Relief Committee in accordance with R.S. 49:964, the requirement of exhaustion of internal fund remedies prior to filing of a petition for judicial review.

Any interested party may submit data, views, or arguments orally or in writing concerning these rules. This hearing is being conducted pursuant to the authority granted to the board in R.S. 49:953 and R.S. 33:2101 et seq. By direction of the board, any interested party may make inquiries concerning the adoption of these rules to Bernard V. Nicolay, Secretary-Treasurer of the Board of Trustees, 329 S. Dorgenois Street, New Orleans, LA 70119.

Bernard V. Nicolay
Secretary-Treasurer

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Procedural Rules and Regulations**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The only estimated implementation cost which is anticipated will be the cost of printing and distributing copies of the proposed rules to persons making a request for a copy of such rules. Copying costs (if every participant in the Firefighters' Pension and Relief Fund requested one copy) is estimated at \$295.84.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There should be no effect on revenue collection of state or local government units as a result of the adoption of the procedural rules and regulations of the Board of Trustees.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

The implementation of the procedural rules and regulations of the Board of Trustees should not have any effect on costs or economic benefits to any person or entity.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change should not have any effect on competition and employment.

Sarah H. Voigt
Fund Counsel

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

**Board of Trustees of the Firefighters'
Pension and Relief Fund for the
City of New Orleans**

A public hearing will be conducted by the Board of Trustees of the Firefighters' Pension and Relief Fund for the City of New Orleans. The location, date and time of the hearings will be held the second Thursday of each month at 10 a.m., 329 S. Dorgenois Street, New Orleans, LA 70119. The purpose of this hearing is to consider the

adoption of procedural rules and regulations for determining status of Qualified Domestic Relations Orders of the Board of Trustees, in accordance with R.S. 49:950 et seq. and R.S. 33:2101 et seq. The rules which will be considered concern the following subjects:

Rule 1. Definitions of the terms of the rules.

Rule 2. Notice. The notice procedure to be followed upon the fund's receipt of a domestic relations order.

Rule 3. Determination. The initial determination and appeal procedure to be followed by the Board of Trustees upon receipt of a domestic relations order.

Rule 4. Payments Pending Determination. The procedure to be followed by the Board of Trustees pending determination of whether a domestic relations order is a qualified domestic relations order; the establishment of a segregated or separate account in the trust fund for the amounts that would have been payable to the alternate payee during such period if the order had been determined to be a qualified domestic relations order.

Rule 5. Representative of an Alternate Payee. The requirement for written notice by an alternate payee to designate a representative for receipt of copies of notices that are sent to the alternate payee with respect to a domestic relations order.

Rule 6. Sample QDRO Language. The rules contain sample language which satisfies the requirements of the procedural rules and regulations for determining status of qualified domestic relations orders of the Board of Trustees.

Any interested party may make inquiries concerning the adoption of these rules to Bernard V. Nicolay, Secretary-Treasurer of the Board of Trustees, 329 S. Dorgenois Street, New Orleans, LA 70119.

Bernard V. Nicolay
Secretary-Treasurer

Fiscal and Economic Impact Statement For Administrative Rules

Rule Title: Procedural Rules and Regulations For Determining Status of Qualified Domestic Relations Orders

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The only estimated implementation cost which is anticipated will be the cost of printing and distributing copies of the proposed rules to persons making a request for a copy of such rules. Copying costs (if every participant in the Firefighters' Pension and Relief Fund requested one copy) is estimated at \$406.78.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There should be no effect on revenue collection of state or local government units as a result of the adoption of the procedural rules and regulations for determining status of qualified domestic relations orders of the Board of Trustees.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

The implementation of the procedural rules and regulations for determining status of qualified domestic relations orders of the Board of Trustees should not have any effect on costs or economic benefits to any person or entity.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rules should not have any effect on competition and employment.

Sarah H. Voigt
Fund Counsel

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

Office of the Governor Office of Elderly Affairs

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Governor's Office of Elderly Affairs (GOEA) intends to amend LAC 4:VII.1143, effective June 20, 1990. An Emergency Rule, adopting the proposed changes effective March 12, 1990, was published in the March 20, 1990 edition of the *Louisiana Register*. The emergency rule was adopted to avoid federal sanctions.

The purpose of the rule change is to clarify the GOEA's policy regarding the direct delivery of services by area agencies on aging in Louisiana. GOEA was advised during routine monitoring by the Administration on Aging that Section 1143 of the GOEA Policy Manual contained errors which needed to be corrected to ensure open and fair competition for Title III service funds. First, Subsection B, "Standard Procedure for Area Agencies" allowed area agencies to evaluate their own proposals in competition with other potential service providers. Second, under Subsection D, "Test Standards," the test standard for adequate supply related to factors other than the availability of service providers in the planning and service area.

The proposed rule change is not intended to take away an area agency's right to evaluate proposals from potential service providers and award subcontracts. However, area agencies may not evaluate their own proposals to provide direct services. GOEA has reserved the right to evaluate area agency proposals in order to determine whether an area agency should be granted an exception to the general rule for services funded under Title III of the Older Americans Act.

Subsection B, entitled "Standard Procedure for Area Agencies" has been deleted. This procedure is covered in the service procurement guidance which is issued annually by GOEA. The service procurement guidance issued March 9, 1990 describes separate procedures to be followed by area agencies who desire to provide services directly and those who do not.

Subsection D, "Test Standards" has been revised to include two separate tests to be applied by GOEA to determine whether an area agency requesting an exception to the general rule meets either of the two conditions for direct delivery stipulated in Subsection C, "Conditions for Direct Delivery of Services by an Area Agency."

A public hearing to receive comments on this proposed rule change will be held on Tuesday, May 1, 1990 in the GOEA Conference Room, 4550 North Boulevard, Baton Rouge, LA, beginning at 9:30 a.m. All interested persons will be afforded an opportunity to submit data, views, or arguments, orally or in writing at said hearing.

Interested persons may submit written comments to Betty Johnson, Elderly Affairs Planning Manager, Box 80374, Baton Rouge, LA 70898-0374. Comments must be received by the close of business May 31, 1990.

Proposed Rule

Title 4

ADMINISTRATION

Part VII. Governor's Office

Chapter 11. Elderly Affairs

Subchapter B. Area Agency on Aging

§1143. Service Procurement

A. General Rule for Services Funded under Title III of the Older Americans Act

The Governor's Office of Elderly Affairs and all area agencies in Louisiana use procurement contracts or subcontracts with service providers to provide all services under the state and area plans unless the Governor's Office of Elderly Affairs, after exploring alternatives, decides that direct provision of a service by the area agency using its own

employees is necessary to assure an adequate supply of the service; or where such services are directly related to such area agency on aging's administrative functions; or where such services of comparable quality can be provided more economically by the area agency on aging.

B. Service Delivery Standards

The following standards must be met by all providers of services under the State Plan:

1. A person qualified by training and experience is designated to be responsible for the conduct of this activity, including supervision of paraprofessional and volunteer staff.

2. There are adequate numbers of supervisory staff, trained and skilled in dealing with assessing the needs of older persons and assisting such persons to obtain needed services.

3. The service is provided in a timely manner to meet the individual needs of eligible participants.

4. There is a system established for follow-up on referrals.

5. There is an up-to-date file of community resources which will contribute to the well being of older persons.

6. Procedures are established for publicizing the service.

7. Linkages are planned with other services available under Title III Section 203 of the Older Americans Act.

8. There is a sound management system capable of furnishing timely and accurate fiscal and program reports.

9. There is a sufficient schedule of service delivery days. (minimum: 250 service delivery days per contract year)

10. Outreach is available to target older persons with the greatest social or economic need with particular attention to low-income minority individuals; older persons with severe disabilities; and older Indians [if there is a significant Indian population (at least 25) in the PSA], and rural elderly.

11. There are service delivery criteria for each service giving priority in the delivery of services to older individuals who are frail, homebound by reason of illness or incapacitating disability or otherwise isolated; and older individuals with the greatest social or economic need (with particular attention to low-income minority individuals).

12. There is a system established for the reevaluation of clients receiving services.

C. Criteria for Direct Delivery of Services by an Area Agency

1. The Governor's Office of Elderly Affairs may grant an exception to the general rule and authorize direct service delivery by an area agency on aging if, after solicitation under the service procurement guidelines promulgated by the Governor's Office of Elderly Affairs, the area agency:

a. demonstrates that it is necessary to directly deliver services to ensure an adequate supply of the service; or

b. demonstrates that it can provide services of comparable quality more economically than other providers.

2. The Governor's Office of Elderly Affairs' decision concerning AAAs' requests for exceptions to the general rule for the provision of direct service delivery will be based on one of two tests: The Adequate Supply Test (when no proposals are received by the AAA in response to the SFP); or The More Economic Test Standard (when proposals are received).

D. Test Standards

1. Adequate Supply Test Standard

a. The Adequate Supply Test will require area agencies to demonstrate that services are either not offered or are only partially available in the PSA.

b. The Adequate Supply Test will be met when the AAA provides documentation that it has not received any proposals to deliver the service(s) in all or a portion of the PSA after the AAA has: 1)

advertised the availability of funds; and 2) written to bona fide service providers, inviting them to submit proposals.

2. More Economic Test Standard

a. The More Economic Test will require area agencies to demonstrate that services of comparable quality will be provided by the AAA at a unit rate at least 10 percent lower than the lowest responsible applicant's proposed unit rate.

b. The More Economic Test Standard will be met when the AAA's sealed Narrative Proposal substantiates that it meets the Service Delivery Standards in a manner comparable in quality to the lowest responsible applicant's proposal; and provides the service(s) at a unit rate which is at least 10 percent lower than the lowest responsible applicant's proposed unit rate. Unit rate is defined as the total expenditure of funds offered for the service divided by the number of units of service to be delivered.

AUTHORITY NOTE: Promulgated in accordance with OAA Section 307(a)(10).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Office of Elderly Affairs, LR 10:464 (June 1984), amended LR 11:621 (June 1985), LR 11:1078 (November 1985), LR 16:

Vicky Hunt
Director

Fiscal and Economic Impact Statement For Administrative Rules Rule Title: GOEA Policy Manual Revision

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no implementation costs to state or local governmental units.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

Area Agencies on Aging desiring to provide direct services using Older American Act funds may incur additional costs associated with soliciting proposals from potential service providers. The total cost is not known at this time.

The proposed rule change will maximize the use of Older Americans Act (federal) funds available to meet the needs of the state's elderly population.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change will ensure open and fair competition for potential service providers in the public and private sectors.

Vicky Hunt
Director

David W. Hood
Senior Fiscal Analyst

NOTICE OF INTENT

Office of the Governor Office of Elderly Affairs

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Governor's Office of

Elderly Affairs (GOEA) intends to amend Section 1223 of the GOEA Policy Manual, effective June 20, 1990. The purpose of the amendment is to correct a technical error in the agency's current policy as it relates to the responsibilities of area agency on aging dietitian/nutritionists. The current policy states an area agency dietitian/nutritionist's responsibilities shall include "menu review and nutritional analysis". This has been misinterpreted by a service provider to mean an area agency dietitian must perform the nutritional analyses of meals provided in the Older Americans Act Title III-C Nutrition program; however, this has never been the intent of GOEA. The nutritional analysis must be performed by the service provider. The correct wording is "review menus and nutritional analyses".

Rule

LAC 4:VII.1223 (E)(1)(b)(i) shall be revised to read as follows:

**Title 4
ADMINISTRATION
Part VII. Governor's Office**

**Chapter 11. Elderly Affairs
Subchapter E. Uniform Service Requirements
§1223. Title III-C Nutrition Services**

- A.-D. . . .
- E. Special Staffing Requirements
 - 1. Area Agency on Aging
 - a. . . .
 - b. Responsibilities of the dietitian/nutritionist shall include but not be limited to;
 - i. review menus and nutritional analyses;

AUTHORITY NOTE: Promulgated in accordance with OAA Section 307(a)(13), Section 313, and Section 336.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Office of Elderly Affairs, LR 10:464 (June 1984), amended LR 11:1078 (November 1985), LR 16:

A public hearing to receive comments on this proposed rule change will be held on Tuesday, May 1, 1990 in the GOEA Conference room, 4550 North Boulevard, Baton Rouge, LA, beginning at 9:30 a.m. All interested persons will be afforded an opportunity to submit data, views, or arguments, orally or in writing at said hearing.

Interested persons may submit written comments to Betty Johnson, Elderly Affairs Planning Manager, Box 80374, Baton Rouge, LA 70898-0374. Comments must be received by the close of business May 31, 1990.

Vicky Hunt
Director

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: GOEA Policy Manual Revision**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no implementation costs to state or local governmental units.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

There will be no extra costs to Area Agencies on Aging or Title III-C Nutrition Service Providers.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There will be no effect on competition and employment.

Vicky Hunt
Director

David W. Hood
Senior Fiscal Analyst

NOTICE OF INTENT

**Department of Health and Hospitals
Office of Public Health**

In accordance with the Administrative Procedure Act, the Department of Health and Hospitals, Office of Public Health intends to amend the Fee Adjustment Schedule as contained in the regulations for the Family Planning Program found in the *Louisiana Register*, Vol. 15, No. 6, page 471 (June 20, 1989).

**Title 48
PUBLIC HEALTH - GENERAL
Part V. Preventive Health Services
Subpart 13. Family Planning Services**

Chapter 37. Fees

§3703. Fee Adjustment Schedule

B. Persons whose adjusted income in accordance with family size is at or below 100 percent of poverty as is defined by the United States Community Services Administration poverty guidelines shall not be charged for family planning services. Persons whose gross family income is at or above 250 percent poverty as is defined by the United States Community Services Administration poverty guidelines shall be charged the full cost of services provided. Between these two levels, fees shall be adjusted in accordance with the formula included in the "Schedule of Charges." Effective June 1990 the current fee schedule shall be revised as follows:

%Poverty Income	I	II	III	IV	V	
	100% or Less	101%-115%	116%-130%	131%-145%	146%-160%	
Family Size	No Charge	10% of Cost	20% of Cost	30% of Cost	40% of Cost	
1	6,280	6,343	7,285	8,227	9,169	
2	8,420	8,504	9,767	11,030	12,293	
3	10,560	10,666	12,250	13,834	15,418	
4	12,700	12,827	14,732	16,637	18,542	
5	14,840	14,988	17,214	19,440	21,666	
6	16,980	17,150	19,697	22,244	24,791	
7	19,120	19,311	22,179	25,047	27,915	
8	21,260	21,473	24,662	27,851	31,040	
9	23,400	23,634	27,144	30,654	34,164	
10	25,540	25,795	29,626	33,457	37,288	
11	27,680	27,957	32,109	36,261	40,413	
12	29,820	30,118	34,591	39,064	43,537	
13	31,960	32,280	37,074	41,868	46,662	
14	34,100	34,441	39,556	44,671	49,786	
15	36,240	36,602	42,038	47,474	52,910	
16	38,380	38,764	44,521	50,278	56,035	
17	40,520	40,925	47,003	53,081	59,159	
%Poverty Income	VI	VII	VIII	IX	X	XI
	161%-175%	176%-190%	191%-205%	206%-220%	221%-235%	236%-250%
Family Size	50% of Cost	60% of Cost	70% of Cost	80% of Cost	90% of Cost	100% of Cost
1	10,111	11,053	11,995	12,937	13,879	14,821
2	13,556	14,819	16,082	17,345	18,608	19,871
3	17,002	18,586	20,170	21,754	23,338	24,922
4	20,447	22,352	24,257	26,162	28,067	29,727
5	23,892	26,118	28,344	30,570	32,796	35,022
6	27,338	29,885	32,432	34,979	37,526	40,073
7	30,783	33,651	36,519	39,387	42,255	45,123
8	34,229	37,418	40,607	43,796	46,985	50,174
9	37,674	41,184	44,694	48,204	51,714	55,224
10	41,119	44,950	48,781	52,612	56,443	60,274
11	44,565	48,717	52,869	57,021	61,173	65,325
12	48,010	52,483	56,956	61,429	65,902	70,375
13	51,456	56,250	61,044	65,838	70,632	75,426
14	54,901	60,016	65,131	70,246	75,361	80,476
15	58,346	63,782	69,218	74,654	80,090	85,526
16	61,792	67,549	73,306	79,063	84,820	90,577
17	65,237	71,315	77,393	83,471	89,549	95,627

This action to revise the Fee Adjustment Schedule is the result of changes in the federal regulations governing this federally funded program as set forth in 42 CFR 59:5A5 dated June 30, 1980. In essence, the federal regulation requires the state agency administering the program to adopt the most recent poverty guidelines as published by the U. S. Office of Management and Budget. The most recently announced federal guidelines were promulgated on February 16, 1990, page 5664-5666 in the *Federal Register* Volume 55, No. 33.

Interested persons may submit written comments at the following address: Joel L. Nitzkin, M.D., D.P.A., Director, Louisiana Office of Public Health, Department of Health and Hospitals, Box 60630, Room 513, New Orleans, LA 70160.

David L. Ramsey
Secretary

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Family Planning Program/Revised
Fee Adjustment Schedule**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no expected increase in costs nor savings to the agency.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

No change is expected in revenue collections with this revision of the fee schedule for Fiscal Year 1991.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

Some patients who were previously charged will not be because of the rise in the poverty index. The charges to other paying patients will be considerably less because they will be dropped to a lower paying group.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

No effect is anticipated in competition and employment as the same kind and amount of services will be offered.

Joel L. Nitzkin
Director

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, proposes to adopt the following rule in the Medical Assistance Program effective July 1, 1990.

Under the provisions of the Section 6012 of the Omnibus Budget Reconciliation Act of 1989 (OBRA '89), disabled Social Security recipients may receive free Part A and Part B Medicare for 36 months following termination of case benefits due to income exceeding the substantial gainful activity threshold set by Social Security. It further

allows the recipient to elect to enroll for Part A Medicare coverage following the 36-month protected period. The recipient's entitlement to Part B Medicare coverage ends after the 36-month protection period.

Section 6408 of the same law requires the State to buy-in the Part A premium if the recipient enrolls within the seven months following the recipient's Social Security notice that free Medicare entitlement is lost or during the annual enrollment period of January through March. This provision applies only to Part A Medicare premiums.

Eligibility requirements for these working pure Qualified Medicare Beneficiaries are: countable income below 200 percent of the federal poverty level (\$1,046.66 for individual, \$1,403.34 for a couple during 1990), resources less than twice the SSI limit (\$4,000 during 1990), enrollment of the recipient in Medicare Part A, and the recipient is not otherwise eligible for Medicaid.

RULE

Beginning July 1, 1990, Medicaid Buy-in for Part A premiums shall be available for disabled working individuals who meet the requirement of Section 6408 of the Omnibus Budget Reconciliation Act of 1989.

Interested persons may submit written comments to the following address: Carolyn Maggio, Office of the Secretary, Bureau of Health Services Financing, Box 91030, Baton Rouge, LA 70821-9030. She is the person responsible for responding to inquiries regarding this proposed rule.

A public hearing on this proposed rule will be held on May 9, 1990 in Auditorium A, Second Floor, 755 Riverside, Baton Rouge, LA beginning at 9:30 a.m. All interested persons will be afforded an opportunity to submit data, views or arguments, orally or in writing at said hearing.

David L. Ramsey
Secretary

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Buy-In for Working Disabled Individuals**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Implementation of these provisions of the Omnibus Budget Reconciliation Act of 1989 will result in cost to the state of \$54,306 for FY 1990/91, \$56,961 for FY 1991/92, and \$60,320 for FY 1992/93.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Under this rule, Part A buy-in for these recipients mandated by this provision will result in increased federal funding of \$155,744 for FY 1990/91, \$166,239 for FY 1991/92, and \$176,071 for FY 1992/93.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

Economic benefits to recipients eligible for coverage under this provision are estimated to be \$210,000 for FY 90/91, \$223,200 for FY 91/92, and \$236,400 for FY 92/93.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed rule will have no impact on competition or employment.

Carolyn O. Maggio
Director

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, proposes to adopt the following rule.

SUMMARY

Chapter 14 of Title 46 of the Louisiana Revised Statutes of 1950, formerly entitled "Child Welfare Agencies" and comprised of R.S. 46:1401 to 46:1412, was amended and reenacted by Acts 1985, No. 286, Section 1, to consist of R.S. 46:1401 to 46:1424 under the heading "Child Care Facilities and Child-Placing Agencies". Under this amendment, which added Section 1410 and subsequent sections, the Louisiana Committee on Private Child Care was created within the Department of Health and Human Resources (now the Department of Health and Hospitals) and charged with development of minimum standards for Class B child care facilities.

The Committee, under this law, is required to promulgate rules and regulations to:

1. Promote the health, safety, and welfare of children attending or residing in any facility or agency.
2. Promote safe, comfortable, and proper physical facilities.
3. Promote adequate supervision of those attending or residing in facilities by capable, qualified, and healthy personnel.
4. Promote adequate and healthful food service in facilities and agencies where food is offered.
5. Provide procedures for nighttime care.
6. Provide procedures for the receipt, recordation, and disposition of complaints.

Federal law also requires implementation of regulations concerning child care providers. Section 255.5 of the Omnibus Budget Reconciliation Act of 1989 requires establishment of procedures to ensure that center-based child care will be subject to state and local requirements designed to ensure basic health and safety (including fire safety) protection and that the state must also endeavor to develop guidelines for family day care if it has not already done so.

This proposed rule is therefore being promulgated in response to both federal and state requirements. All child care facilities and child-placing agencies are subject to the requirements of state law, including licensure standards. However, private or public day schools serving children in grades one and above or operating kindergartens or pre-kindergarten programs, as well as Montessori schools, camps, and all care given without charge are exempt from these provisions.

Approximately 747 centers are either licensed or pending licensure at this time. These facilities are subject to inspection upon promulgation and publication of the standards for licensure as required by law.

Copies of "Minimum Standards for Licensure of Class B Child Day Care Centers" will be available at a cost of \$5 each. Checks should be made payable to Department of Health and Hospitals. Interested parties may obtain a copy by writing to Steve Phillips, Box 3767, Baton Rouge, LA 70821 or contacting Mr. Phillips in person at 1201 Capitol Access Road, 6th floor.

David L. Ramsey
Secretary

Fiscal and Economic Impact Statement For Administrative Rules

Rule Title: Promulgation of Class B Day Care Licensure Standards

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is estimated that the cost of implementing this proposed rule is \$246,805 for FY 90/91, \$218,245 for FY 91/92, and \$227,258 for FY 92/93. These costs are estimated expenditures of printing standards and for the services of an additional staff of four licensing surveyors, one supervisory licensing surveyor, and one clerical support position. It includes salaries, related benefits, travel, office supplies, and equipment for staff necessary to inspect a minimum of 747 Class B day care centers.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that cost to the state general fund will be \$243,305 in FY 90/91, \$213,245 in FY 91/92, and \$222,258 in FY 92/93. Since licensing of Class B facilities began in 1985, about 747 facilities have been licensed or applied for license. It is estimated that, in the future, the number of facilities applying for licensure will approximately equal the number discontinuing operation.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

It is anticipated that providers of child care and residential facility care may be impacted initially if the facility is found to be out of compliance with these standards, particularly those concerning staffing. If so, the cost (if any) is expected to pass on to the parents of the child in day care. We are unable to anticipate potential costs since none of these facilities have yet been inspected.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed rule will have no impact on competition or employment.

Carolyn O. Maggio
Director

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, proposes to adopt the following rule in the Medical Assistance Program.

SUMMARY

Currently, computer-matched data is considered verified information and action to terminate Medicaid, if appropriate, is taken based on such data. A 10-day notice for appeal is allowed for the non-SSI recipient. SSI recipients are currently terminated effective the month of receipt of an SSI closure if received by the tenth of the month and effective the following month if received after the tenth of the month.

Public Law 100-503 is mandated to improve the oversight and procedures governing the disclosure of personal information used in computer matching programs when a federal agency is a party to the match. The law covers matches received by the state through the SDX, BENDEX, TPQY, IRS, INS, IEVS, and SA systems.

In order to continue receiving SDX tapes from the Social Security Administration which enable the state to make Medicaid determinations on SSI recipients, it is a requirement that each state sign an agreement for matches covered by these provisions, containing specific elements such as procedures for notification of the affected individuals. The Department of Social Services, Office of Eligibility Determinations, as the responsible component for the disclosure, signed such an agreement on May 24, 1989.

Under the provisions of the law, prior to making a final denial of any assistance or taking other adverse action against an individual as a result of information produced by a matching program, the individual must be given a notice containing a statement of the agency's findings and informed of the opportunity to contest such findings. The notice period is mandated to be a minimum of 30 days. The recipient may appeal the decision within 10 days of receipt of the notification, and benefits continue until the appeal process is completed. If the client responds to the 30-day notice within 10 days, and does not contest the data, the 30-day notice period expires, allowing immediate termination action. If the client rebuts information received by the state during the 30-day notice period, such as a check that refutes the matched data, eligibility is continued. If, however, the client does not respond to the notice, the case shall remain open until the notice period expires.

Under this rule, the bureau is adopting the provisions of P.L. 100-503, the Computer Matching and Privacy Protection Act of 1988, for implementation. This rule is necessary to ensure compliance with mandated federal regulations and laws and to avoid sanctions from HCFA.

This rule was previously adopted under emergency rulemaking provisions of R.S. 49:953B effective February 28, 1990 and published in the *Louisiana Register*, Volume 16, Number 3 on March 20, 1990.

RULE

Information obtained from a federal agency and passed to the state through a computer matching program shall be utilized in conformity to the provisions of Public Law 100-503.

Interested persons may submit written comments to the following address: Carolyn Maggio, Office of the Secretary, Bureau of Health Services Financing, Box 91030, Baton Rouge, LA 70821-9030. She is the person responsible for responding to inquiries regarding this proposed rule.

A public hearing on this proposed rule will be held on May 9, 1990 in Auditorium A, Second Floor, 755 Riverside, Baton Rouge, LA beginning at 9:30 a.m. All interested persons will be afforded an opportunity to submit data, views or arguments, orally or in writing at said hearing.

David L. Ramsey
Secretary

Fiscal and Economic Impact Statement For Administrative Rules

Rule Title: Computer Matching and Privacy Act of 1988

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Implementation of this provision will result in a cost to the state of \$42,960 in FY 89/90, \$84,268 in FY 90/91, and \$86,486 in FY 91/92.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Under this rule, extension of Medicaid services resulting from the prolonged notice period will result in increased federal funding of \$113,804 for FY 89/90, \$241,594 for FY 90/91, and \$252,410 for FY 91/92.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

It is estimated that economic benefits to recipients under this provision are \$156,664 for FY 89/90, \$325,862 for FY 90/91, and \$338,896 for FY 91/92.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed rule will have no impact on competition or employment.

Carolyn O. Maggio
Director

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, proposes to adopt the following rule in the Medical Assistance Program.

The policies and procedures for Facility Need Review (FNR) are being revised to reflect the bureau's concern regarding the availability of beds for Title XIX recipients. In order to determine and monitor the actual bed need for Title XIX recipients the bureau will consider only Title XIX approved beds in inventories and utilization rates for purposes of FNR. The bureau also recognizes that Nursing Facilities, enrolled in Title XIX (Medicaid), with the exceptionally high occupancy in overbedded areas should be given the option of adding a limited number of beds. Similarly, in an overbedded parish with exceptionally high occupancy, a new facility may apply for approval and enrollment under certain circumstances. These changes and clarification are reflected in this proposed rule which addresses occupancy and bed need criteria.

Specific changes in the determination of need for additional nursing beds include:

- Reducing the average annual occupancy rate criteria for adding beds to the service are from 95% to 94% unless an exception for which occupancy is applicable;
- The exception for facilities with high occupancy of enrolled beds is being changed from average annual occupancy of 99% for all beds, to an average annual occupancy rate of its enrolled beds of 98% for the four most recent quarters; and
- A new exception is being added which allows the addition of a new facility in a parish where all Title XIX approved beds are enrolled and average annual occupancy of the enrolled beds is 94% or greater for the four most recent quarters.

Interested persons may submit written comments to the following address: Carolyn Maggio, Director, Bureau of Health Services Financing, Office of the Secretary, Department of Health and Hospitals, Box 91030, Baton Rouge, LA 70821-9030. She is the person responsible for responding to inquiries regarding this proposed rule.

A public hearing on this proposed rule will be held on May 9, 1990 in Auditorium A, Second Floor, 755 Riverside, Baton Rouge, LA beginning at 9:30 a.m. All interested persons will be afforded an opportunity to submit data, views or arguments, orally or in writing at said hearing.

David L. Ramsey
Secretary

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Facility Need Review**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Implementation of this rule is projected to increase state expenditures by: \$55,421 in FY 90/91; \$442,159 in FY 91/92. There is no impact on the current fiscal year.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Implementation of this rule is projected to increase federal revenues by: \$158,889 in FY 90/91; and \$1,290,439 in FY 91/92. There is no impact in the current fiscal year.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

Under this rule expenditures for Title XIX recipient care in nursing facilities is projected to increase by: \$214,310 in FY 90/91; and \$1,732,598 in FY 91/92. It is projected that 448 additional nursing beds will become available in high occupancy areas of the state during FY 90/91 and 91/92. There is no impact in the current fiscal year.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Under this rule, additional nursing facility services will become available to Title XIX recipients. It is projected that increased staffing for facilities which expand under this rule will increase employment in the state. The impact of this rule on individual providers as well as on competition in the marketplace cannot be projected.

Carolyn O. Maggio
Director

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, proposes to adopt the following rule in the Medical Assistance Program effective July 1, 1990.

Under Section 6405 of the Omnibus Budget Reconciliation Act of 1989, reimbursement for services of a certified pediatric or family nurse practitioner is mandated effective July 1, 1990.

Louisiana currently certifies pediatric nurse practitioners and Maternal and Child Health nurse practitioners, as well as general nurse practitioners. Under this law, nurse practitioners who meet the requirements for pediatric or family nurse practitioners may be paid directly for Title XIX services which they perform if they are not salaried employees of a physician or other Medicaid provider who bills for their services.

Total reimbursement for procedures under this provision shall not exceed the rate payable to enrolled physicians. There is expected to be no increase in number of services provided as the result of this provision.

RULE

Effective July 1, 1990, Title XIX reimbursement is available for the services of a licensed/certified pediatric or family nurse practitioner who is not an employee of a Title XIX provider.

Interested persons may submit written comments to the following address: Carolyn Maggio, Office of the Secretary, Bureau of Health Services Financing, Box 91030, Baton Rouge, LA 70821-9030. She is the person responsible for responding to inquiries regarding this proposed rule.

A public hearing on this proposed rule will be held May 9, 1990 in Auditorium A, Second Floor, 755 Riverside, Baton Rouge, LA beginning at 9:30 a.m. All interested persons will be afforded an opportunity to submit data, views or arguments, orally or in writing at said hearing.

David L. Ramsey
Secretary

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Implementation of Reimbursement
for Nurse Practitioners**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

No appreciable implementation costs or savings to state or local governmental units are anticipated as the result of adoption of this proposed rule. Total reimbursement for procedures under this provision shall not exceed the rate payable to enrolled physicians. No increase in number of procedures performed is expected as a result of adoption of this rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no anticipated effect on revenue collections as the result of promulgation of this rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

No estimated costs and/or economic benefits to any persons or non-governmental groups are anticipated.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed rule will have no impact on competition or employment.

Carolyn O. Maggio
Director

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, proposes to adopt the following rule in the Title XIX (Medicaid) Program effective June 20, 1990.

The Title XIX Medical Assistance Program is required by 42 CFR 440.170 (a) to assure transportation for any Medicaid eligible individual to and from a provider of medical care. A recipient must use the least costly mode of transportation to a non-emergency appointment; for instance, if a personal vehicle is available, it must be used.

For a recipient without any other recourse, however, transportation is provided, mostly by van or automobile. Emergency transportation is provided largely by ambulance.

The increase in the minimum wage, effective April 1, 1990, will make it impossible for these providers to keep adequate staff to continue to provide services which conform to requirements for adequacy and quality of services at the current reimbursement rate. Therefore, the reimbursement rate for non-emergency non-ambulance transportation and emergency ambulance transportation will be increased to compensate for the increase in cost to the provider, as follows:

Non-emergency Non-ambulance Providers	
Current Rate	New Rate
\$ 15.30 2 way transport (1st occupant)	\$ 17.00
\$ 7.65 2 way transport (multiple riders)	\$ 8.50
\$ 7.65 1 way transport (1st occupant)	\$ 8.50
\$ 3.83 1 way transport (multiple riders)	\$ 4.25
\$.45 per vehicle mile	\$.50
Emergency Ambulance Providers	
Current Rate	New Rate
\$ 2.00 Rate per vehicle mile	\$ 2.50

There is expected to be no increase in number of services as a result of this provision.

PROPOSED RULE

Effective July 1, 1990, Title XIX reimbursement to providers of non-emergency non-ambulance and emergency ambulance services will be increased to compensate providers for the increase in the minimum wage. New rates are as follows:

Non-Emergency Non-Ambulance Service	
\$ 17.00 two way transport (1st occupant)	
\$ 8.50 two way transport (multiple occupants)	
\$ 8.50 one way transport (1st occupant)	
\$ 4.25 one way transport (multiple occupants)	
\$.50 per vehicle mile	
Emergency Ambulance Services	
\$ 2.50 per vehicle mile	

This rule will not apply to non-emergency non-ambulance transportation providers who are providing services under an approved freedom of choice waiver.

Interested persons may submit written comments to the following address: Carolyn Maggio, Director, Bureau of Health Services Financing, Box 91030, Baton Rouge, LA 70821-9030. She is the person responsible for responding to inquiries regarding this proposed rule.

A public hearing on this proposed rule will be held on May 9, 1990, in Auditorium A, Second Floor, 755 Riverside, Baton Rouge, LA, beginning at 9:30 a.m. All interested persons will be afforded an opportunity to submit data, views or arguments, orally or in writing, at said hearing.

David L. Ramsey
Secretary

Fiscal and Economic Impact Statement For Administrative Rules

Rule Title: Transportation Reimbursement Change

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

An increase in reimbursement rates to emergency ambulance and non-emergency non-ambulance transportation providers to

compensate for the increase in the minimum wage will result in an estimated increase in Title XIX expenditures as follows: SFY 1991 \$ 2,187,269 (\$565,628 state match - \$1,621,641 federal match) SFY 1992 \$ 2,252,887 (\$574,937 state match - \$ 1,677,950 federal match) SFY 1993 \$ 2,320,474 (\$592,185 state match - \$ 1,728,289 federal match).

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Implementation of the proposed rule increases federal matching funds for Title XIX transportation services by \$1,621,641 in SFY 1991, \$1,677,950 in SFY 1992, and \$1,728,289 in SFY 1993.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

Reimbursement rates to affected transportation providers will increase by the total Title XIX expenditure shown in (I.) above.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed rule will have no impact on competition or employment.

Carolyn O. Maggio
Director

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, proposes to adopt the following rule in the Medical Assistance Program.

Current policy allows a four-month transition period for AFDC terminations due to employment or child support and a nine-month transition period for AFDC terminations due to loss of earned income disregards.

Who is Eligible

Effective April 1, 1990, families who lose AFDC because of a caretaker relative's earnings or loss of income disregards due to the time limitations may receive a mandated six-month period of transitional Medicaid plus the optional second six-month period of transitional Medicaid elected by Louisiana under the provisions of Public Law 100-485, the Family Support Act of 1988. The family must have been eligible for and received AFDC for at least three of the six months preceding the month it became ineligible for AFDC. Those recipients in four- or nine-month discontinuance status described in the previous paragraph on April 1, 1990 are not entitled to the twelve-month benefits.

Coverage

The Medicaid coverage to families during the transitional period must be of the same amount, duration, and scope as if the family were still receiving AFDC payments.

Beginning Date

The initial six-month period begins immediately following the last month of AFDC eligibility or the first month of AFDC ineligibility if a retroactive determination of eligibility is made.

Loss of Eligibility

A family loses eligibility for transitional Medicaid if any of the following criteria are met:

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Transition Period Under The Family Support Act**

1. It fails to meet the reporting requirements (affects only second six-month extension period).

2. There is no longer a dependent child in the home (the state must first determine that the child is not eligible for other Medicaid assistance).

3. The state determines in the first or fourth month of the second six-month period (7th or 10th months) that the family's average gross monthly earnings, less costs for child care necessary for the employment of the caretaker relative, during the immediately preceding three-month period exceeded 185% of the Federal Poverty Level for the assistance unit size.

4. The Caretaker Relative had no earnings in one or more of the previous three months, unless the lack of earnings was due to an involuntary loss of employment, illness, or other good cause as established by the state.

Reporting Requirements

The families receiving transitional Medicaid under this regulation must report gross monthly earnings and costs for necessary child care for each of the three preceding months no later than the 21st day of the following: the fourth month of the initial transitional period and the first month and the fourth month of the second transitional period (the fourth, seventh, and tenth months).

Notification Requirements

The following notifications shall be provided:

When	Notice
AFDC eligibility is lost due to caretaker relative's earnings	Termination notice must notify families of their right to receive transitional Medicaid, the reporting requirements, and the circumstances under which the transitional medical assistance can be terminated
Eligibility for transitional Medicaid is lost	Must provide adequate notice of termination
During the third month of the initial transitional period	Must notify families of their option for the additional six months of coverage. The notice must also include a statement of the reporting requirements.
During the sixth month of the initial transitional period	Must notify families of their option for the additional six months of coverage.

Transitional Medicaid benefits shall be provided to families who lose AFDC because of a caretaker relative's earnings or loss on income disregards. Under the provisions of the Family Support Act of 1988, Public Law 100-485, Section 303, such mandatory benefits shall be provided for six months, and extended for an additional six months to each family who had Medicaid coverage during the entirety of the first six-month extension period.

Interested persons may submit written comments to the following address: Carolyn Maggio, Office of the Secretary, Bureau of Health Services Financing, Box 91030, Baton Rouge, LA 70821-9030. She is the person responsible for responding to inquiries regarding this proposed rule.

A public hearing on this proposed rule will be held on May 9, 1990 in Auditorium A, Second Floor, 755 Riverside, Baton Rouge, LA beginning at 9:30 a.m. All interested persons will be afforded an opportunity to submit data, views or arguments, orally or in writing at said hearing.

David L. Ramsey
Secretary

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Implementation of this provision of the Family Support Act of 1988 is expected to result in a cost of \$43,584 for FY 89/90, \$151,933 for FY 90/91, and \$158,931 for FY 91/92.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Under this rule, coverage of the additional recipients mandated by this provision will result in increased federal funding of \$115,587 in FY 89/90, \$435,587 in FY 90/91, and \$463,840 in FY 91/92.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

Former AFDC recipients who meet the requirements for Transitional Medicaid are expected to receive additional Medicaid benefits in the amount of \$159,120 for FY 89/90, \$587,520 for FY 90/91, and \$622,711 for FY 91/92.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed rule will have no impact on competition or employment.

Carolyn O. Maggio
Director

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, proposes to adopt the following rule in the Title XIX (Medicaid) Program effective June 20, 1990.

Chapter 19, Section 530 sets forth the bureau's policies regarding vendor payment for medical appliances, equipment and supplies for Title XIX eligible individuals. At 19-530 C. those items which require State Office approval regardless of cost are set forth. Breathing equipment is one of these items. Current policy states that breathing equipment is considered only if the client's condition is life threatening, e.g., sudden death syndrome, chronic respiratory failure. (Oxygen or IPPB are not covered.) Initial requests for oxygen concentrators may be approved as per the specific guidelines set forth at 19-530 C. (1) (a) through (d).

This rule proposes to clarify that oxygen, breathing equipment such as IPPB (intermittent positive-pressure breathing), CPAP (continuous positive air pressure), and other types of equipment not specifically identified as payable in Chapter 19 are not covered under Title XIX (Medicaid) as a payable medical service.

RULE

Oxygen, breathing equipment such as IPPB (intermittent positive-pressure breathing), CPAP (continuous positive air pressure), and other types of equipment for oxygen delivery not specifically identified as payable in Chapter 19 are not covered under Title XIX (Medicaid) as a payable medical service.

Interested persons may submit written comments to the following address: Carolyn O. Maggio, Director, Bureau of Health Services Financing, Box 91030, Baton Rouge, LA 70821-9030. She is the person responsible for responding to inquiries regarding this proposed rule.

A public hearing on this proposed rule will be held on May 9, 1990, in Auditorium A, Second Floor, 755 Riverside, Baton Rouge, LA, beginning at 9:30 a.m. All interested persons will be afforded an opportunity to submit data, views or arguments, orally or in writing at said hearing.

David L. Ramsey
Secretary

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Durable Medical Equipment For Breathing Payable
Under Title XIX**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The estimated implementation cost will be \$100 for manual revisions of which \$50 is the projected cost to the state for SFY 89-90.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Implementation of the proposed rule increases federal matching funds for Title XIX administrative expenditures by \$50 for issuance of Chapter XIX policy to clarify when Title XIX pays for breathing equipment.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

Medicaid recipients in need of durable medical equipment for breathing would be the only persons or groups directly affected by this proposed policy as it clarifies which durable medical equipment for breathing is payable under Title XIX of the Social Security Act.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed rule will have no known impact on competition or employment.

Carolyn O. Maggio
Director

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

**Department of Insurance
Commissioner of Insurance**

The Department of Insurance advises its intent to amend Insurance Department Rule Number Four regarding the "interlocal risk management agency" to provide for high interest rates under circumstances defined in the amendments.

Rule Number 4

§1. Authority

This rule is adopted by the commissioner of insurance pursuant to the authority vested in him by Title 22, Section 2, Louisiana Revised Statutes of 1950 and Act 462 of the 1979 Session of the Louisiana Legislature.

§2. Purpose

The purpose of this rule is to adopt provisions and uniform guidelines for their interpretation as authorized specifically by Act 462 of the 1979 Session of the Legislature. This rule is designed to facilitate and implement the provisions of that Act. It is intended to supplement, not alter in any manner, the provisions of the Act.

§3. Applicability

These provisions shall be applicable to any and all entities which may be defined an "interlocal risk management agency" by Act 462 of the 1979 Session of the Louisiana Legislature.

§4. Definitions

When used in this rule, the following words or terms have the meaning described in this Section.

(1) *Department* means the Insurance Department of the state of Louisiana.

(2) *Loss Fund* means the retention of risk sharing for an interlocal risk management agency under the terms of an aggregate excess contract or contracts.

(3) *Trustees* means the executive boards of the Louisiana Municipal Association or of the Police Jury Association of Louisiana, as the case may be, where those bodies have been designated in an intergovernmental agreement to administer an interlocal risk management agency or such members of such executive boards as do not decline to serve as trustees. In all other cases, "trustee" means a group of members elected by the interlocal risk management agency for stated terms of office, to administer a group self-insurance fund, and whose duties shall include responsibilities for approving applications for new members of such fund. A trustee shall not be an owner, officer or employee of the service agent.

(4) *Service Agent* means a business which contracts with an interlocal risk management agency for the purpose of providing all services necessary to place and maintain a group self-insurance program.

(5) *Trustee Fund* means any monies and investment under the control of the board of trustees of a self-insurance fund which are not part of the loss fund or which are not required to pay claims.

(6) *Gross Premium* means the premium determined by multiplying the payroll or other unit of exposure (segregated into the proper workmen's compensation job classification or general liability classification) times the appropriate manual rates.

(7) *Standard Premium* means gross premium plus or minus applicable experience modification.

(8) *Normal Premium* means the standard premium less any discount allowed.

(9) *Manual Rate* means for workmen's compensation purposes that rate filed by and approved for use in the state by the National Council on Compensation Insurance. For public liability exposure, the terms means that rate filed by, and approved for use by the Insurance Services Office.

(10) *Experience Modification* means the applicable experience debit or credit promulgated in accordance with those experience rating plans filed by and approved for the National Council on Compensation Insurance or the Insurance Services Office.

(11) *Fund* means the interlocal risk management agency self-insurers fund.

(12) *Certified Audit* means an audit upon which the auditor expresses his professional opinion that the accompanying statements present fairly the financial position of the self-insurance fund in conformity with generally accepted accounting principles consistently applied, and accordingly include such test of the accounting records and such other auditing procedures as considered necessary by such auditor.

(13) *Net Safety Factor* means any amount needed in a given

fund year, in addition to current loss' reserves to fund future loss development.

(14) *Contingent Liability* means the amount that the interlocal risk management agency may be obligated to pay in excess of a given year's normal premium collected or on hand.

(15) *Surplus* means all other assets a fund may have on hand in excess of all loss reserves, actual and contingent liabilities and net safety factors in all fund years.

(16) *Statutory Workmen's Compensation Benefits* means those prescribed by Title 23, Louisiana Revised Statutes of 1950, as amended.

§5. Requirements Necessary to Obtain a Certificate of Authority as an Interlocal Risk Management Agency

(1) Evidence must be submitted to the Insurance Department that two or more local government subdivisions have made an executed agreement among themselves to form and become members of an interlocal risk management agency.

(2) Copies of the bylaws and other agreements must be submitted to the Insurance Department.

(3) A copy of the ordinance or other enabling act that is adopted by the political subdivisions authorizing execution of an agreement to form an interlocal risk management agency must be submitted to the Department of Insurance.

(4) Each interlocal risk management agency must identify its agent for service of process to the Department of Insurance.

(5) Each fund must have an annual gross premium calculated in accordance with the applicable manual premium rate or rates, plus or minus applicable experience credits or debits, of not less than \$200,000.

(6) An interlocal risk management agency must at all times maintain a contract or contracts of aggregate excess insurance of at least \$5,000,000 as respects public liability claims if a fund is formed to self insure public liability claims.

(7) An interlocal risk management agency must at all times maintain a contract or contracts of specific excess insurance as respects workmen's compensation claims. Those contracts must provide for statutory workmen's compensation benefits which shall include provisions for unlimited medical and rehabilitation expenses, except that interlocal risk management agencies that are in existence prior to September 1, 1980 shall be deemed to be in compliance with this rule provided a contract or contracts of specific excess insurance has been submitted with a limit of liability in the amount of at least \$1,000,000. On the first renewal date following September 1, 1980, the exception shall not be applicable.

(8) Each interlocal risk management agency must provide statutory workmen compensation benefits. A contract or contracts of excess insurance as provided in (7) above shall be provided to secure payment of statutory workmen's compensation benefits.

(9) A copy of each contract of excess and aggregate insurance must be filed with the Department of Insurance.

(10) Each risk contract must contain a provision that the Department of Insurance will be notified not less than 30 days in advance in the event of cancellation of the contract by action of either the interlocal risk management agency or the insurance company that issued the contract.

§6. Filing of Reports

(1) A certified audited financial statement must be submitted annually. That statement must contain a review of the interlocal risk management agency operations and general conditions by a certified independent casualty actuary. During the first two years of the existence of the interlocal risk management agency, the commissioner of insurance or his chief examiner may require periodic interim financial reports. Those reports may be required on a basis no more frequent than quarterly.

(2) That statement of financial condition must include a report of the outstanding workmen's compensation liabilities of the interlocal risk management agency, and include details of the amount and source of all monies recoverable from any third party.

(3) Summary loss data shall be filed with the Department of Insurance on each fund member within 60 days after the evaluation date of the losses being reported in a manner acceptable to the Department of Insurance.

(4) Classified, audited, and properly limited payrolls and premium development on each fund member shall be submitted to the Insurance Department on acceptable forms within 60 days after the evaluation date of the summary loss information required in (3) above.

(5) All of the information required in (4) above shall be submitted using classification, payroll limitations, experience modification and rate procedure of the National Council on Compensation Insurance or in the case of public liability those of Insurance Services Office, as filed and approved for use in this state.

(6) Failure or refusal of the interlocal risk management agency to file these reports in accordance with this rule, shall be considered good cause to suspend or refuse renewal of the Certificate of Authority issued by the commissioner of insurance.

§7. Solvency or Risk Management Agencies; Trustee Responsibilities

(1) In order to insure the financial stability of the operations of each interlocal risk management agency, the board of trustees of each fund shall be responsible for all operations of the fund. The board of trustees of each agency shall take all necessary precautions to safeguard the assets of the fund or funds of such agency including:

(a) The designation of a fiscal agent or administrator, if not otherwise provided for by Act 462 of the 1979 Regular Session of the Louisiana Legislature to administer the financial affairs of the fund, which as obligee, shall furnish a fidelity bond, or acceptable substitute, to protect the fund against misappropriation or misuse of any monies or securities. The amount of the bond, or substitution therefore shall be determined by the interlocal risk management agency subject to approval by the Insurance Department. Such fiscal agent or administrator shall not be an owner, officer or employee of the service agent.

(b) Retain control of all monies collected or disbursed from the fund or funds and shall segregate all monies into a claims fund and trustee fund. The amount allocated to the claims fund will be sufficient to cover payment of the entire aggregate loss fund as defined in the aggregate excess insurance policy. Only disbursements that are credited toward the loss fund (as defined in the aggregate excess policy) will be made from the claims fund. All administration costs and other disbursements will be made from the trustee fund. The administrator of the fund, shall establish a revolving fund for use by the authorized service agent, which will be replenished from time to time from the claims fund. The service agent and its employees shall be covered by a fidelity bond, with the interlocal risk management agency named as obligee in an amount sufficient to protect all monies placed in the revolving fund. Such bond and its amount shall be subject to approval by the Insurance Department.

(c) Audit of the accounts and records are provided for in Act 462 of the 1979 Regular Session of the Louisiana Legislature.

(d) The board of trustees or its fiscal agent or administrator shall not utilize any of the monies collected as premiums for any purpose unrelated to workmen's compensation or public liability purposes. Further, it shall not borrow any monies from the fund or in the name of the fund without advising the Department of Insurance of the nature and purpose of the loan and obtaining approval. The board of trustees may, at its discretion, invest any surplus monies not needed for current obligations, but such investments shall be limited to bonds of the state of Louisiana or its political subdivisions, United States government

bonds or securities, United States treasury notes, investment share accounts in any savings and loan association whose deposits are insured by a federal agency, and certificates of deposit issued by a duly chartered commercial bank, prime commercial paper and repurchase agreements. Deposits in savings and loan associations and commercial banks shall be limited to institutions in this state except in those instances where higher interest rates paid on deposits by such institutions in other states will provide better investment income and such deposits shall not exceed the federally insured amount in any one account, except that the federally insured amount on any one account may be exceeded if the amount involved in such an account does not exceed the greater of either of the two following factors:

(i) five percent of the combination of surplus and undivided profits and reserves as currently reported for each bank in this state in the banking division annual report of the Financial Institution Office of the Department of Commerce (banking control) or financial reports filed with the Office of the Comptroller of the Currency, the Federal Deposit Insurance Corporation, and the Federal Reserve Bank of Atlanta.

(ii) \$500,000 per institution.

(2) The board of trustees may delegate authority for specific functions to the administrator of the self-insurers' fund. The functions which may be delegated include, but are not limited to, such matters as contracting with a service agent, determining the premium charged to and refunds payable to members, investing surplus monies subject to the restrictions set forth in subdivision (d) of subrule 1, and approving applications for membership. All delegated authority shall be specifically defined in the written minutes of the trustees' meetings and shall be subject to final approval.

§8. Interlocal Risk Management Self Insurance funds; Advance Premium Discounts; Surplus Distribution; Deficit

(1) The trustees of any interlocal risk management agency shall not allow advance premium discounts to any member in excess of that allowed by the excess insurance underwriter, subject however, to a maximum of 15 percent of their standard premium.

(2) Any surplus monies for a fund year in excess of the amount necessary to fulfill all obligations under the workmen's compensation act for that fund year, including a provision for claims incurred, but not reported and related expenses, may be declared to be refundable by the trustees at any time, and the amount of such declaration shall be a fixed liability of the fund at the time of the declaration. The date of payment shall be as agreed by the trustees except that surplus monies not needed to satisfy the loss fund requirements (i.e. trustees' funds), as established by the aggregate excess contract, may be refunded immediately after the end of the fund year with the approval of the commissioner of insurance. The intent of this rule is to ensure that sufficient monies are retained in the funds to assure that the total assets are \$200,000 greater than total liabilities for each fund year.

(3) In the event of a deficit in any fund year, the deficit shall be made up immediately from any of the following:

(a) unencumbered surplus from a fund year other than the current fund year;

(b) trustees' funds;

(c) by assessment of the membership of the deficit fund year if ordered;

(d) by such alternative method as the commissioner of insurance may approve;

(e) by reduction or elimination of the advance premium discount provided to members.

The commissioner of insurance shall be notified before any transfer of unencumbered surplus funds and of any method utilized to eliminate a deficit.

§9. Aggregate Excess Insurance, Interlocal Risk Management Agency; Self-Insurance

(1) No contract or policy of aggregate excess insurance shall be recognized in considering the ability of an applicant to indemnify the financial obligations of its members under the workmen's compensation act, unless such contract or policy complies with all of the following:

(a) is issued by a casualty insurance company authorized to transact such business in this state, or a licensed resident surplus lines broker;

(b) is not cancellable or nonrenewable unless written notice by registered or certified mail is given to the other party to the policy and to the commissioner of insurance not less than 30 days before termination by the party desiring to cancel or not renew the policy;

(c) any contract or policy containing any type of commutation clause shall provide that any commutation effected thereunder shall not relieve the underwriter or underwriters of further liability in respect to claims and expenses unknown at the time of such commutation and which are subsequently reopened by or through a competent authority. If the underwriter proposes to settle their liability for future payments payable as compensation for accidents occurring during the term of the policy by the payment of a lump sum to the interlocal risk management agency, to be fixed as provided in the commutation clause of the policy, then not less than 30 days prior notice of such commutation shall be given to the Insurance Department by the underwriter(s) or its (their) agent by registered or certified mail. If any commutation is effected, then the commissioner of insurance shall have the right to direct that such sum be placed in trust for the benefit of the loss fund.

(d) all of the following shall be applied toward the reaching of the retention level in the aggregate excess contract:

(i) payments made by the employer;

(ii) payments due and owing to claimants of the employers;

(iii) payments made on behalf of the employers by any surety bond under a bond required by the commissioner of insurance;

(iv) payments made by the Interlocal Risk Management Agency security fund;

(e) copies of the complete policy of aggregate excess insurance shall be filed with the Commissioner of Insurance, together with a certification that such policy fully complies with this rule and applicable statutes.

§10. Servicing Interlocal Risk Management Agencies; Application; Requirements; Noncompliance

(1) Any individual, co-partnership, or corporation desiring to engage in the business of providing one or more services for an approved workmen's compensation program for an interlocal risk management agency shall apply to, and shall satisfy the commissioner of insurance that it has adequate facilities and competent staff within the state of Louisiana to service the self-insurance program in such a manner as to fulfill the employers' obligations under the workmen's compensation act and any rules and regulations applicable thereto. Service may include, but is not limited to, claims adjusting, industrial safety engineering, and the capacity to provide required reporting.

(2) Application for approval to act as a servicing agent for an interlocal risk management agency shall be made on the required form. The application shall contain answers to all questions propounded and shall be sworn to and approved before the service agent enters into a contract with an interlocal risk management agency. Applications for approval to act as a service agent shall be granted for a period of one year and shall be subject to renewal annually.

(3) If the service agent seeks approval to provide underwriting services, then proof shall be required that it has within its organization, or has contracted on a full-time basis with, at least one person who has the knowledge and experience necessary to handle claims involv-

ing the workmen's compensation act and public liability. The resumé covering that person or person's background shall be attached to the application of the service agent.

(4) If the service agent seeks approval to provide underwriting services, then proof shall be required that it has within its organization, or has contracted on a full-time basis with at least one person who has the knowledge and experience necessary to provide underwriting services for workmen's compensation excess insurance and public liability coverage. A resumé covering that person or person's background shall be attached to the application of the service agent.

(5) If the service agent seeks approval to furnish safety engineering services, then proof shall be required that it has within its organization, or has contracted on a full-time basis with at least one person who has the knowledge and background necessary to adequately provide industrial safety and health engineering services.

(6) The service agent shall maintain adequate staff and the staff shall be authorized to act for the service agent on all matters covered by the workmen's compensation act and rules and regulations applicable thereto.

(7) The service agent shall file copies of all contracts entered into with interlocal risk management agencies as they relate to the services to be performed. Such reports shall be kept confidential. The service agent will handle all claims with dates of injury or disease within the contract period until their conclusion unless the service agent is relieved of that responsibility by a successor service agent.

(8) Failure to comply with the provisions of the workmen's compensation act shall be considered good cause for withdrawal of the approval to act as a service agent. Thirty days notice of withdrawal shall be given and notice shall be served by certified or registered mail upon all interested parties.

§11. Penalty for Non-compliance

Non-compliance with the provisions of this rule may result in suspension, revocation or non-renewal of the Certificate of Authority issued by the commissioner of insurance pursuant to the provisions of Act 462 of the 1979 Session of the Louisiana Legislature.

§12. Severability

If any of the provisions of this rule are held invalid, such invalidity shall not affect other provisions which can be given effect with the invalid item, and to this end the provisions of this rule are hereby declared severable.

Interested parties may submit written comments on the proposed rules until 4:30 p.m., Thursday, May 24, 1990 at the following address: Joseph Shorter, III, Deputy Commissioner of Management and Finance, Box 94214, Baton Rouge, LA 70804-9214.

A public hearing will be held to obtain comments from interested parties. The public hearing will be held in Baton Rouge, LA at the Insurance Building Hearing Room located at 950 North Fifth Street at 10 a.m. on May 31, 1990.

Douglas D. "Doug" Green
Commissioner of Insurance

Fiscal and Economic Impact Statement For Administrative Rules Rule Title: Interlocal Risk

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There should be no costs incurred by state or local governmental units to implement the proposed changes. Local units of government may be able to increase interest income.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Revenue from invested funds of a jurisdiction may increase if higher rates of interest are available in other states.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

Those jurisdictions which choose to use the proposed changes may be able to increase interest income.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed changes may cause some deposits to be moved to out-of-state financial institutions which pay interest rates higher than those available in Louisiana.

Douglas D. "Doug" Green
Commissioner of Insurance

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

Department of Natural Resources Office of Coastal Restoration and Management

The secretary of the Department of Natural Resources hereby gives notice of his intention to amend the rules and procedures for Coastal Use Permits in the following particulars:

Title 43 NATURAL RESOURCES Part I. Office of the Secretary

Chapter 7. Coastal Management

§723. Rules and Procedures for Coastal Use Permits

A. - B. ...

C. Permit Application, Issuance and Denial

1. - 8. ...

9. Conditions of permit:

a. - b. ...

c. Permitted uses subject to this Part shall be of two types continuing and noncontinuing uses which are defined below as follows:

i. Continuing uses are activities which by nature are carried out on an uninterrupted basis, examples include shell dredging and surface mining activities, projects involving maintenance dredging of existing waterways, and maintenance and repair of existing levees.

ii. Noncontinuing uses are activities which by nature are done on a one-time basis, examples include dredging access canals for oil and gas well drilling, implementing an approved land use alteration plan, and constructing new port or marina facilities.

d. The term of issuance of permits shall be as follows:

i. The term to initiate a coastal use permit for a noncontinuing use shall be two years from the date of issuance, and the term to complete the use shall be five years from the date of issuance. The permit term for initiation may be extended pursuant to Subsection D for an additional two years. The permit term for completion may not be extended.

ii. The term of a coastal use permit for a continuing use shall be five years from the date of issuance. The permit term may not be extended.

D. Modification, Suspension, or Revocation of Permits

1. - 4. ...

5. Extension

a. The secretary shall review extension requests subject to this part on a case-by-case basis. The secretary shall determine, based upon the merits of the request and upon the compliance of the permit-

ted activity with the regulations and policies existing at the time of the request, whether extension may be considered.

b. If the secretary determines that extension may be considered, the Coastal Management Division shall cause to be issued for public comment, for a period of 25 days, a copy of the original permit with its associated drawings in accordance with Subparagraph h below. The secretary shall consider public comments received during this period prior to the final decision on whether to allow permit extension. The sole reason for not allowing extension based upon public comment shall be that there has been a change in the conditions of the area affected by the permit since the permit was originally issued.

c. If the secretary determines that a permit should not be extended, the permittee shall be notified and, provided that the permittee desires a new permit, the use shall be subject to processing as a new permit application pursuant to the procedures set forth in Subsection C. A decision of the secretary not to allow extension of a permit shall not be subject to appeal. A decision of the secretary to allow extension shall be subject to appeal only on the grounds that the proposed activity should be treated as a new application pursuant to Subsection C rather than be considered for extension.

d. The permit terms of noncontinuing uses may be extended once for an additional two years, except that an extension may be granted only for the term to initiate work and not for the term to complete work as described in Subsection C.9.c.i above.

e. All coastal use permits in effect on the date these rules are adopted are eligible for extension provided that all requirements in Subparagraph f below are met.

f. Extension requests shall be in the form of a written letter which shall refer to the original Coastal Use Permit application number and specifically state that a permit extension is desired. An extension request fee in the amount of \$80 must be included with such a request, and the request must be received by the Coastal Management Division no sooner than 180 days and no later than 60 days prior to the expiration of the permit in question. Requests received later than 60 days prior to the expiration date of the permit shall not be eligible for consideration for extension.

g. Extension requests involving modifications to a permitted activity which would result in greater impacts to the environment than previously permitted will be considered as new applications rather than as extension requests. Extension requests involving modifications to a permitted activity which would result in identical or lesser impacts to the environment than previously permitted may be considered as extension requests, and must, in addition to the requirements in Subparagraph f above, contain adequate information (such as drawings, maps, etc.) to support and explain the proposed modifications.

h. The Coastal Management Division shall issue notice of the extension request to all members of the Joint Public Notice mailing list, and shall publish notice that the extension request has been granted or denied in the Biweekly Status Report that is published in the state journal as well as mailed to Joint Public Notice mailing recipients.

AUTHORITY NOTE: Promulgated in accordance with R.S. 49:214.30.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of the Secretary, LR 6:493 (August 1980), amended LR 8:519 (October 1982), amended by the Office of Coastal Restoration and Management, LR 16:

The amendments will take effect July 1, 1990. Questions or comments relative to the amendments may be directed to Jim Rives, Assistant Director, Coastal Management Division, Box 44487, Baton Rouge, LA 70804-4487.

Ron Gomez
Secretary

Fiscal and Economic Impact Statement For Administrative Rules

Rule Title: Rules & Procedures for Coastal Use Permits Part III I and Part IV E

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is estimated that there will be an annual savings to the Louisiana Department of Natural Resources of \$12,792 upon the implementation of these rules. Of this \$10,332 will be due to savings in personnel services and \$2,460 will be due to savings in operating costs.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is estimated that the Louisiana Department of Natural Resources will collect \$6,330 less in annual self-generated permit fee revenue as a result of the adoption of these proposed rules.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

It is estimated that each permittee using the proposed permit extension process will save \$1,041 in permit and consulting fees compared to what the permittee would spend under the existing regulations.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is estimated that there will be no negative effects on competition or employment as a result of the adoption of these proposed rules.

Mary Mitchell
Undersecretary

David W. Hood
Legislative Fiscal Officer

NOTICE OF INTENT

Department of Public Safety and Corrections Office of State Fire Marshal

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950 et seq.) and the Fire Marshal Act (R.S. 40:1561 et seq.) the Department of Public Safety and Corrections, Office of State Fire Marshal is hereby giving notice of its plan to adopt the following rule relative to the installation and/or use of temporary or permanent electrical power before construction plans are submitted to the State Fire Marshal.

Title 55 PUBLIC SAFETY Part V. Fire Protection

Chapter 3. Buildings

§309. Requirements For Connection Of Electrical Power

A. The installation and/or use of temporary or permanent electrical power shall be prohibited until the plans and specification for every structure built in the state of Louisiana are submitted and reviewed by the Office of State Fire Marshal pursuant to R.S. 40:1574 and L.A.C. 55:V:303.

B. Utility companies shall accept as proof of submission and review either the original plans stamped by the Office of State Fire Marshal or a copy of the plan review letter.

Interested persons may submit written comments or inquiries until 4 p.m. on June 1, 1990 to Jerry Jones, Chief Architect, Office of State Fire Marshal, Box 66614, Baton Rouge, LA. 70896.

Carrol L. Herring
State Fire Marshal

**Fiscal and Economic Impact Statement
For Administrative Rules**

**Rule Title: Requirement for Connection of Electrical Power at
Construction Site**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no implementation cost to the state or governmental units other than the estimated cost of \$25 for duplication and dissemination of the new rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no estimated effect on revenue collection of state and local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

There will be no estimated cost and/or economic benefits to directly affected persons or non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There will be no estimated effect on competition and employment.

Rex McDonald
Undersecretary

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

**Department of Social Services
Office of Community Services**

In accordance with the application provisions of the Administrative Procedure Act R.S. 49:950 et seq., notice is hereby given that the Louisiana Department of Social Services intends to amend the department rule as published in the *Louisiana Register*, Volume 15, No. 6 of June 20, 1989.

The department proposes to extend the termination date of the current Low-Income Home Energy Assistance Program (LIHEAP) - Home Energy Assistance (HEA) program year from June 30, 1990 to December 31, 1990.

Interested persons may submit their views and opinions concerning this change through May 15, 1990 to Brenda L. Kelley, Assistant Secretary, Office of Community Services, Box 44367, Baton Rouge, LA 70804.

The department shall consider all written and oral submissions concerning the proposed rule. The department, if requested to do so by an interested person prior to the adoption of the rule, shall issue a concise statement of the principal reasons for or against its adoption.

May Nelson
Secretary

**Fiscal and Economic Impact Statement
For Administrative Rules**

**Rule Title: Low-Income Home Energy Assistance Program
(LIHEAP)-Home Energy Assistance (HEA)**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There are no costs to states or local governmental units. Some small savings to local governmental units may be realized as funding for local providers will become available in a more timely manner, thereby eliminating the need for some local governments to borrow funds for program start-up.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Operating the LIHEAP - HEA program on a calendar year basis will enable the state to utilize all federal funds available for home energy assistance and will eliminate the need to set aside funds for the transition period between state and federal fiscal years. The amount of carryover funds from year to year will be minimized.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

Eligible low-income households will benefit as service interruption between program years will be kept to a minimum. By operating LIHEAP - HEA on a calendar year cycle all federal funds available for home energy assistance will be utilized in one program year thereby enabling a greater number of low-income households to be served in the program year.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is anticipated that local providers will continue service delivery with the existing staff. By operating on the calendar year cycle, smaller energy providers may not find it necessary to reduce staff between contract periods.

Robert J. Hand
Director of Management and
and Finance

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

**Department of Social Services
Office of Community Services**

The Louisiana Department of Social Services (DSS) intends to apply for federal Social Services Block Grant funds for FY 1990-91 in accordance with Public Law 97-35, the Omnibus Budget Reconciliation Act of 1981, and with federal regulations as set forth in the *Federal Register* Vol. 47, No. 129, Tuesday, July 6, 1982, pages 29472-29493. DSS will continue to administer programs funded under the Social Services Block Grant (SSBG) in accordance with provisions set forth in Public Law 97-35 and applicable federal regulations. The DSS/Office of Community Services (OCS) will be responsible for provision of social services, by direct delivery and vendor purchase, through use of federal SSBG funds. Estimated SSBG expenditures (including LIHEAP transfer funds) for FY 1990-91 are \$49,470,762.

The proposed SSBG Intended Use Report for FY 1990-91 is available for public review at OCS parish and regional offices Monday through Friday from 8:30 a.m. to 4 p.m. Copies are available without charge by telephone request to (504) 342-2272 or by writing the Assistant Secretary, Office of Community Services, Box 44367, Baton

Rouge, LA 70804. Inquiries and comments on the proposed plan may be submitted until May 25, 1990 to the assistant secretary, OCS, at the above address.

**PROPOSED SOCIAL SERVICES PLAN FOR LOUISIANA
PROGRAM YEAR JULY 1, 1990 - JUNE 30, 1991**

The Department of Social Services proposes to adopt the Title XX Social Services Block Grant Plan for the program year July 1, 1990 through June 30, 1991.

The plan will offer the following services:

- Adoption (pre-placement to termination of parental rights)
- Child Protection Investigations (investigation, assessment, evaluation, social work intervention, shelter care, counseling, referrals, and follow-up)
- Day Care for Children (direct care for portion of the 24-hour day)
- Family Services (social work intervention subsequent to validation of a report of child abuse/neglect, counseling to high risk groups)
- Foster Care/Residential Habilitation Services (foster, residential care and treatment on a 24-hour basis)
- Homemaker (direct in-home personal care as supportive activity to Child Protection Investigations, Family Services and Foster Care/Residential Habilitation)
- Socialization (recreational, educational, cultural and social enrichment)
- Training/Treatment (assistance to improve personal skills, adjustment, and knowledge)

The following purchased services are currently funded through state General Funds and provisions for these services are included in the plan should state funding be renewed for FY 90-91.

- Family Violence services (shelter care, counseling, referrals, and follow-up)
- Homemaker (purchased in-home personal care and chore services provided under contractual arrangements to handicapped and elderly persons to assist in maintaining them in their homes)
- Respite Care (temporary in-home or out-of home care for disabled/handicapped individuals for the purpose of affording the family with relief from the special responsibilities associated with caring for these family members)
- Training/Treatment (assistance to improve personal skills and knowledge)
- Transportation (access to and from health and social resources and to conduct necessary household business)

Persons eligible for services are:

1. persons without regard to income, who are in need of Child Protection and Family Services, Child Protection Investigation, Adoption, Foster Care/Residential Habilitation, and Information and Referral.
2. recipients of Aid to Families with Dependent Children (AFDC) and those persons whose needs were taken into account in determining the needs of AFDC recipients.
3. persons whose gross monthly income is not more than 125 percent of the poverty level. A family of four with gross monthly income of not more than \$1,323 is eligible for services.
4. persons without regard to income who are certified as class members in the federal class action judgment *Gary W. et al v. State of Louisiana et al.*
5. persons who are members of groups identified in the proposed plan to receive certain services except child day care which involves additional eligibility criteria.

The department shall allow for copayments to be collected from recipients of certain Title XX services according to sliding fee scales which are, or may be established, by rule.

Copies of the proposed Title XX Intended Use Report are available without charge upon request to:

Telephone: (504) 342-2272

Write: assistant secretary of the Office of Community Services

The proposed plan is available for public review at OCS parish and regional offices Monday through Friday from 8:30 a.m. to 4 p.m.

Interested persons may submit written comments on the proposed plan from April 20, 1990 through May 25, 1990 to: Assistant Secretary, Office of Community Services, Box 44367, Baton Rouge, LA 70804.

Public hearings on the proposed SSBG Intended Use Report for FY 1990-91 are scheduled as follows:

Tuesday, May 8, 1990, Shreveport State Office Building, room 205, 1525 Fairfield Avenue, Shreveport, LA, 2 p.m.

Wednesday, May 9, 1990, Alexandria State Office Building, First floor conference room, 900 Murray Street, Alexandria, LA, 10 a.m.

Thursday, May 10, 1990, New Orleans, Orleans Parish Office of Eligibility Determinations, Second floor auditorium, 2601 Tulane Avenue, New Orleans, LA, 10 a.m.

At the public hearings all interested persons will have the opportunity to provide recommendations on the proposed SSBG plan, orally or in writing. Written comments will be accepted through May 25, 1990.

Post expenditure reports for the SSBG program for state fiscal years 1987-88 and 88-89 are available for public review at the Office of Community Services, 1755 Florida Boulevard, Baton Rouge, LA.

May Nelson
Secretary

**Fiscal and Economic Impact Statement
For Administrative Rules**

Rule Title: Social Services Block Grant (SSA-Title XX 1990-91)

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed State Plan describes the state's intended uses of federal Social Services Block Grant (SSBG) funds for FY 1990-91. Estimated costs to be met from federal sources total \$49,470,762 which include \$48,431,354 in SSBG directly allotted funds and \$1,039,408 in LIHEAP federal funds transfer to the SSBG. Estimated expenditures from directly allotted SSBG funding are based on 25 percent (\$12,320,995) of the FFY 90 SSBG allotment to Louisiana plus 75 percent (\$36,110,359) of the FFY 91 allotment.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

SSBG funds are available to the state for expenditure in the federal fiscal year appropriated and in the following federal fiscal year. Louisiana's FFY 90 allotment published in the *Federal Register* of November 29, 1988 was \$49,283,980. The FFY '91 allotment published November 28, 1989 in the *Federal Register* is \$48,147,145.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

Planned services are designed for the social benefit of families in low-income and/or vulnerable circumstances. The Office of Community Services shall allow for copayments to be collected from recipients of certain Title XX services according to sliding fee scales.

No other costs and/or economic benefits to directly affected persons or non-governmental groups are anticipated.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

No effect is anticipated on competition or employment.

Robert J. Hand
Director

John R. Rombach
Legislative Fiscal Officer

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Competition will be stimulated in all areas that provide support services to airports throughout the state. It is also anticipated that employment will increase in these areas.

Joseph L. Wax
Deputy Secretary

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

**Department of Transportation and Development
Division of Aviation**

In accordance with the applicable provisions of the Administrative Procedure Act, R.S. 49:950, et seq., notice is hereby given that the Louisiana Department of Transportation and Development intends to adopt procedures for review and evaluation of its Airport Construction and Development Priority Program, all in accordance with the provisions of Act 451 of the 1989 Regular Session of the Louisiana Legislature.

These procedures are compiled within the publication entitled "Louisiana Aviation Program Needs and Project Priority Process", which publication may be viewed during office hours at the Department of Transportation and Development, Room 240, 1201 Capitol Access Road, Baton Rouge, LA.

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 the notice of intent to: Joseph L. Levraea, Aviation Programs Manager, Department of Transportation and Development, Box 94245, Baton Rouge, LA 70804-9245.

Joseph L. Wax
Deputy Secretary

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: La. Needs and Priority**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The additional cost to implement the proposed rule is approximately \$126,000 for fiscal year 90-91 and an additional \$48,000 for fiscal year 91-92.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Without extensive study it is difficult to accurately determine the amount of increased revenue collections. However, it is anticipated that the additional capital improvements at the state's airports will increase their ability to stimulate activity at their airports and generate income for the airport and community.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

Significant economic benefits to contractors, planning, and engineering consultants, and support industries will result. Direct impact should be equivalent to the annual appropriation for aviation capital improvements.

NOTICE OF INTENT

**Department of the Treasury
Board of Trustees of the
State Employees Group Benefits Program**

Notice is hereby given that the Louisiana Department of the Treasury, Board of Trustees of the State Employees Group Benefits Program intends to amend language in the Plan Document of Benefits as necessitated by amendments made to COBRA by the Omnibus Budget Reconciliation Act of 1989 (OBRA '89), as follows:

Add to Article 1, Section III (K) a New Subsection (7):

7. Effective July 1, 1990, if an employee becomes entitled to Medicare, or on before the date such employee's eligibility for benefits under this contract terminates, the period of continued coverage available for the Employee's Covered Dependents shall be until the earliest of the following events:

1. Thirty-six months from the date the employee becomes entitled to Medicare or, if greater, 18 months from the date coverage would have otherwise terminated in the absence of Article 1, Section III, E; or
2. Pursuant to the other termination provisions of Article 1, Section III, E.

Comments or objections will be accepted, in writing, by the executive director of the State Employees Group Benefits Program until 4:30 p.m. on June 9, 1990, at the following address: Dr. James D. McElveen, Executive Director, State Employees Group Benefits Program, Box 44036, Baton Rouge, LA 70804.

James D. McElveen
Executive Director

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: COBRA Modifications**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The costs or savings to state or local governmental units resulting from this change, which is mandated by the Omnibus Budget Reconciliation Act of 1989, cannot be definitely estimated. According to the Martin E. Segal Company, our consulting actuary, the claim experience of the typical COBRA beneficiary is somewhat higher than that of other plan members. However, lacking data as to the number of beneficiaries affected by this action, the actuary could not estimate the fiscal impact.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

This rule change will not affect revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

This extension of coverage, under certain terms and conditions to dependents of plan members who are eligible for Medicare at the time the plan member's coverage under the Comprehensive Medical Plan terminates, could, apparently, impact the economic benefits of covered dependents in the form of covered benefits. However, our consulting actuary, the Martin E. Segal Company, cannot definitely estimate due to lack of data.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Competition and employment will not be affected by this change.

James D. McElveen
Executive Director

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT
Department of the Treasury
Board of Trustees of the
State Employees Group Benefits Program

Notice is hereby given that the Louisiana Department of the Treasury, Board of Trustees of the State Employees Group Benefits Program intends to amend language in the Plan Document, as indicated below:

Amend the Schedule of Benefits, as follows:

Add a single asterisk "*" after "80%" and "100%", and change the single asterisk after "50%" to a double asterisk "**", as follows:

Percentage Payable after Satisfaction of Applicable Deductibles:	
Eligible expenses up to \$5,000 per	
Calendar Year, per person	80%*
Eligible expenses in excess of \$5,000	
per Calendar Year, per person	100%*
Outpatient mental or nervous conditions	
and/or substance abuse treatment	50%**

Insert the following before the current footnote:

*The \$5,000 eligible expense maximum shall not include any expenses for which 100% benefits are available in accordance with Article 3, Section V, Supplemental Emergency Accident (SEA) and Article 3, Section VII, Catastrophic Illness Endorsement (CIE).

Add another asterisk to current footnote. After the words "Calendar Year" substitute a comma "," for the period "." and add the following language:

**Percentage payable for treatment of mental or nervous conditions and/or substance abuse while not hospital confined is limited to 50 percent of eligible expenses (subject to applicable limitations of the Fee Schedule). Outpatient mental or nervous conditions and/or substance abuse treatment is further limited to 50 visits per Calendar Year, payable at 50 percent of the charge with a maximum allowable charge of \$40 per visit. Reimbursement will be limited to a maximum payment of \$20 per visit.

Amend Article 1, Section I (I) (2) (3) to include parenthetical language in items (2) and (3) to clarify adding a dependent within 30 days from date of birth. The paragraphs will then read as follows:

2. any unmarried (never married) children from date of birth (must be added to coverage within 30 days from date acquired by

completing appropriate enrollment documents in accordance with Article 1, Section IV, Adding or Deleting Dependents) to 19 years of age, dependent upon the employee for support;

3. any unmarried (never married) children 19 years of age, but under 24 years of age, who are enrolled and attending classes as full-time students and who depend upon the employee for support. The term full-time student shall mean students who are enrolled at an accredited college or university, or at a vocational, technical, or vocational-technical or trade school or institute, or secondary school, for the number of hours or courses which is considered to be full-time attendance by the institution the student is attending. (See Article 1, Section IV, "Adding or Deleting Dependents" and Article 1, Sections C through K.)

It shall be the responsibility of the plan member to furnish proof acceptable to the program documenting the full-time student status of a dependent child.

Amend Article 1, Section I (R) (7) to specify that facilities primarily for the treatment of conduct disorders or habitual disorders not be included in the definition of a hospital, as follows:

Amend item (7) by substituting a comma "," for the period "." after the word "institution" and adding the following language:

7. Is not primarily an institution for rest, the aged, the treatment of pulmonary tuberculosis, a nursing home, extended care facility, remedial training institution, or facilities primarily for the treatment of conduct disorders or habitual behavior.

Amend Article 1, Section I (T) to specify that non-board certified social workers and licensed counselors are not covered, as follows:

After the word "include" and before the word "any" add the following language "social workers who are not board certified; licensed counselors; or". The paragraph will then read as follows:

The term physician does not include social workers who are not board certified; licensed counselors; or any interns, residents, or fellows enrolled in a residency training program regardless of any other title by which he is designated or his position on the medical staff of a hospital. A senior resident, for example, who is referred to as an assistant attending surgeon or an associate physician, is considered a resident since the senior year of the residency is essential to completion of the training program. Provided, however, that effective October 1, 1977, charges made by a physician, as defined herein, who is on the faculty of a state medical school, or on the staff of a state hospital, will be considered a covered expense if such charges are made in connection with the treatment of a disease, illness, accident or injury covered under this plan and further provided that such physician would have charged a fee for such services in the absence of this provision.

In the following paragraph, after the word "by" and before the word "an" add the following language, "social workers who are not board certified; licensed counselors; or". The paragraph will then read as follows:

It is the specific intent and purpose of the program to exclude reimbursement to the covered person for services rendered by social workers who are not board certified; licensed counselors; or an intern, resident, or fellow enrolled in a residency training program regardless of whether the intern, resident, or fellow was under supervision of a physician or regardless of the circumstances under which services were rendered.

In the following paragraph, after the word "supervising" and before the word "interns" add the following language, "social workers who are not board certified; licensed counselors; or". The paragraph will then read as follows:

The term physician shall not include a practicing medical doctor in the capacity of supervising social workers who are not board certified; licensed counselors; or interns, residents, senior residents,

or fellows enrolled in a training program, who does not personally perform a surgical procedure or provide medical treatment to the covered person.

ALSO

Amend Article 3, Section IX by adding item (FF) as follows:

(FF) social workers who are not board certified, licensed counselors, chemical dependency counselors, or any other persons who do not otherwise meet the definition of a physician as contained in Article 1, Section I (T).

Amend Article 1, Section I to include a definition for Pain Rehabilitation Control and Pain Rehabilitation Therapy by inserting the following language between the terms Rehabilitation and Rehabilitation Therapy and Rest Cure and renumbering same, as follows:

BB. The terms Pain Rehabilitation Control and Pain Rehabilitation Therapy as used herein shall mean any program designed to develop the individual's ability to control or tolerate chronic pain.

Amend Article 1, Section II to change the heading from "Employees to be Covered" to "Persons to be Covered".

Change Article 1, Section II (E) (3), "New Enrollment/Previous Contract" to Article 1, Section II (G), "Reenrollment, Previous Employment" to read as follows:

An application for coverage by an employee of a participating employer whose employment is terminated while covered or eligible for coverage under the program and who is reemployed by the same or another participating employer 12 months of the effective date of termination shall be considered a reenrollment, previous employment application. A reenrollment, previous employment applicant will be eligible for only that classification of coverage (employee only, employee and one dependent, family) in force on the effective date of termination, subject to all modifications of eligible expenses, benefits, and/or premiums which became effective in the interim."

Amend Article 3, Section VI "Dental Surgical Benefits" by deleting the following item (B) in its entirety.

B. No deductible amount shall apply to benefits payable under this Section and expenses in excess of the amounts shown in the Schedule of Dental Surgical Procedures shall not be considered eligible out of pocket expenses as defined in Article 3, Section 1 (A) (3).

Amend Article 3, Section IX (I) to specify that wedges, cookies, and arch supports are not covered even though they may be custom built.

After the word "supports," delete the remainder of the sentence and substitute the following language, "except as indicated in Article 3, Section I, (G) (22)". The paragraph will then read as follows:

I. Expenses incurred for shoes and related items such as wedges, cookies, and arch supports, except as indicated in Article 3, Section I, (G) (22);

Amend Article 3, Section IX (K) to more clearly define dental exclusions.

Move the word "dentures" after the word "disease" and add the following language, "dental implants and any surgery for the use thereof; except as indicated in Article 3, Section G (15)". The paragraph will then read as follows:

K. Dental braces and orthodontic appliances for whatever reason prescribed or utilized; treatment of periodontal disease; dentures, dental implants and any surgery for the use thereof; except as indicated in Article 3, Section G (15).

Amend Article 3, Section IX (Y) to clarify that the correction of refractive errors through any type of surgical procedure is not covered.

Substitute the words "or any" for the words "and similar" so that the paragraph will read as follows:

Y. Radial keratotomy or any procedures for the correction of refractive errors;

Comments or objections will be accepted, in writing, by the executive director of the State Employees Group Benefits Program until 4:30 p.m. on June 9, 1990 at the following address: Dr. James D. McElveen, Executive Director, State Employees Group Benefits Program, Box 44036, Baton Rouge, LA 70804.

James D. McElveen
Executive Director

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Miscellaneous Plan Document Amendments**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

These several proposed rule changes clarify existing contract provisions and will produce no material modifications to the plan of benefits. Implementation of these changes will have no fiscal impact on this program or to any state or local governmental unit.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

These proposed rule changes will have no effect on the revenue collections of state or local governmental units nor of the State Employees Group Benefits Program.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

There will be no economic benefit or costs to the directly affected persons, this program's plan members and their dependents, as a result of these proposed changes.

Questions by plan members and benefit interpretation disputes indicated that certain provisions needed to be clarified.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

These clarifications of benefit provisions will have no effect on competition or employment.

James D. McElveen
Executive Director

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

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

In accordance with Act 301 of the 1987 Louisiana Legislature, it is the intent of the Louisiana Wildlife and Fisheries Commission to declare June 9 and 10, 1990 as Free Recreational Fishing Days in Louisiana to coincide with National Fishing Week June 4-10, 1990. On the two above mentioned free fishing days, residents and non-residents may exercise the privilege of a licensed recreational fisherman without purchase of any otherwise necessary recreational fishing license.

Interested parties may submit their views in writing to Bob Dennie, Information and Education Director, Louisiana Department of Wildlife and Fisheries, Box 98000, Baton Rouge, LA 70898-9000.

Warren Pol
Chairman

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Free Fishing Days**

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There will be no implementation cost generated by enactment of this rule.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
The proposed rule is estimated to have no negative effect on revenue collection. Hopefully, it will promote an interest in the sport of fishing.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)
The proposed rule will have no cost or economic benefits to affected persons.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
The proposed rule will have no effect on competition and employment.

Bettie Baker
Undersecretary.

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

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

The Wildlife and Fisheries Commission does hereby give notice of its intent to promulgate rules and regulations governing the hunting of resident game birds and game quadrupeds. A synopsis of said rule follows:

**SUMMARY OF 1990-91
HUNTING SEASON REGULATIONS**

Quail: Nov. 22-Feb. 28 - Daily Bag Limit 10, Possession 20
Rabbit: Oct. 6-Feb. 28 - Daily Bag Limit 8, Possession 16
Squirrel: Oct. 6-Jan. 27 - Daily Bag Limit 8, Possession 16
Deer: One per day, 6 per season

Area 1 - 60 days	
16 days still hunting only	Nov. 10-25
7 days still hunting only	Dec. 1-7 (Muzzleloader)
37 days with or without dogs	Dec. 8-Jan. 13
Area 2 - 60 days	
28 days still hunting only	Nov. 3-30
7 days still hunting only	Dec. 1-7 (Muzzleloader)
25 days with or without dogs	Dec. 8-Jan. 1

Area 3 - 60 days	
28 days still hunting only	Nov. 3-30
7 days still hunting only	Dec. 1-7 (Muzzleloader)
25 days still hunting only	Dec. 8-Jan. 1

Area 4 - 46 days	
9 days still hunting only	Nov. 17-25
7 days still hunting only	Dec. 1-7 (Muzzleloader)
30 days still hunting only	Dec. 8-Jan. 6

Area 5 - 16 days	
9 days still hunting only	Nov. 17-25
7 days still hunting only	Dec. 1-7 (Muzzleloader)

Turkey - One per day, 3 per season
Area A - 30 days. March 30-April 28
Area B - 37 days. March 23-April 28
Area C - 9 days. April 20-April 28
Area D - 16 days. April 13-April 28
(A more detailed copy of the rule is available upon request from the address listed below.)

Public hearings will be held at regularly scheduled Louisiana Wildlife and Fisheries Commission meetings in May and June. Additionally, interested persons may submit written comments relative to the proposed rule until May 31, 1990 to Hugh A. Bateman, Administrator, Game Division, Box 98000, Baton Rouge, LA 70898.

Warren Pol
Chairman

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Hunting of Resident Game Birds and Game
Quadrupeds, 1990-91**

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
Establishment of hunting regulation is an annual process. The only real cost of implementing the proposed rules, aside from staff time, is the production of the regulation pamphlet. Anticipated cost of printing will be \$50,000-\$75,000.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
Projected hunting license fee collection for FY 90-91 will be approximately 5.1 million dollars. Failure to adopt rule changes would result in no hunting season established and a loss of these funds.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)
Hunting in Louisiana generates in excess of \$325,000,000 annually through the commercial sales of outdoor related equipment and other associated items. Figures are based on the 1985 National survey of Fish and Wildlife Associated Recreation.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
There is no realistic method by which this department can estimate the effects of hunting regulations on employment or competition.

Bettie Baker
Undersecretary

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

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

Title 76

WILDLIFE AND FISHERIES

Part VII. Fish and Other Aquatic Life

Chapter 3. Saltwater Sport and Commercial Fishing

§335. Daily Take, Possession and Size Limits Set by Commission

A. The Louisiana Wildlife and Fisheries Commission does hereby adopt the following rules and regulations regarding the harvest of snapper, grouper, sea basses, jewfish, and amberjack in Louisiana's territorial waters:

Species	Recreational Bag Limits
Red snapper	7 fish per person per day
Queen, mutton, schoolmaster, blackfin, cubera, gray dog, mahogany, silk, yellowtail, wenchman, and voraz snappers	10 fish per person per day (in aggregate)
All groupers	5 fish per person per day (in aggregate)
Greater amberjack	3 fish per person per day

B. All persons who do not possess a permit issued by the National Marine Fisheries Service under the Federal Fishery Management Plan for the Gulf of Mexico Reef Fish Resources are limited to the recreational bag limit.

C. A person subject to a bag limit may not possess during a single day, regardless of the number of trips or the duration of a trip, any reef fish in excess of the bag limits.

D. For charter vessels and headboats as defined in federal regulations 50 CFR Part 641 as amended by FR Vol. 55, No. 14, there will be an allowance for up to two daily bag limits on multi-day trips provided the vessel has two licensed operators aboard as required by the U.S. Coast Guard for trips of over 12 hours, and each passenger is issued and has in possession a receipt issued on behalf of the vessel that verifies the length of the trip.

Species	Minimum Size Limits
Red snapper	13 inches total length
Gray, mutton and yellowtail snapper	12 inches total length
Lane and vermillion snapper	8 inches total length
Red, gag, black, yellowfin and nassau grouper	20 inches total length
Jewfish	50 inches total length
Greater amberjack	28 inches fork length (recreational) 36 inches fork length (commercial)
Black seabass	8 inches total length

E. Federal regulations 50 CFR Part 641 as amended by FR Vol. 55, No. 14, defines charter vessels and headboats as follows:

1. *Charter vessel* means a vessel whose operator is licensed by the U.S. Coast Guard to carry six or fewer paying passengers and

whose passengers fish for a fee. A charter vessel with a permit to fish on a commercial quota for reef fish is under charter when it carries a passenger who fishes for a fee, or when there are more than three persons aboard including operator and crew.

2. *Headboat* means a vessel whose operator is licensed by the U.S. Coast Guard to carry seven or more paying passengers and whose passengers fish for a fee. A headboat with a permit to fish on a commercial quota for reef fish is operating as a headboat when it carries a passenger who fishes for a fee, or when there are more than three persons aboard including operator and crew.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:326.1 and 326.3.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, L.R. 16:

Jimmy Jenkins
Acting Chairman

**Fiscal and Economic Impact Statement
For Administrative Rules
Rule Title: Bag Limits and Size Limits**

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There will be no state or local governmental implementation costs.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There will be no effect on revenue collections of state or local governmental units.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)
There will be no costs and/or economic benefits to directly affected persons or non-governmental groups as a result of the proposed state measures since less than one-half of one percent of the reef fish catch is taken from state waters. However, the federal regulations will have short-term negative impacts but should have a long-term positive impact.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
There may be an increase on competition and may decrease employment by contributing to the impacts of the federal regulations.

Bettsie Baker
Undersecretary

John R. Rombach
Legislative Fiscal Officer

NOTICE OF INTENT

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

The Wildlife and Fisheries Commission does hereby give notice of its intent to promulgate a rule to open the shrimp season in Louisiana's offshore Territorial waters and give the secretary the power to open special seasons.

Administrative Code Update

The shrimp season in Louisiana's offshore Territorial waters seaward of the inside-outside shrimp line as described in R.S. 56:495 will open at 6 a.m., Monday, March 12, 1990, and remain open until further notice. The secretary of the department shall have the authority to close this season should conditions warrant.

From March 1, 1990 to the opening of the 1990 spring inshore shrimp season, the secretary of the Department of Wildlife and Fisheries shall have the authority to open and close special seasons in the inshore waters for the harvest of shrimp should this harvest be feasible without the destruction of small brown shrimp.

Consideration of this rule was announced as part of the agenda of the commission's open meeting held in Monroe, Louisiana on March 1-2, 1990. Verbal testimony concerning the rule was accepted from all concerned. Additionally, interested persons may submit written comments relative to the proposed rule to Claude Boudreaux, Marine Fisheries Division, Department of Wildlife and Fisheries, Box 98000, Baton Rouge, LA 70898-9000.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:495, and R.S. 56:497.

Jimmy Jenkins
Acting Chairman

Fiscal and Economic Impact Statement For Administrative Rules

Rule Title: Opening of Territorial Sea to Shrimping

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

No implementation costs will be incurred by any governmental unit.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no major effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

Shrimpers who wish to do so will be able to harvest shrimp from the Territorial Sea. Economic benefits to individuals cannot be determined at this time.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There will be no impact on competition or employment.

Bettsie Baker
Undersecretary

John R. Rombach
Legislative Fiscal Officer

ADMINISTRATIVE CODE UPDATE Cumulative Administrative Code Update January, 1990 through March, 1990

Vol.	Title:Part.Section	Effect	Month	Page
1	LAC 10:			
	I.Chapter 23	Adopted	Jan.	17
	I.1993-1999	Amended	Mar.	200
	LAC 35			
	I.801-809	Adopted	Feb.	112
	I.711	Adopted	Mar.	202
	LAC 64			
	V.103	Amended	Feb.	137
2	LAC 7			
	XXXIX.20101	Amended	Jan.	16
3	LAC 46			
	V.Chapter 36	Adopted	Feb.	113
	XLI.725	Amended	Feb.	112
	LV.309	Amended	Jan.	23
	LXVII.901	Amended	Feb.	133
	XLVII.3529	Amended	Feb.	133
	LXVII.Chapters 21, 25	Amended	Mar.	202
	LXXXV.Chapters 1-11	Adopted/Amended	Mar.	222
4	LAC 4			
	I.Chapter 5	Repromulgated	Jan.	29
5	LAC 76			
	I.315	Adopted	Jan.	38
	I.319	Adopted	Jan.	38
	VII.123	Amended	Jan.	38
6	LAC 55			
	V.Chapter 7	Amended	Jan.	31
7	LAC 40			
	XVII.Chapters 1-49	Adopted	Mar.	204
9	LAC 48			
	V.12313	Adopted	Mar.	236
	IX.701	Adopted	Jan.	31
11	LAC 33			
	III.Chapters 1, 21	Amended	Jan.	23
	III.2105-2119	Amended	Feb.	116
	III.2123	Amended	Feb.	119
13	LAC 33			
	V.Chapters 1-49	Amended	Mar.	217
	V.Chapters 1-49	Amended	Mar.	220
	V.2241	Amended	Mar.	220
	V.2203, 2242	Amended	Mar.	221
17	LAC 43			
	XIII.Chapter 11	Adopted	Feb.	134

Potpourri

POTPOURRI

Department of Agriculture and Forestry Office of Agricultural and Environmental Sciences

Crop Pests and Diseases

QUARANTINE

In accordance with LAC 7:XV.9507 and 9509, we are hereby publishing the annual quarantine.

1.0 Sweetpotato Weevil (*Cylas formicarius elegantulus* Sum)

(a) In the United States: the states of Alabama, Florida, Georgia, Mississippi, Texas, and South Carolina.

(b) In the State of Louisiana:

1) The entire parishes of: Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Calcasieu, Cameron, East Baton Rouge, East Feliciana, Evangeline, Iberia, Iberville, Jefferson, Jefferson Davis, Lafayette, Lafourche, Livingston, Orleans, Plaquemines, Pointe Coupee, Rapides, Sabine, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Vernon, Washington, West Baton Rouge, West Feliciana.

2) That portion of Natchitoches Parish lying south and west of the Red River.

3) The following areas are non-sweet potato areas:

a) Those portions of the parish of Bienville as follows: The properties of Gifford Ashley, Markel Ashley and E. D. Gibson in Section 23, Township 16 North, Range 10 West; the property of Markel Ashley in Section 10, Township 16 North, Range 10 West; the property of E. D. Gibson in Section 15, Township 16 North, Range 10 West; the property of Sam Glenn in Section 8, Township 15 North, Range 9 West; and all properties within a one-mile radius thereof.

2.0 Pink Bollworm (*Pectinophora gossypiella*, Saunders)

Pink bollworm quarantined areas are divided into generally infested and/or suppressive areas as described by USDA-PPQ.

ARIZONA

(1) Generally infested area: the entire state.

ARKANSAS

(1) Generally infested area: None.

(2) Suppressive area: Clark County: The entire county; Dallas County: The entire county; Jefferson County: The entire county except that area south of U.S. Highway 65; Lafayette County: The entire county; Lonoke County: The entire county lying south of Interstate 40; Miller County: The entire county; Quachita County: The entire county; Pulaski County: That area of the county lying east of the Arkansas River and south of Interstate 40.

CALIFORNIA

(1) Generally infested area: The entire Counties of: Imperial, Inyo, Los Angeles, Orange, Riverside, San Bernardino, San Diego.

(2) Suppressive area: The entire Counties of: Fresno, Kern, Kings, Madera, Merced, San Benito, Tulare.

LOUISIANA

(1) Generally infested area: None

(2) Suppressive area: Caddo

NEVADA

(1) Generally infested area: The entire Counties of Clark and Nye.

(2) Suppressive area: None.

NEW MEXICO

(1) Generally infested area: The entire state.

OKLAHOMA

(1) Generally infested area: The entire state.

TEXAS

(1) Generally infested area: The entire state.

3.0 Brown Garden Sail (*Helix aspersa*)

The entire states of California and Arizona.

4.0 Leaf Scald (*Xanthomonas albilineans*)

All areas of the county where sugarcane is grown.

5.0 Lethal Yellowing

The states of Florida and Texas.

6.0 Sweet Potato Mosaic

The States of Alabama and Georgia and any other state which may hereafter be found to be infected with sweet potato mosaic; and all other states which do not maintain restrictions against the movement of regulated products from the quarantined area.

7.0 Tristeza, xyloporosis, psorosis, exocortis.

All citrus growing areas of the United States.

8.0 Burrowing nematode (*Radipholus similis*)

The States of Florida and Hawaii and the Commonwealth of Puerto Rico.

9.0 Oak Wilt (*Ceratocystis fagacearum*)

ARKANSAS

Infected counties: Baxter, Benton, Boone, Carroll, Clay; Craighead, Crawford, Franklin, Fulton, Independence, Izard, Johnson, Lawrence, Logan, Madison, Marion, Mississippi, Nevada, Newton, Poinsett, Pope, Randolph, Scott, Searcy, Sharp, Stone, Washington, and Yell.

ILLINOIS

Entire state.

INDIANA

Entire state.

IOWA

Entire state.

KANSAS

Infected counties: Anderson, Atchison, Cherokee, Doniphan, Douglas, Franklin, Jackson, Jefferson, Johnson, Leavenworth, Linn, Miami, Neosho, Pottawatomie, Shawnee, and Wyandotte.

KENTUCKY

Infected counties: Adair, Allen, Ballard, Bath, Bell, Boyd, Breathitt, Breckinridge, Bullitt, Butler, Caldwell, Calloway, Carter, Casey, Christian, Clay, Clinton, Cumberland, Daviess, Edmonson, Elliott, Estill, Fleming, Floyd, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harlan, Hart, Henderson, Hopkins, Jefferson, Johnson, Knott, Knox, Lawrence, Lee, Leslie, Letcher, Lewis, Logan, McCracken, McLean, Magoffin, Marshall, Martin, Menifee, Metcalfe, Montgomery, Morgan, Muhlenberg, Nelson, Ohio, Oldham, Owsley, Perry, Pike, Powell, Pulaski, Rowan, Russell, Taylor, Todd, Trigg, Union, Warren, Wayne, and Webster.

MARYLAND

Infected Counties: Allegany, Frederick, Garrett, and Washington.

MICHIGAN

Infected counties: Barry, Barrien, Calhoun, Cass, Clare, Clinton, Grand Traverse, Kalamazoo, Kent, Lake, Livingston, Manistee, Missaukee, Muskegon, Oakland, Roscommon, St. Joseph, Van Buren, Washtenaw, Wyne, and Menominee.

MINNESOTA

Infected counties: Anoka, Aitkin, Blue Earth, Carver, Cass, Chicago, Crow Wing, Dakota, Dodge, Fillmore, Freeborn, Goodhue, Hennepin, Houston, Le Sueur, McLeod, Mille Lacs, Morrison, Mower, Nicollet, Olmsted, Ramsey, Rice, Scott, Sherburne, Sibley, Steele, Wabasha, Waseca, Washington, Winona, and Wright.

MISSOURI

Entire state.

NEBRASKA

Infected counties: Cass, Douglas, Nemaha, Otoe, Richardson, and Sarpy.

NORTH CAROLINA

Infected counties: Buncombe, Burke, Haywood, Jackson, Lenoir, Macon, Madison, and Swain.

OHIO

Entire state.

OKLAHOMA

Infected counties: Adair, Cherokee, Craig, Delaware, Haskell, Latimer, LeFlore, Mayes, McCurtain, McIntosh, Ottawa, Pittsburg, Rogers, Sequoyah, and Wagoner.

PENNSYLVANIA

Infected counties: Adams, Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Centre, Clarion, Clinton, Cumberland, Erie, Fayette, Franklin, Fulton, Greene, Huningdon, Indiana, Jefferson, Juniata, Lawrence, Mifflin, Perry, Somerset, Venango, Washington, and Westmoreland.

SOUTH CAROLINA

Infected counties: Chesterfield, Kershaw, Lancaster, Lee, and Richland.

TENNESSEE

Infected Counties: Blount, Carter, Cocke, Cumberland, Grainger, Greene, Hamblen, Hancock, Hardeman, Hawkins, Jefferson, Knox, Lincoln, Loudon, Montgomery, Rhea, Roane, Robertson, Sevier, Sullivan, Union, Washington, and White.

TEXAS

Infected counties: Bandera, Bastrop, Bexar, Blanco, Basque, Burnett, Dallas, Erath, Fayette, Gillespie, Hamilton, Kendall, Kerr, Lampasas, Lavaca, McLennan, Midland, Tarrant, Travis, Williamson.

VIRGINIA

Infected counties: Aleghany, Augusta, Bath, Botetoust, Clarke, Frederick, Giles, Highland, Lee, Loudoun, Montgomery, Page, Rockbridge, Rockingham, Scott, Shenandoah, Smyth, Warren, Washington, Wise, and Wythe.

WEST VIRGINIA

Infected counties: all counties except Tucker and Webster.

WISCONSIN

Infected counties: Adams, Brown, Buffalo, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Dunn, Eau Claire, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, Kenosha, La Crosse, Lafayette, Lincoln, Marquette, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Racine, Richland, Rock, St. Croix, Sauk, Shawano, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood.

10.0 Phony Peach

ALABAMA

Entire state.

FLORIDA

Entire state.

GEORGIA

Entire state.

ARKANSAS

Counties of Arkansas, Ashley, Bradley, Chicot, Columbia, Crittendon, Cross, Desha, Drew, Hempstead, Howard, Jefferson, Lafayette, Lee, Lincoln, Little River, Miller, Monroe, Nevada, Phillips, Pike, Poinsett, St. Francis, Sevier, Union, and Woodruff.

KENTUCKY

County of McCracken.

LOUISIANA

Parishes of Bienville, Bossier, Caddo, Claiborne, DeSoto, Jackson, Lincoln, Morehouse, Natchitoches, Ouachita, Red River and Union.

MISSISSIPPI

Entire state.

MISSOURI

County of Dunklin.

NORTH CAROLINA

Counties of Anson, Cumberland, Gaston, Hoke, Polk and Ruth-erford.

SOUTH CAROLINA

Counties of Aiken, Allendale, Bamberg, Barnwell, Cherokee, Chesterfield, Edgefield, Greenville, Lancaster, Laurens, Lexington, Marlboro, Orangeburg, Richland, Saluda, Spartanburg, Sumter, and York.

TENNESSEE

Counties of Chester, Crockett, Dyer, Fayette, Hardman, Hardin, Lake, Lauderdale, McNairy, Madison, and Weakley.

TEXAS

Counties of Anderson, Bexar, Brazos, Cherokee, Freestone, Limestone, McLennan, Milan, Rusk, San Augustine, Smith, and Upshur.

11.0 Citrus Canker [*Xanthomonas campestris pv citri* (Hasse) Dawson]

The entire state of Florida.

Bob Odom
Commissioner

POTPOURRI

Department of Agriculture and Forestry
Agricultural and Environmental Sciences
Apiary Programs

The Louisiana Department of Agriculture and Forestry will consider a proposal to import a tracheal mite resistant stock of honeybees, *Apis mellifera* (Buckfast), into a coastal barrier island in Louisiana under quarantine. The bees would be imported from England by USDA/ARS Honey Bee Breeding, Genetics and Physiology Research Lab. The offspring from this stock would be tested for tracheal mite resistance at the Baton Rouge lab once the quarantine is lifted.

A copy of the proposal may be obtained from Jimmy Dunkley, Administrative Coordinator, Nursery and Apiary Programs, Box 3118, Baton Rouge, LA 70821-3118, phone 504/925-7772.

Comments on the proposal may be made in writing to the above address before April 30, 1990. There will also be a public hearing to receive comments on May 4, 1990 at 7 p.m. in the Louisiana

Department of Agriculture and Forestry Building Auditorium, 5825 Florida Boulevard, Baton Rouge, LA (between K-Mart and Commercial College).

Bob Odom
Commissioner

POTPOURRI

**Department of Environmental Quality
Office of Legal Affairs and Enforcement**

“Copies of the REGULATORY AGENDA (A summary of all proposed Louisiana Department of Environmental Quality rules and a timetable related to these rules) are available at 333 Laurel St, Suite 620, Baton Rouge, LA 70801 or by contacting Lisa Lamendola at (504) 342-9163.”

If you have any questions, please contact Beth Scardina at 342-9163.

Roger Hartzog
Program Manager

POTPOURRI

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

Interest accrued on agreements representing the purchase of burial spaces has been exempt from treatment as a resource in computing eligibility for Medicaid services if left to accumulate, under optional provisions of Title XIX of the Social Security Act. Under the provisions of Section 8013 of the Omnibus Budget Reconciliation Act of 1989 (OBRA '89), such exclusion became a mandatory requirement effective April 1, 1990. Policy in regard to this exclusion is unchanged.

In order to demonstrate compliance with OBRA '89 by adopting this policy as mandatory rather than optional, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing hereby clarifies: interest earned on agreements representing the purchase of an excluded burial space shall not be considered a countable resource in determining eligibility for Medicaid services if left to accumulate, in accordance with the mandatory provisions of the Omnibus Budget Reconciliation Act of 1989.

David L. Ramsey
Secretary

POTPOURRI

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

In accordance with State Plan stipulations concerning interim adjustments to rates, the bureau is implementing a temporary adjust-

ment of rates for Skilled Nursing Services, Intermediate Care Services - I, Intermediate Care Services - II, and Intermediate Care Services for Mentally Retarded. As allowed by reimbursement methodology for these services, this temporary adjustment is made as the result of increase in the minimum wage effective April 1, 1990, and is effective only until the rate calculation which uses Economic Adjustment Factors based on index values computed after the change causing the adjustment is performed. Temporary adjustments do not affect the base rate used to calculate new rates.

Effective April 1, 1990, the rates for private Title XIX (Medicaid) skilled nursing services and intermediate care services are as follows:

Skilled Nursing Services	\$47.40 per day of care
Intermediate Care Services I	\$39.54 per day of care
Intermediate Care Services II	\$31.04 per day of care
Intermediate Care Services/MR 1-8 beds	
Level 2	\$88.20 per day of care
Level 3	\$97.20 per day of care
Level 4	\$97.20 per day of care
Level 5	\$108.78 per day of care
Level 6	\$117.36 per day of care
Level 7	\$141.21 per day of care
Intermediate Care Services/MR 9-32 beds	
Level 2	\$60.38 per day of care
Level 3	\$65.58 per day of care
Level 4	\$80.15 per day of care
Level 5	\$89.52 per day of care
Level 6	\$102.01 per day of care
Level 7	\$110.34 per day of care
Intermediate Care Services/MR 33+ beds	
Level 2	\$57.25 per day of care
Level 3	\$62.46 per day of care
Level 4	\$67.66 per day of care
Level 5	\$72.87 per day of care
Level 6	\$89.52 per day of care
Level 7	\$92.64 per day of care

David L. Ramsey
Secretary

POTPOURRI

**Department of Natural Resources
Office of the Secretary
Fishermen's Gear Compensation Fund**

In accordance with the provisions of the Fishermen's Gear Compensation Fund, R.S. 56:700.1, notice is given that 24 claims amounting to \$63,880 were received during the month of March, 1990. During the month, 10 claims in the amount of \$25,218 were paid, and four were denied.

Ron Gomez
Secretary

POTPOURRI

**Department of Public Safety and Corrections
Office of the Fire Marshal**

The Fire Marshal Board of Review will meet on Tuesday, April 24, 1990 at 10 a.m. to hear appeals. Meeting will be held in the conference room of the Fire Marshal's Office, located at 5150 Florida Boulevard, Baton Rouge, LA.

Carrol L. Herring
Fire Marshal

POTPOURRI

**Department of Revenue and Taxation
Tax Commission**

Pursuant to R.S. 47:1837 the following is the result of the Tax Commission's measurement of the level of appraisal and/or assessment and the degree of uniformity of the assessment for commercial improvements in each parish throughout the state for the year 1989. This data shall constitute prima facie evidence of the uniformity or lack of uniformity with constitutional and/or statutory requirements for each parish in the state, Orleans excepted (the measurement of like property in Orleans Parish was completed for the 1988 tax year, published *Louisiana Register*, Vol. 14, No. 6, page 395).

PARISH	MEAN (%)	MEDIAN (%)	COEFFICIENT OF DISPERSION (%)
Acadia	14.2	14.6	19.2
Allen	13.3	14.2	9.9
Ascension	13.9	14.0	9.2
Assumption	12.8	13.6	17.2
Avoyelles	13.6	13.7	19.3
Beauregard	14.3	14.9	10.6
Bienville	13.5	14.9	17.3
Bossier	14.2	14.1	15.9
Caddo	14.9	15.0	7.2
Calcasieu	14.3	14.6	10.4
Caldwell	14.3	14.9	9.5
Cameron	14.0	14.4	15.0
Catahoula	14.1	14.5	16.4
Claiborne	14.7	14.6	13.3
Concordia	14.5	14.6	12.1
DeSoto	14.6	14.6	6.7
East Baton Rouge	15.0	15.4	11.9
East Carroll	15.8	16.1	12.0
East Feliciana	15.7	15.5	6.3
Evangeline	13.9	14.1	9.7
Franklin	14.6	14.5	16.3
Grant	12.6	13.7	15.5
Iberia	13.7	14.6	12.6
Iberville	14.6	14.1	18.0
Jackson	14.3	14.6	7.6
Jefferson	15.3	14.8	16.2
Jefferson Davis	15.9	15.8	19.5
Lafayette	14.4	14.5	9.6
Lafourche	13.1	13.5	15.5

PARISH	MEAN (%)	MEDIAN (%)	COEFFICIENT OF DISPERSION (%)
LaSalle	14.3	14.6	5.7
Lincoln	13.7	14.0	13.4
Livingston	14.3	14.8	6.7
Madison	14.2	14.5	16.8
Morehouse	14.5	14.5	10.2
Natchitoches	13.2	13.9	16.0
Ouachita	14.9	15.1	10.5
Plaquemines	15.9	15.7	11.1
Pointe Coupee	14.1	13.5	12.9
Rapides	14.1	14.6	18.1
Red River	13.9	14.1	10.8
Richland	14.7	15.0	7.0
Sabine	14.6	15.0	5.6
St. Bernard	13.6	14.0	9.8
St. Charles	15.4	15.3	9.4
St. Helena	13.7	14.5	12.9
St. James	11.4	11.0	32.0
St. John the Baptist	14.0	14.6	10.1
St. Landry	15.2	15.0	9.8
St. Martin	12.6	13.6	19.7
St. Mary	16.3	15.8	17.3
St. Tammany	14.1	14.8	8.5
Tangipahoa	14.4	14.8	9.2
Tensas	14.1	14.8	10.9
Terrebonne	14.6	14.3	14.1
Union	14.2	14.2	3.2
Vermilion	14.3	13.9	19.9
Vernon	14.1	14.6	13.6
Washington	14.0	14.6	13.7
Webster	13.6	14.3	14.6
West Baton Rouge	14.7	14.6	7.9
West Carroll	13.8	13.9	9.6
West Feliciana	14.4	14.7	8.9
Winn	12.9	13.7	16.6

Mary K. Zervigon
Chairman

POTPOURRI

**Department of Wildlife and Fisheries
Office of the Secretary**

LDWF Seeks Comments on Shell Dredging

The secretary of the Department of Wildlife and Fisheries is seeking information relative to the biological and environmental impacts of shell dredging. Information submitted pursuant to this notice will assist future agency decisions relative to shell dredging.

All interested persons are invited to submit comments, scientific studies, and other documentary evidence relative to said impacts. Such comments should be submitted no later than 4:30 p.m. on June 16, 1990 to Jerry Clark, Assistant Secretary, Office of Fisheries, Department of Wildlife and Fisheries, Box 98000, Baton Rouge, LA 70898-9000.

Virginia Van Sickle
Secretary

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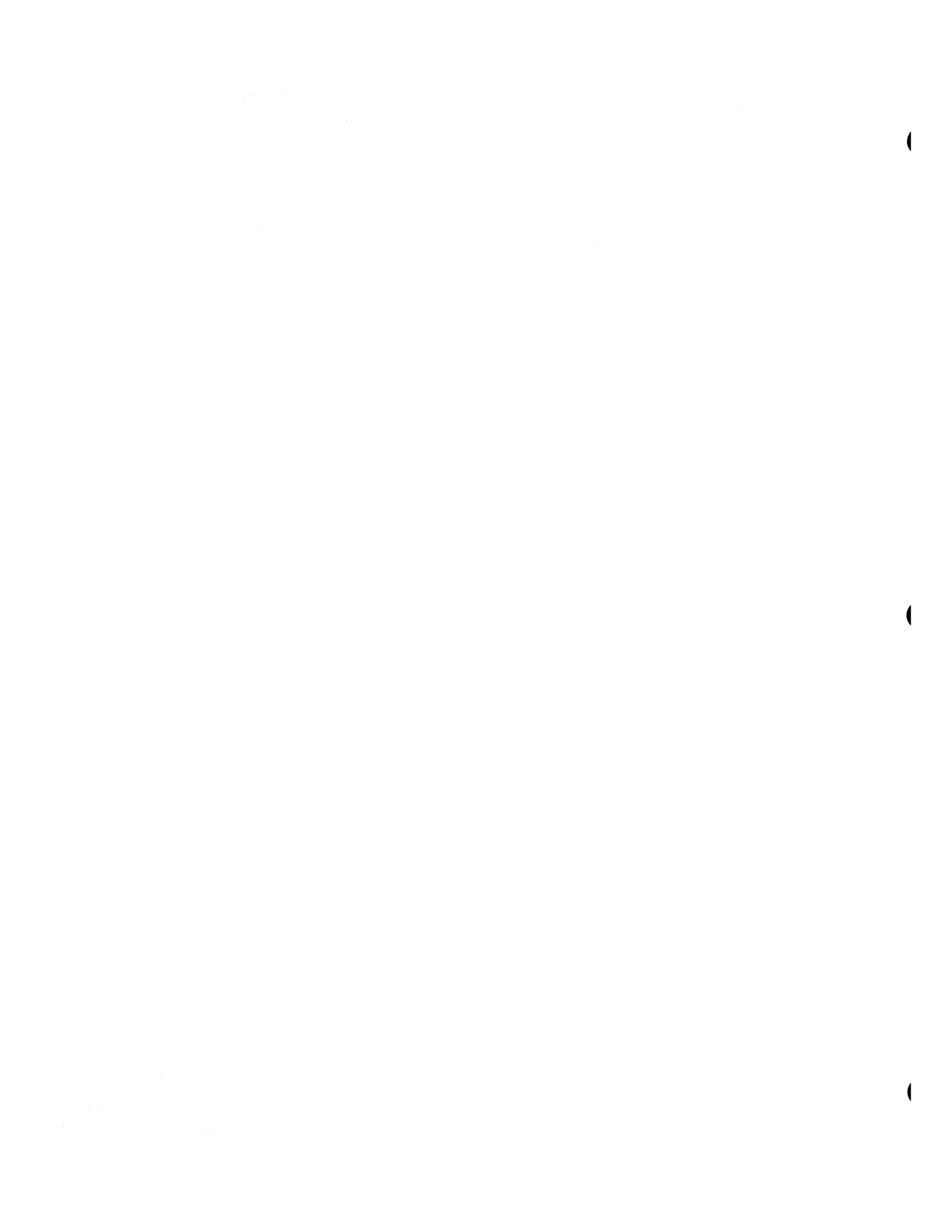
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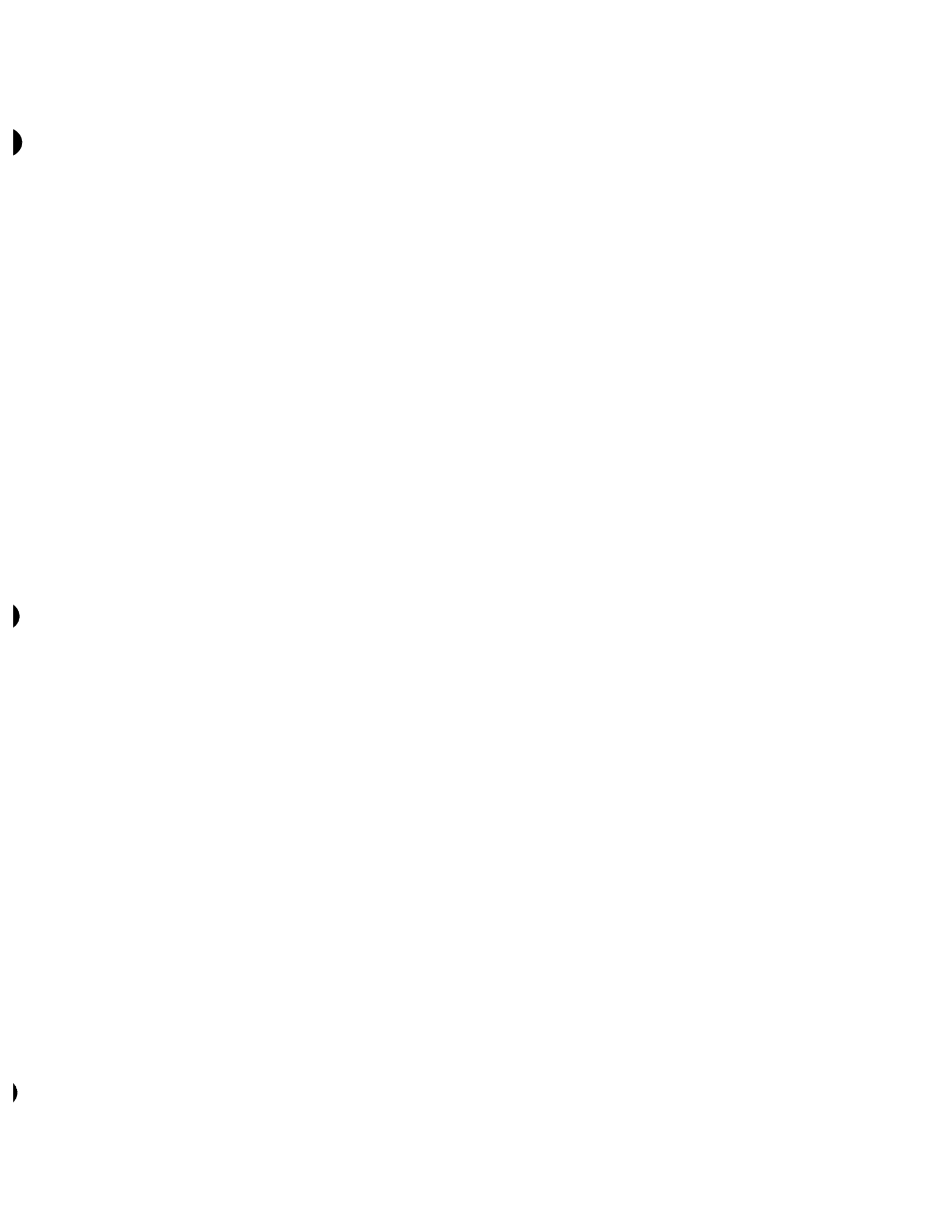
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