

CONTENTS

I. EMERGENCY RULES

Agriculture Department:	
Horticulture Commission—Horticulture licensure	1
Commerce Department:	
Racing Commission—Permitted medication	1
Health and Human Resources Department:	
Office of the Secretary—Low-income Energy Assistance	2 X

II. RULES

Agriculture Department:	
State Entomologist—Sweet Potato Weevil quarantine	2
Commerce Department:	
Board of Certified Public Accountants—Committee Report disapproval	2
Culture, Recreation and Tourism Department:	
Office of the Secretary—Act 455 matching funds	3
Education Department:	
Board of Elementary and Secondary Education—Textbook adoption guidelines	7
Health and Human Resources Department:	
Office of Family Security—AFDC policies	8 X
Definition of "Physicians services"	9 X
Food stamp policies	9 X
Long term care facility costs	11 X
Maximum Allowable Cost for drug	11 X
Patient liability for long term care	11 X
Office of Health Services and Environmental Quality—Family planning fee collection	12 X
Trihalomethane standards	12 X
Office of Human Development—Adoption program rules	13 X
Blind Services manual	13 X
Rehabilitation program manual	14 X
Office of the Secretary—Five block grants	14 X
Natural Resources Department:	
Office of Conservation—Definitions pertaining to Natural Resources and Energy Act of 1973	15
Public Safety Department:	
Office of the State Fire Marshal—Emergency generators for health care facilities	15
Standards for mobile homes	16
Transportation and Development Department:	
Office of the General Counsel—Qualified products lists	19
Treasury Department:	
Board of Trustees, State Employees Group Benefits Program—Health maintenance organization rules	20
Open enrollment for school boards	22

III. NOTICES OF INTENT

Agriculture Department:	
Agricultural and Environmental Sciences—Apiary rules	23
Livestock Sanitary Board—Reschedule hearing	23
Commerce Department:	
Board of Commerce and Industry—Tax exemption on Energy Conservation Property	24
Office of Financial Institutions—Bank merger	25
Variable rate requirements	26
Racing Commission—Limits of medication	28
Prohibited medication	29

This public document was published at a cost of \$3.55 per copy, by Baton Rouge Printing Co., Inc., P. O. Box 97, Baton Rouge, La. as a service to the state agencies in keeping them cognizant of the new rules and regulations under the authority of R.S. 49:951-968. This material was printed in accordance with the standards for printing by state agencies established pursuant to R.S. 43:31. Printing of this material was purchased in accordance with the provisions of Title 43 of the Louisiana Revised Statutes.

Education Department:	
Board of Elementary and Secondary Education—High school credit, others	29
Governor's Office:	
Division of Administration—Uniform fees for copies	31
Health and Human Resources Department:	
Board of Embalmers and Funeral Directors—Prepaid funeral services	31
Unlawful practice	32
Office of Family Security—Food stamp reporting	32
Increases in rates for several programs	33
Ineffective drugs	35
Limit payment for testing	43
Outpatient services increases	43
Office of Health Services and Environmental Quality—Cocodrie oyster closure	44
Office of Human Development—Eligibility change for client placement services	47
Reimbursement of shelter costs	47
Office of the Secretary—Community Residential Development Fund	47
Insurance Department:	
Division of Property and Casualty—Legal expense insurers	50
Treasury Department:	
Board of Trustees, State Employees Group Benefits Program—Life insurance, major medical increase	50

IV. POTPOURRI:

Agriculture Department:	
Dairy Stabilization Board—Public hearing cancelled	51
Health and Human Resources Department:	
Board of Veterinary Medicine—National Veterinary Examination scheduled	51
Office of the Secretary—Public hearing scheduled	51
Labor Department:	
Plumbing Board—Part-time inspector applications taken	52
Natural Resources Department:	
Fishermen's Gear Compensation Fund claims	52
Public Safety Department:	
Municipal Police Officers Supplemental Pay—Meeting scheduled	53
Revenue and Taxation Department:	
Tax Commission—Public hearing scheduled	53

V. ERRATA

Public Safety Department:	
Liquefied Petroleum Gas Commission—Amendments omitted	53

Emergency Rules

DECLARATION OF EMERGENCY Department of Agriculture Horticulture Commission

The Horticulture Commission, convened in regular session on January 6, 1982, determined that the provisions of Act 621 of 1981, which became effective on January 1, 1982, have created a burden on the economic welfare of certain citizens of this State who are desirous of licenses to engage in the profession of horticulture. Under the provisions of Act 621 of 1981, no examinations for licensure in the various phases of the practice of horticulture may be administered until such time as the Horticulture Commission fulfills the obligations imposed upon it in Act 621 of 1981 respecting the setting of dates for examinations, the establishment of fees for examinations, and the deadline for submission of applications. The most recent examinations given under the provisions of Act 127 of 1965, the controlling statute prior to the effective date of Act 621 of 1981, were administered early in October 1980. Since that time numerous citizens have applied to the Horticulture Commission to take examinations for licensure in various phases of the practice of horticulture.

Therefore, in order to meet the needs of the applicant citizens without further unreasonable delay, the Horticulture Commission adopted the following Rules on an emergency basis:

RULES

1. Examinations for Retail Florist
 - A. Examinations for licensure in the profession of retail florist shall be given by the Commission at least once during each quarter but may be given more frequently.
 - B. Examinations will be given from time to time in all major metropolitan areas of the state.
 - C. The Commission shall publish the date of each examination in the issue of the *Louisiana Register* immediately preceding the examination date and will disseminate information concerning scheduled examinations to all interested applicants. The first examinations for retail florist under this emergency rule will be given in Baton Rouge during the period February 22, 1982, through February 26, 1982, beginning at 9 a.m. and 2 p.m. each day.
 - D. Applications for examination for retail florist must be filed in the Commission office in Baton Rouge no later than 4:30 p.m. on the fifteenth day preceding the scheduled examination date.
 - E. Any applicant for licensure as a retail florist who successfully completes either the design phase or the written phase of the examination but does not successfully complete both phases will not be required to submit to re-examination in the phase which was satisfactorily completed. In such cases, the applicant may apply to re-take only that portion of the examination which was not satisfactorily completed.

2. Examinations for Landscape Architect

- A. Examinations for licensure in the profession of landscape architect will be given by the Commission on the date selected for administration of the examination nationally by the landscape architects' national organization.

- B. The Commission will publish the date selected for national administration of the examination in a prior issue of the *Louisiana Register* and will disseminate information concerning the scheduled examination date to all interested applicants.

3. Examinations for Arborist, Horticulturist, Wholesale Florist, and Landscape Contractor

- A. Examinations for arborist, wholesale florist, horticulturist, and landscape contractors will be administered at the State Office of the Commission in Baton Rouge or the Regional Offices of the Department of Agriculture upon request. Interested applicants may apply to the Commission office in Baton Rouge or to any Regional Office.

4. Fees for Examinations

- A. The fee for examination for licensure as a retail florist will be \$100.

- B. The fee for re-examination in the written phase of the examination for retail florist will be \$25.

- C. The fee for re-examination in the design phase of the examination for retail florist will be \$75.

- D. The fee for examination for licensure as a landscape architect will be \$150.

- E. The fee for examination for licensure as arborist, wholesale florist, horticulturist, or landscape contractor will be \$35.

5. Minimum Performance Levels

- A. The minimum performance level for satisfactory completion of all examinations, except the examination for landscape architect, will be 75 percent.

- B. The minimum performance level for satisfactory completion of the examination for landscape architect will be established by the Council of Landscape Architecture Registration Board.

Bob Odom
Commissioner

DECLARATION OF EMERGENCY

Department of Commerce Racing Commission

AMENDMENT

LAC 11-6:53.5

Permitted medication may be administered to a horse in training during a race meeting only by a licensed veterinarian or a licensed trainer, or under their personal orders, except that all medication given hypodermically must be done by a licensed veterinarian. The following non-steroidal, anti-inflammatory medications may be used in training; cannot be administered within 24 hours of the race; and the maximum analytical test levels are established as:

Pre-Race Blood and Urine Levels	and	Post-Race Blood and Urine Levels
Phenylbutazone	2.0 micrograms/ml.	165 micrograms/ml.*
Oxyphenbutazone	2.0 micrograms/ml.	165 micrograms/ml.*

* (combined total of drug and/or metabolite)

These provisions control, other provisions of these rules, to the contrary notwithstanding.

Any test levels in excess of the above maximum analytical test levels shall be considered as prima facie evidence that there has been a violation of the rules dealing with medication.

The stewards shall direct the taking of a blood specimen from any horse from which a urine specimen has been taken or will be taken while the horse is at the special barn as provided pursuant to LAC 11-6:23.35 which shall be delivered to the state chemist for testing.

J. Melton Garrett
Chairman

DECLARATION OF EMERGENCY

Department of Health and Human Resources Office of the Secretary

The Louisiana Department of Health and Human Resources is extending the Emergency Rule promulgated in the October, 1981, issue of the *Louisiana Register* announcing that the Department had applied for Block Grant federal funding for the Low-Income Energy Assistance Program under Public Law 97-35, the Omnibus Budget Reconciliation Act of 1981.

In response to comments received regarding the Notice of Intent published in the December, 1981, issue of the *Louisiana Register*, the Department of Health and Human Resources finds it necessary to extend the Emergency Rule in order to afford interested persons an opportunity for oral and written presentation of their views concerning the Low-Income Energy Assistance Program in a public hearing forum. (See Potpourri Section.)

The extension of the Emergency Rule will allow the Department of Health and Human Resources to continue administering the Low-Income Energy Assistance Program until Final Rules are adopted and will ensure continued federal funding of the program to avoid creating undue hardship for the citizens of Louisiana who will participate in the program.

The Low-Income Energy Block Grant will assist eligible households including AFDC, SSI, Food Stamps, VA and other low income households to meet the rising costs of home energy. Eligible households are those with liquid assets such as cash on hand, checking and savings accounts, stocks, bonds and credit shares, valued at \$1,500 or less for a single person household and \$3,000 for a multi-person household. Additionally, total monthly income shall not be more than \$309 for a single person household and \$505 for a multi-person household during February, 1982. For the month of August, the total allowable monthly income is subject to change in accordance with the percentage increase effective July 1, 1982, for Supplementary Security Income and Social Security Administration recipients. Finally, eligible households will be paying for a heating and/or cooling utility or paying rent which includes an amount for utilities.

Applications for assistance will be accepted from February 1, 1982, through February 26, 1982, for the heating assistance program and from August 2, 1982, through August 31, 1982, for the cooling assistance program. All payments will be made for the months of February and August, 1982. The exact payment will be dependent on Louisiana's total allocation. It is estimated that payments will range from \$40 to \$60.

George A. Fischer
Secretary

Rules

RULES Department of Agriculture State Entomologist

The State Entomologist, pursuant to the authority contained in LSA 3:1654 and in accordance with Notice of Intent published on December 20, 1981, adopted the following amendments to the Sweet Potato Weevil Quarantine and Regulation at a public hearing held at 2 p.m., Wednesday, January 6, 1982:

Section III, entitled "Quarantine Areas, of the Sweet Potato Weevil Quarantine and Regulation was amended and reenacted to read as follows:

III. Quarantine Areas

1. Under the authority of LSA 3:1654, the State Entomologist shall annually, no later than November 30 of each year, publish in the *Louisiana Register* a list of all areas of Louisiana and the nation which are under quarantine for the control of the sweet potato weevil.

2. All areas contained on the State Entomologist's annual listing of quarantined areas shall remain under quarantine for a period of one year following the date of publication, except as provided in Paragraph 3 hereof.

3. The State Entomologist may, at his discretion, remove the quarantine from any specific area included in his annual quarantine listing when it is proven to his satisfaction that the sweet potato weevil is no longer present in the area from which the quarantine is to be removed. Whenever the State Entomologist removes a quarantine prior to the expiration of one year following publication of the annual quarantine listing, he shall publish a report of his action in the *Louisiana Register*.

4. The State Entomologist may, at his discretion, supplement his annual quarantine listing whenever the sweet potato weevil is detected in any area which is not under quarantine by publication of a supplement to his listing. The quarantine placed on any area by such supplemental listing shall expire at the same time as the quarantines contained in his annual quarantine listing.

5. Upon publication of the State Entomologist's annual quarantine listing, all previously published annual and supplementary quarantine listings shall automatically expire.

6. Upon the adoption of this Rule, the State Entomologist shall publish in the next issue of the *Louisiana Register* a list of all areas quarantined for control of the sweet potato weevil during 1982, which initial list shall remain in effect only until publication of the annual quarantine listing required in Paragraph 1 hereof.

Bob Odom
Commissioner

COMMITTEE REPORT

Department of Commerce Board of Certified Public Accountants House of Representatives Committee on Commerce

Honorable David C. Treen
Governor, State of Louisiana
State Capitol Building
Baton Rouge, Louisiana 70804

Dear Governor Treen:

This letter certifies the action disapproving the Proposed Rule 17.7 of the State Board of Certified Public Accountants of Louisiana by the Subcommittee on Executive Agency Oversight and Review of the House Committee on Commerce today at a public hearing. The rule was published in the November 20, 1981, issue of the *Louisiana Register*, page 592. The Subcommittee acted in accordance with the Administrative Procedure Law generally, and specifically with R.S. 49:968.

A copy of the disapproved proposed rule is attached; see Attachment I. The members of the Subcommittee, acting on behalf of the full House Committee on Commerce (R.S. 49:968(D))

and the House of Representatives (R.S. 49:968(E)), disapproved the proposed rule in question by a favorable 4-to-0 vote. With respect to the disapproved Rule 17.7 the Subcommittee determined the following:

1. The rule would add a new rule, designated as 17.7 under LAC 11-9:17 Causes for Nonissuance, Suspension, Revocations or Restrictions; Reinstatements (R.S. 37:84).

2. Present law requires a hearing to suspend or revoke a certificate or license for cause.

3. The proposed rule would allow the State Board of Certified Public Accountants of Louisiana to suspend or revoke a certificate or license **without a hearing** for certain stipulated offenses.

4. The proposed rule would permit to deny certification or licensure to an accountant for conviction of a felony which may have no bearing on the performance of the profession of accountancy.

5. The proposed rule is not reasonable in that it would cause suspension or revocation of a certificate or license and allow the individual accountant only the recourse for a hearing through appeals (without an initial hearing) costing the person time, loss of income and undue loss of professional standing and reputation.

6. The use of the term "fraud" in Proposed Rule 17.7(2) is not defined in the agency's rules generally and is not defined in the Louisiana Criminal Code.

7. The Board does not offer sufficient procedure to ascertain correctly the nature and disposition of a conviction or a plea of guilty or *nolo contendere*.

8. The Subcommittee suggested that the Board reconsider the Proposed Rule and allow the individual accountant to waive his right to a hearing for a pending suspension or revocation.

Under the provisions of R.S. 49:968, you have five days in which to consider the action of the Subcommittee and act on it. Attached as Attachment II is a statement of your action; please return it to the House Committee on Commerce.

Eddie Doucet
Chairman, Subcommittee on
Executive Agency Oversight and
Review, House Committee on Commerce

ATTACHMENT I

15.2.6 An annual filing fee to be set by the Board, based on the total number of partners and/or shareholders in the firm who are not licensed to practice in Louisiana but not to exceed \$15 per partner/shareholder with a maximum of \$2,500 per firm, shall be paid by each firm that files in accordance with the provisions of Rule 15.2.3 above.

15.2.7 A filing fee, calculated in the same manner as the most recent annual filing fee provided in Rule 15.2.6 and prorated for the number of complete months remaining in the year, shall be paid by each firm that files in accordance with the provisions of Rule 15.2.4 above and that did not pay an annual filing fee for the immediately preceding filing period.

17.7 Any of the above provisions notwithstanding, the Board may suspend or revoke a certificate and/or license without a hearing for the following causes:

(1) Conviction of a felony or entry of a plea of guilty or *nolo contendere* to a felony charge under the laws of the United States or of any state;

(2) Conviction of any crime or entry of a plea of guilty or *nolo contendere* to any criminal charge an element of which is fraud or which arises out of such individual's practice of public accounting.

(3) The refusal of the licensing authority of another state to issue or renew a license, permit or certificate to practice public

accounting in that state, or the revocation or suspension of or other restriction imposed on a license, permit or certificate issued by such licensing authority.

Interested persons may submit written comments on the proposed rules through December 7, 1981, to Mrs. Mildred M. McGaha, Executive Director, State Board of Certified Public Accountants of Louisiana, 310 Masonic Temple Building, 333 St. Charles Street, New Orleans, Louisiana 70130.

Bill W. Smith, Secretary
State Board of Certified
Public Accountants of Louisiana *

ATTACHMENT II

Action by Governor David C. Treen

RE: Disapproval of Proposed Rule 17.7 Adopted by the State Board of Certified Public Accountants of Louisiana

I approve the action of the House Committee on Commerce, Subcommittee on Executive Agency Oversight and Review with respect to the Proposed Rule 17.7 as adopted by the State Board of Certified Public Accountants of Louisiana.

David C. Treen
Governor

RULE

Department of Culture, Recreation and Tourism Office of the Secretary

GUIDELINES FOR ACT 455 OF THE MATCHING FUNDS PROGRAM Administered by the Office of Tourism

1. Any non-profit organization desiring funds for a specific tourist promotion project must first be recognized by the local governing body as "a Tourist Promotional Agency or Agencies" in an area authorized to receive this money. For a city or town this would be done by ordinance; for a parish by resolution of the governing police jury or city parish government.

2. A proposal known as a "letter of intent" shall be made. This letter will be prepared by the Tourist Promotion Agency giving basic details about the project and why it is needed.

3. The applicant must show proof of local funds. In doing so, a copy of a bank deposit slip showing application has matching funds covering at least the amount of the request. There will be no in-kind monies for projects. All money must be on a dollar per dollar value for matching funds grants.

4. Parishes and municipalities situated within a designated Economic Development District shall first submit to that Economic Development District their proposals for participating in the Matching Funds Program provided under Act 455, passed by the Legislature of 1970. Said proposals shall be drawn up according to the requirements of said Act, and subsequently screened by the respective Economic Development District Directors. All applications must be submitted for review no later than April 1 each year. The staff of the various Economic Development Districts shall assist local communities, parishes, or combinations of parishes in the development of their respective programs. After screening these applications, the Economic Development District Directors will forward the applications with proper recommendations to the Matching Funds Committee of the Louisiana Tourist Development Commission, by May 1 of each year.

5. All geographic areas not within organized Economic Development Districts shall apply under the existing requirements of the Act and guidelines, directly to the Louisiana Tourist Development Commission by April 1 of each year.

6. The Economic Development District, in making recommendations to the Louisiana Tourist Development Commission with respect to Matching Funds projects authorized by Act 455, will direct attention to the fact that all recommendations for project approval which involve the expenditures of these matching funds on projects involving capital improvement or other developments shall be on property other than that which is owned, controlled and operated by private individuals, firms or corporations.

7. The Louisiana Tourist Development Commission, as provided in the Act creating the Matching Funds Program, shall make final recommendation for the approval of the application for funds for any and all programs submitted, then the Matching Funds Committee of Commissioners of the Louisiana Tourist Development Commission, and if so desired, the secretary of the Department of Culture, Recreation and Tourism, will then make the final decision on the approval of applications. Following this approval, notice to proceed will be provided to the Tourist Promotions Agency. Those projects disapproved will also be notified and reason for disapproval will be given.

8. Upon submission of evidence within the time period so designated by the L.T.D.C. on approval of application, matching funds will be supplied by the Commission to the applicant in the form of one half payment on all valid expenditures submitted on their projects, i.e., if the Tourist Promotion Agency has expended \$2,000, the Commission will reimburse one half that amount (\$1,000). Only expenditures incurred on or after the official "notice to proceed" date, (as described in paragraph 7), will be accepted for reimbursement.

9. Beginning on April 1, which is 90 days prior to the end of the State fiscal year (June 30) in which the funds were awarded, all projects that have not made an appreciable expenditure will have their grant thoroughly reviewed by the Matching Funds Committee on L.T.D.C. with the purpose of reallocating the remaining funds to another project.

10. If the remaining funds are awarded to a new project, the new grantee must expend the funds within that remaining 90 day period. However, if the grantee can show reasonable cause, they may apply for a 90 day extension to complete the project.

11. Applicants for matching funds should plan for monies to be spent by June 30 in the fiscal year that the monies are appropriated. If the project cannot be completed during the fiscal year of the appropriation, the applicant may request a 90 day extension of time. This request for an extension of time must be in writing and show proof positive that the project will be completed by September 30 or lose the grant. This written request must be in the hands of L.T.D.C. by June 1. If the 90 day extension is granted and the applicant fails to draw all monies by September 30, the grant will automatically be terminated and all monies remaining for that project will be returned to the general fund of the State of Louisiana. (Under no circumstances will more than one extension be granted).

12. Due to limited funds the L.T.D.C. encourages applications geared to increasing tourism through advertising and promotional projects, i.e., brochures, posters, print and electronic media, etc. Construction and capitol improvement projects are discouraged due to the limited nature of these funds. It is also not the intent of these funds to underwrite or subsidize administrative or collateral costs of events, etc.

A P P L I C A T I O N
ACT 455 MATCHING FUNDS PROGRAM
LOUISIANA OFFICE OF TOURISM

FISCAL YEAR 19__ - 19__

1. APPLICANT

a. Name _____

b. Address _____

c. Telephone _____

2. NAME OF PROJECT _____

PROJECT DIRECTOR _____

3. LOCATION _____

PROJECT WILL BE LOCATED IN:

TOWN _____ PARISH _____

4. PROPOSED PROJECT DURATION (approximate starting and ending dates)

FROM _____, 19__ TO _____, 19__

5. APPLICATION TYPE:

TOWN OR CITY _____

PARISH _____

OTHER (specify) _____

6. ARE YOU REQUESTING OR RECEIVING ADDITIONAL GRANTS (public or private) FOR THE PROJECT?

_____ YES _____ NO If yes, please specify (use additional sheets if necessary).

RULES

Board of Elementary and Secondary Education

Rule 3.01.80(a)

The Board adopted the Guidelines for Textbook Adoption, Pursuant to Act 872, 1981 R.S. as amended by the Textbook and Media Committee as follows:

Guidelines for Textbook Adoption

Pursuant to Act 872, 1981 R.S.

(Amendment to BESE Policy 3.01.80)

Annually, the first State textbook adoption hearings shall be held within the first two weeks of January, at which time the names of the State committee members will be made public. After receiving the names of the members at the first meeting, the publishers will mail their samples to the committee members and will have no personal contact with the committee members.

Copies of basal textbooks being considered for adoption shall be placed in cooperating public libraries in those cities named in Act 872 (New Orleans, Baton Rouge, Shreveport, Monroe, Alexandria, Lake Charles, Lafayette and Houma) with the addition of Natchitoches. Public libraries must be contacted initially for use of their facilities for public display, and if they are unable to accommodate the display, then the State Department of Education may select an alternate site, including, for Baton Rouge, the Textbook Division Library, State Department of Education. Alternate sites must be advertised.

All oral objections to textbooks under consideration may be made at the second hearing of the adoption committees and shall not exceed five minutes per person, per publisher, per subject and shall be limited to those objections that have been previously filed in writing at least five working days prior to the second hearing in order to facilitate scheduling of time.

At least one-third of each textbook adoption committee shall be non-educator parents of children who are enrolled in schools or school programs that received funds for state approved textbooks.

The adoption of reading and science textbooks shall be held as scheduled for 1981-82 and the various systems and parishes shall be given the option to purchase or order either program either year, or both years. From 1981-82 on, for future adoptions, science shall be separated from reading to enable the parishes more realistically to implement programs within available funds. Science will be placed in the 1982-83 cycle and a moratorium on all adoptions will be placed on that year. The previous 1982-83 cycle will be advanced to 1983-84, etc. (See adoption cycle.)

Time Schedule for Textbook Adoptions (Six-year cycle of adoptions)

The Textbook and Media Advisory Council may review the cycle every year in order that any needed changes can be made and recommended to the Board. The adoption schedule is as follows:

STATE TEXTBOOK ADOPTION CYCLE

1981-82	Aerospace Education Driver Education Drug Abuse Education (new material only) Health and First Aid Physical Education Reading Safety Education Science Special Education
---------	--

1982-83	No adoption
---------	-------------

1983-84	Art Career Education Guidance Handwriting Industrial Arts Mathematics Trade and Industrial Education Special Education
1984-85	Agriculture Business Education Distributive Education Foreign Language Home Economics Music Music-Instrumental and Vocal Special Education
1985-86	Black Studies Free Enterprise Louisiana Studies Social Studies Special Education
1986-87	Language and Composition Language and Composition - Dictionaries Language and Composition - English Language and Composition - Journalism Language and Composition - Speech Language and Composition - Spelling Literature Special Education
1987-88	Reading Special Education
1988-89	Driver Education Drug Abuse Education Health and First Aid Physical Education Safety Education Science Special Education

Any person wishing to protest or challenge only textbook adoption procedures must make these wishes known to the State Board of Elementary and Secondary Education in writing within ten working days following the conclusion of the second hearing of the Textbook Adoption Committee.

A policy shall be established to require local education agencies to make a formal adoption of textbooks to be used within their systems within 12 months from the date of the formal textbook adoption by the State Board of Elementary and Secondary Education, and that a list of materials adopted by the LEAs be furnished to the State Department of Education, Bureau of Materials of Instruction and Textbooks, within 90 days following the local adoption.

Any person who wishes to request information or make an objection to textbooks under consideration by the Textbook Adoption Committee must be a legal resident of Louisiana.

James V. Soileau
Executive Director

RULE

Department of Health and Human Resources Office of Family Security

The Department of Health and Human Resources, Office of Family Security, has adopted the following policies in the Aid to Families with Dependent Children (AFDC) Program. These policies are mandated by the Omnibus Budget Reconciliation Act of 1981 (Pub. L. 97-35) and 45 CFR 205, 206, 233, 234.

I. EARNED INCOME DISREGARDS AND FOUR MONTH LIMIT

Each individual in the assistance unit who has earned income is entitled to a standard deduction, to a deduction for child care and to the earned income exemption. The deductions from earned shall be applied in the following order:

- (1) Standard deduction
- (2) Child care deduction
- (3) Earned income exception

No other deductions are allowed.

A. Standard Deduction:

Maximum allowable deduction is \$75. This amount is reduced if employed less than full-time or less than a full month.

B. Child Care:

Maximum deduction allowed is determined by the number of hours the wage earner is actually engaged in employment.

Maximum allowed shall be \$1 per hour employment per child or incapacitated individual up to \$160 per month each.

Verified amount actually paid by the wage earner up to the maximum shall be deducted.

C. Earned Income Exemption:

EIE applied for FOUR consecutive months ONLY.

AFDC recipient shall not be entitled to this deduction again until after the expiration of 12 CONSECUTIVE months during which he was not included in any AFDC certification.

II. RESOURCE LIMIT

\$1,000 per assistance unit.

Exclusions are:

- a) Home
- b) Equity value up to \$1,200 in one power-driven land conveyance.

Equity value is fair market value less encumbrances.

III. LUMP SUM PAYMENT

Lump sum payments received by any members of the income unit shall be considered as income to the AFDC assistance unit unless the income is excluded.

The lump sum payment will be divided by the need standard for the appropriate size income unit.

The assistance unit will be ineligible for the whole number of months that the pro-rated incomes meet their need. Remaining income, after this computation, will be considered as income received in the first month following the period of ineligibility regardless of whether the income is available.

IV. EARNED INCOME CREDIT

EIC shall be considered as income which is potentially available to clients who have earned income; therefore, all clients who have earned income shall be required to file an IRS Form W-5 with an employer to receive advance EIC.

EIC shall be budgeted as earned income.

If the client who has earned income refuses to file an IRS Form W-5 and apply for EIC, the cases shall be rejected or closed because need cannot be established.

V. STEPPARENT LIABILITY

Income of a stepparent residing in home shall be considered in determining eligibility.

VI. STRIKERS

AFDC benefits cannot be paid to families in which the caretaker relative or stepparent is participating in a strike on the last

day of the month and, if any other member of the household is participating in a strike, his or her needs cannot be considered in computing the AFDC benefits.

VII. DEPENDENT CHILD AGE LIMIT

Under 16 year of age.

16-18 years of age either exempt from WIN/Work Registration or registered for employment/participating in the WIN Program.

18-19 years, if a full-time student in a secondary school or in the equivalent level of vocational or technical training, and reasonably expected to complete the program before reaching age 19.

VIII. UNBORN CHILD COVERAGE

Unborn children will no longer be eligible for AFDC.

Pregnant woman who has completed fifth month of pregnancy may be certified if otherwise eligible (unborn is not eligible).

IX. PAYMENTS BELOW \$10

AFDC grant payments in an amount of less than \$10 will be prohibited but the AFDC family will remain eligible for Medicaid.

X. ADJUSTMENTS FOR INCORRECT PAYMENTS

All AFDC losses regardless of reason for overpayment will be subject to collection either by recoupment or recovery.

Recipients who failed to timely report a change in earned income will not be given the benefit of the earned income deductions and exemptions in the computation of overpayments/ineligible payments.

XI. ALIEN ELIGIBILITY FOR AFDC

Legally admitted aliens who apply for benefits for the first time after September 30, 1981, shall have the income and resources of their sponsor and the sponsor's legal spouse (if residing in the home) considered available for their support for a period of three years after their entry into the U.S.

XII. TRAINING ALLOWANCE

The \$28 allowance to meet the cost of training connected expenses shall no longer be allowed for future training in lieu of employment.

XIII. INCOME LIMIT ON 150 PERCENT OF NEED STANDARD

At application, redetermination or any time there is a change in circumstances, the household must meet a pre-test of eligibility based on need. In this pre-test, gross income from employment plus profit from self-employment plus countable unearned income must be less than 150 percent of the appropriate need standard.

XIV. WORK OR WORK REGISTRATION REQUIREMENTS FOR AFDC RECIPIENTS

All AFDC children age 16 to 19 will be required to work or register for work unless attending school full-time. Caretaker relatives and parents will be required to work or register unless personally caring for a child under age 6 with only brief and occasional absences from the child. The caretaker relative under age 21 in a training course which will be completed within two years will be required to register for work and accept employment if available.

XV. RETROSPECTIVE BUDGETING/MONTHLY REPORTING

The amount of assistance for:

- (a) AFDC recipients who have earned income
- (b) AFDC recipients who have stepparent's income
- (c) AFDC recipients who have voluntary contributions
- (d) AFDC recipients who have unemployment compensation

- (e) AFDC recipients whose grant amount is less than \$10
- (f) AFDC recipients who were certified as a result of loss of earned income not due to incapacity

- (g) AFDC recipients previously included in retrospective budgeting and monthly reporting

(h) All other AFDC recipients who will be phased into the monthly reporting and retrospective budgeting requirements mandated by the Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35)

will be used on the actual income or circumstances which existed in the second prior month. These AFDC recipients will be required to submit monthly reports of household circumstances including verification of income to the local Office of Family Security. If the AFDC payee is also head of the household for Food Stamp benefits, the household's food stamp eligibility and benefits will be based on the monthly report of the household's circumstances as based on Section 108B of the Omnibus Budget Reconciliation Act of 1981 and pursuant to the AFDC programs Retrospective Budgeting/Monthly Reporting policies (Retrospective Handbook).

Please note: AFDC categorically eligible Medicaid recipients are subject to termination of Medicaid benefits for failure to submit monthly reports.

The monthly reports shall be submitted to the local Office of Family Security by the tenth day of each month or the next working day if the tenth is a holiday or weekend. Failure to submit a completed report, including verification each month may result in suspension or closure of the case.

This is subject to the Court Order issued in French vs. Fischer, U.S. District Court, Eastern District Louisiana.

George A. Fischer
Secretary

RULE

Department of Health and Human Resources Office of Family Security

The Department of Health and Human Resources, Office of Family Security effective January 20, 1982, has redefined the definition of Physician's services by adding clarifying language, in order to track the language of Federal Regulation (vol. 43, number 190, Federal Register, page 45224, September 29, 1978, as amended by volume 45, number 72, Federal Register, page 24888, April 11, 1980) and to make policy consistent within the program. In the following definition words in italics have been added to the current language: Physician's services whether furnished in the office, the recipient's home, a hospital, a skilled nursing facility, or elsewhere, means services provided — within the scope of practice of medicine or osteopathy as defined by State law; and *by or under the personal direction and supervision of an individual licensed under State law to practice medicine or osteopathy.*

George A. Fischer
Secretary

RULE

Department of Health and Human Resources Office of Family Security

The Department of Health and Human Resources, Office of Family Security has adopted the policies as described below in the Food Stamp Program. These policy changes are mandated by Federal Regulations as published in the Federal Register, Volume 46, No. 172, pages 44712 through 44727, Friday, September 4, 1981, in accordance with the 1981 Omnibus Reconciliation Act.

I. Household Concept

The definition of household has been partially changed. The definition includes a group of individuals who live together and customarily purchase food and prepare meals together for home consumption, except that parents and children who live together shall be treated as a group of individuals who customarily purchase and prepare meals together for home consumption even if they do not do so, unless one of the parents is 60 years of age or older.

In no event shall separate household status be granted to children living with parents unless at least one parent is 60 years of age or older, parents less than 60 years of age living with children, or a boarder. Boarder status, in addition to other restrictions, shall not be granted to children living with parents if both parents are under age 60.

II. Strikers

For food stamp purposes, a striker is defined as anyone involved in a strike or concerted stoppage of work by employees (including a stoppage by reason of the expiration of a collective-bargaining agreement) and any concerted slowdown or other concerted interruption of operations by employees. Any employee engaged in a lockout, however, is not deemed to be a striker.

Households with striking members shall be ineligible to participate in the Food Stamp Program unless the household was eligible prior to the strike. If the household is eligible for food stamps immediately prior to such strike, however, such household shall not receive an increased allotment as the result of a decrease in the income of the striking member or members of the household.

If the household were eligible or participating prior to the strike action, benefits shall be calculated by using the household's income as it stood immediately prior to the strike. That is, the household's regular monthly earned income attributable to the job on which the strike occurred would be deemed to remain the same after the strike as if the household member were still working. If other changes occur, (for example, a change in household size, changes in income from strike benefits or from other, nonstrike-related employment) household benefits shall be adjusted using normal procedures.

Strikers shall be subject to the work registration requirement unless otherwise exempt.

III. Income Eligibility Standards

A. The income eligibility standards for the Food Stamp Program shall be as follows:

(1) Gross Income — (All households except those specified in (2) below.) The income eligibility standards for the contiguous 48 states and the District of Columbia, Guam, Puerto Rico and the Virgin Islands shall be 130 percent of the Office of Management and Budget's (OMB) nonfarm income poverty guidelines for the 48 states and the District of Columbia.

(2) Net Income — For households which contain a member who is 60 years of age or over, or a member who receives Supplemental Security Income (SSI) benefits under Title XVI of the Social Security Act, or disability and blindness payments under Titles I, II, X, XIV, or XVI of the Social Security Act, the net income eligibility standards for the Food Stamp Program shall be as follows: The income eligibility standards for the contiguous 48 states and the District of Columbia, Guam, Puerto Rico and the Virgin Islands shall be the Office of Management and Budget's (OMB) nonfarm income poverty guideline for the 48 states and the District of Columbia.

(3) The income eligibility limits, as described in this paragraph, are revised each July 1, to reflect OMB's annual adjustment to the nonfarm poverty guidelines for the 48 states and the District of Columbia, for Alaska, and for Hawaii.

B. Income eligibility standard for Louisiana is as follows:

Household Size	Gross Monthly Income	Net Monthly Income
1	\$ 467	\$ 360
2	617	475
3	766	590
4	916	705
5	1,065	820
6	1,215	935
7	1,364	1,050
8	1,514	1,165
Each Additional Person	+ 150	+ 155

IV. Earned Income Deduction — The earned income deduction is 18 percent of gross earned income.

V. Initial Month's Benefits — A household's benefit level for the initial month of certification will be based on the day of the month it applies for benefits. Using a 30-day calendar or fiscal month, households shall receive benefits prorated from the day of application to the end of the month. A household applying on the thirty-first of a month will be treated as though they applied on the thirtieth of the month. Initial month means either the first month for which an allotment is issued to a household, or the first month for which an allotment is issued to a household following any period of more than a month during which the household was not certified for participation in the Food Stamp Program. If the prorated allotment results in an amount of \$1, \$3, or \$5, the allotment shall be rounded to \$2, \$4, or \$6 respectively.

VI. Income Eligibility and Benefit Level — For households containing a member age 60 or over or who receives SSI under Title XVI of the Social Security Act or disability and blindness payments under Titles I, II, X, XIV, or XVI of the Social Security Act, income eligibility shall be based on net income.

For all other households, income eligibility shall be based on gross income.

All eligible one and two-person households shall receive a minimum monthly allotment of \$10 except when proration of initial month's benefits occurs. All eligible households whose benefits are prorated to \$1, \$3, or \$5, and eligible households with three or more members which are entitled to \$1, \$3, and \$5, allotments shall receive allotments of \$2, \$4, and \$6, respectively to correspond with current coupon denominations. For those eligible households with three or more members, which are entitled to no benefits, the eligibility worker shall deny the household's participation, on the grounds that its net income exceeds the level below which benefits are issued.

The level of benefits for all eligible households shall be based upon net monthly income.

VII. Expedited Service — Households certified after the fifteenth of the month under the expedited processing standards shall be certified the initial month which prorated benefits and for the subsequent month with full benefits.

VIII. Recertification of Supplemental Security Income Households — Supplemental Security Income households which have received a food stamp notice of expiration shall be entitled to make a timely application for food stamp recertification at the SSA office.

IX. Thrifty Food Plan

A. Effective April 1, 1982, the Thrifty Food Plan amounts shall be adjusted to the nearest dollar increment to reflect changes in the Consumer Price Index for all Urban Consumers (CPI-U) for the cost of food, for the 15 months ending on December 31, 1981.

B. Effective July 1, 1983, the Thrifty Food plan amounts shall be adjusted to the nearest dollar amount to reflect changes in

the CPI-U for the cost of food, for the 15 months ending March 31, 1983.

C. Effective October 1, 1984, the Thrifty Food Plan amounts shall be adjusted to the nearest dollar increment to reflect changes in the CPU-U for the cost of food, for the 15 months ending June 30, 1984.

D. Effective October 1, 1985, and each October 1 thereafter, the Thrifty Food Plan amounts shall be adjusted to the nearest dollar increment to reflect changes in the CPI-U for the cost of food, for the 12 months ending on the preceding June 30.

X. Adjustment of Standard Deduction

A. Effective July 1, 1983, the standard deductions shall be adjusted to reflect changes in the Consumer Price Index for all urban consumers (CPI-U) for items other than food and the homeownership component of shelter costs for the 15 months ending March 31, 1983.

B. Effective October 1, 1984, the standard deductions shall be adjusted to reflect changes in the CPI-U for items other than food and the homeownership component of shelter costs for the 15 months ending June 30, 1984.

C. Effective October 1, 1985, and each October 1 thereafter, the standard deductions shall be adjusted to reflect changes in the CPI-U for items other than food and the homeownership component of shelter costs for the 12 months ending the previous June 30.

D. These adjustments shall be based on the previous unrounded numbers, and the result rounded to the nearest \$5 increment.

XI. Adjustment of Shelter Deduction

A. Effective July 1, 1983, the maximum limit for excess shelter expense deductions shall be adjusted to reflect changes in the shelter (exclusive of homeownership costs), fuel, and utilities components of the CPI-U for the 15 months ending March 31, 1983.

B. Effective October 1, 1984, the maximum limit for excess shelter expense deductions shall be adjusted to reflect changes in the shelter (exclusive of homeownership costs), fuel, and utilities components of the CPI-U for the 15 months ending June 30, 1984.

C. Effective October 1, 1985, and each October 1 thereafter, the maximum limit for excess shelter expense deductions shall be adjusted to reflect changes in the shelter (exclusive of homeownership costs) fuel, and utilities components of the CPI-U for the 12 months ending the preceding June 30.

D. These adjustments shall be based on the previous unrounded numbers, and the result rounded to the nearest \$5 increment.

XII. Outreach — The Outreach Program will be discontinued but program informational material will continue to be available.

XIII. Monthly Reporting and Retrospective Budgeting — in addition to the above criteria, if an Aid to Families with Dependent Children (AFDC) payee is also head of household for food stamp benefits, the household's food stamp eligibility and benefits will be based on the monthly report of the household's circumstances as based on Section 107 and Section 108B of the Omnibus Reconciliation Act of 1981 and pursuant to the AFDC program's Retrospective Budgeting/Monthly Reporting policies (Retrospective Handbook).

In the case of Public Assistance Food Stamp Households (Type 3), this is subject to the Court Order issued in French vs. Fischer U.S. District Court, Eastern District La.

George A. Fischer
Secretary

RULE

Department of Health and Human Resources Office of Family Security

The Department of Health and Human Resources, Office of Family Security, has adopted the following policy related to limitations on Long Term Care facility costs.

Reasonable cost limits are established as follows:

(1) Salaries — Allowable costs for salaries are limited to the maximum amount allowed by State Civil Service for the appropriate job requirements. This limit shall include salary and the value of other fringe benefits which are provided to state employees. Allowable salaries may be less than this limit based on the employee's actual duties. Refer to the Department of Civil Service Wage and Classification Plan.

(2) Dues and Related Travel Expenses — Travel expenses are allowable only as related to the administration of the facility and patient care. Out-of-state travel is allowable only as approved by OFS and only to the extent that costs are of direct benefit to patients or for the prudent operation of the facility. Out-of-town travel within the state is allowable only for the licensing requirements, continuing education, and administrative costs directly related to patient care. Compensation for such travel is limited to that allowable for state employees, both for mileage and per diem expenses. The Division of Administration publishes this criteria, and it is also published in the *Louisiana Register*. Vehicle expenses are allowable only as charged to the license number of vehicles which are established for facility use.

Dues are not an allowable cost.

(3) Insurance — Insurance rates must be reasonable. To assure reasonableness, evidence of competitive pricing must be available. Allowable cost is limited to the lowest of three bids for the coverage obtained. To be allowable, policies must be available for review by auditors and only ordinary and necessary coverage will be included.

(4) Interest — Interest is limited to that which can be specifically related to the purchase of an asset or is necessary for the operation of the facility. Working capital notes must be documented. Cash flow statements are to be supported by accounting records.

Generally, necessary and proper interest on both current and capital indebtedness is an allowable cost.

"Necessary" requires that interest: be incurred on a loan made to satisfy a financial need of the provider related to patient care

AND be reduced by investment income. "Proper" requires that interest: be incurred at a rate not in excess of what a prudent borrower would have to pay

AND be paid to a lender not related through control or ownership or personal relationship, to the provider. Exceptions are allowable only in accordance with HIM-15, Paragraph 218.2.

Mortgage interest is allowable only if it meets the above criteria. If mortgage interest is disallowed, the equity base must be adjusted.

(5) Motor Vehicle — The allowable depreciation and interest expense is limited to the state-wide average list price of a new standard size auto or van expensed over 36 months at the prevailing new auto interest rate charged by lending institutions. Lease costs are limited to charges over 36 months by bank related leasing companies or actual lease costs, whichever is less. The state-wide averages will be revised annually by DHHR - OFS. Taxes, tags, titles and insurance charges for the vehicle may be expensed in the year paid.

All vehicles must be related to patient care. It is recognized that some vehicles may be driven to and from the facility by full-time employees who are subject to call. The following types of vehicles are specifically disallowed: Recreational vehicles, pickup

trucks equipped for camping, motorized homes, airplanes and boats.

(6) Management Fees and Central Office Overhead — Contracts for management services must specify exactly what services are covered by the fee. The cost allocation plan for the management firm must also be available for review and audit by DHHR. The charges by a related management firm are limited to actual cost which shall not exceed what the service would cost from unrelated management companies. Related management companies will be required to file a cost report and be subject to audit by DHHR.

(7) Director's Fees — Director's fees are not an allowable cost.

(8) Owner's Compensation — All types of owner's compensation limits are based on the following criteria:

a. The position filled by the owner is normal to the industry.

b. The salary paid to the owner is in line with employee's salaries for similar positions limited as shown in Item 1.

c. Verification that the owner does perform the service for which he is being compensated. Example: Owner's wife is Director of Nursing. Wife must meet criteria described in a and b above and show evidence of her current licensure. Signed time sheets must support that actual work is performed.

(9) Rent — a. Rental payments between related parties are limited to actual cost and may not exceed (b) below.

b. Rent paid to unrelated parties will be subject to the following:

i. Facility lease shall be limited to an average of leases approved for the prior three years with each lease brought current by the Composite Construction Cost Index prior to being included in the average.

ii. Sub-lease costs will be reimbursed at the original lease cost with an approved certificate of need.

George A. Fischer
Secretary

RULE

Department of Health and Human Resources Office of Family Security

The Department of Health and Human Resources, Office of Family Security, has suspended effective January 20, 1982, the following drug for the Maximum Allowable Cost (MAC) list: Dicloxacillin Sodium, Oral Capsule, 250mg.

This action was required as a result of telegram received from the chairman of The Pharmaceutical Reimbursement Board of Health Care Financing Administration (HCFA). The federal government is removing this drug because "of the potential lack of product availability in the marketplace."

George A. Fischer
Secretary

RULE

Department of Health and Human Resources Office of Family Security

The Department of Health and Human Resources, Office of Family Security, (OFS) has adopted patient liability for the

month of entry to a long term care facility. Income (patient liability as determined by the OFS Parish Office) shall be applied in computing the OFS payment to the long term care facility beginning with the first day the applicant or recipient is determined categorically and medically eligible, or date of admission if later. OFS will pay the long term care facility the per diem rate less the recipient's per diem applicable income for the number of eligible days.

This rule is being adopted to bring policy into compliance with Federal Regulation CFR:42: CFR 435.733.

George A. Fischer
Secretary

RULE

Department of Health and Human Resources Office of Health Services and Environmental Quality

I. Statement of Purpose, Scope, Applicability of Policy

Public Health Service Act, Section 1001, Sub-Part A, Part 59.5a5 Title 42 Code of Federal Regulations requires the collection of fees from either a third party responsible for the medical care of a recipient of services or from the recipient of family planning service.

No charge for services will be made to any person from a low-income family except to the extent that charges can be filed to a third party (including a government agency) which is authorized or is under legal obligation to pay such charge. Charges are to be made to persons whose incomes exceed the levels set forth in Section 59.2(e) of the regulations, and must be in accordance with a schedule submitted and approved as part of the project plan. Such a schedule should be based on ability to pay, which is generally determined by income. On the basis of the sliding scale, persons not covered by a third-party source are classified as "full pay" (pay 100 percent of the charges), "partial pay" (pay 1 to 99 percent of the charges), and "no pay". Charges must be made for services to such persons to the extent that payment will be made by a third party which is authorized or under legal obligation to pay such charges, and efforts must be made to obtain such third-party payments. Charges should be made in a manner that will not constitute a barrier to services. No patient should be denied services because of inability to pay.

In compliance with the regulation the Department of Health and Human Resources, Office of Health Services and Environmental Quality Family Planning Program has adopted uniform policies, rules and fee schedules for persons receiving family planning services in all of its units and service sites providing services under its auspices either directly or by contract. Fees will be based on cost and adjusted according to the ability of the recipient to pay.

II. Fees

A. Fee Policy

All persons seen for family planning services at an Office of Health Services and Environmental Quality health unit or at a site providing family planning services by contract with Office of Health Services and Environmental Quality shall be assessed a fee for each chargeable service. Chargeable services are those defined as chargeable under Medicaid, regardless of the source of payment.

All patients whose gross family income is above 150 percent poverty as determined by the U.S. Community Services Administration as indicated on the fee adjustment schedule shall

pay a fee for each service provided. Fees and adjustments to fees are to be established by the fee clerk at the time patient is registered for service.

Inasmuch as each person not clearly eligible for Medicaid or Title XX supported services must be screened to determine Title XX eligibility, guidelines for the Title XX program will be adhered to for the determination of gross monthly income and family size. Family size, gross income and dependents are defined according to Title XX service definitions.

Patients shall be charged a fee for each service, regardless of which service is provided, in the same manner in which Medicaid is charged. No fee shall be charged for failed or cancelled appointments.

Minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor's own income whether the source is allowance or earnings.

All patients shall be asked to pay their fees at the time of service delivery. However, when patients do not pay at the time of the visit, they shall be billed on a regular basis, preferably monthly, but no less frequently than quarterly.

George A. Fischer
Secretary

RULE

Department of Health and Human Resources Office of Health Services and Environmental Quality

The Department of Health and Human Resources, Office of Health Services and Environmental Quality hereby amends the State Sanitary Code, Chapter VIII (Water Supplies, Cold Storage and Ice Plants), Paragraph 8:1, Definitions. The amendment adds to the existing definition of the federal National Interim Primary Drinking Water (NIPDW) Regulations, the amendment to the federal NIPDW Regulations pertaining to trihalomethanes as published in the Federal Register on November 29, 1979 and March 11, 1980. Paragraph 8:1, Definitions, cites wherein the Federal Register the NIPDW Regulations may be found and is not a substantive definition of the regulations. The NIPDW Regulations are referred to in other provisions of Chapter VIII. The effect of this amendment on other provisions is only in paragraph 8.2.5 and that effect is to adopt the federal trihalomethane drinking water quality standard as a part of the State's standards for community water systems serving 75,000 or more individuals and, after November 29, 1983, for community water systems serving 10,000 to 74,999 individuals.

The existing definition reads - National Interim Primary Drinking Water Regulations: Regulations promulgated by the U.S. Environmental Protection Agency pursuant to applicable provisions of P.L. 93-523, the "Safe Drinking Water Act," and as published in the Federal Register of December 24, 1975, pages 59,566 through 59,574, and July 9, 1976, pages 28,402 through 28,409.

The revised definition reads - National Interim Primary Drinking Water Regulations - Regulations (40CFR141) promulgated by the U.S. Environmental Protection Agency pursuant to applicable provisions of P.L. 93-523, the "Safe Drinking Water Act," and as published in the Federal Register of December 24, 1975, pages 59,566 through 59,574, and July 9, 1976, pages 28,402 through 28,409, November 29, 1979, pages 68,624 through 68,707, and March 11, 1980, pages 15,542 through 15,547.

As a result of the length of Chapter VIII, copies of the Chapter may be secured from the Office of Health Services and Environmental Quality, Policy, Planning and Evaluation, 325 Loyola Avenue - Room 515, Box 60630, New Orleans, LA 70160.

George Fischer
Secretary

RULE

Department of Health and Human Resources Office of Human Development

In compliance with Act Number 429 of the 1981 Louisiana Legislature the Department of Health and Human Resources, Office of Human Development, hereby adopts the following rules relative to the Adoption Program.

(1) Within ninety days after and termination of all parental rights or abandonment, or voluntary surrender to a child-caring agency, any child whose parents rights have been so terminated and who has not been placed either in a private family home for the specific purpose of effecting an adoption or with a relative who expresses an intent to care for the child until majority, shall be registered with the Louisiana Adoption Resource Exchange. Upon request, the Department of Health and Human Resources, Office of Human Development, shall provide the forms necessary to effect said registration to all private child-caring agencies. Private child-caring agencies will be requested to include a recent 3" x 5" black and white photograph of each child registered.

(2) The Department of Health and Human Resources, Office of Human Development, will maintain a list of the children registered with the Louisiana Adoption Resource Exchange. The listing will be updated no less often than quarterly and will be made available to all licensed child placement agencies in Louisiana. The listing will include a photograph of each child, but will not include the surname of the child or otherwise reveal the identities of the blood parents of the child.

(3) As an effort to effect permanent placements by matching potential adoptive parents with available children, the Department of Health and Human Resources, Office of Human Development, may under established guidelines, utilize media presentations for those children determined to be difficult to place. Subject to confidentiality requirements, and the guidelines listed below, such presentations may include newspaper, radio and television features depicting particular children, describing the adoption process, and explaining how persons interested in adoption may obtain information.

GUIDELINES FOR MEDIA RECRUITMENT

a. The Department of Health and Human Resources, Office of Human Development, may utilize media presentations involving children who are available for adoption to recruit homes for specific children and to recruit homes for general categories of children who are difficult to place. The children involved are those whose parents are dead, who were abandoned by their parents or in cases where parental rights have been terminated according to state laws. All children will be available for adoption or for a subsidized adoption program. The types of children considered by the agency as "hard to place" in adoptive homes include:

- (1) sibling groups
 - (2) black males (not infants)
 - (3) adolescents (over age 10) of any race or sex
 - (4) children with handicapping (mental or physical) conditions.
- Most of these children have unique situations or have other extraordinary circumstances which led to their placement in this category.

b. Media recruitment can be used only after a child has been registered with the Louisiana Adoption Resource Exchange (LARE) and every possible effort has been made to find a permanent home for him regionally and statewide, through public and private agencies.

c. The child will be helped to understand to the best of his ability that he is available for adoption and that media recruitment may help in finding an adoptive home for him and other children in similar circumstances. No child will be forced to participate in media recruitment.

d. Media recruitment shall be subject to Louisiana Confidentiality Statutes (R.S. 46:65) as interpreted by the Department of Health and Human Resources, Office of General Counsel. No identifying information concerning the child or his biological parents can be revealed. The social circumstances of the child and his birth parents must be considered in determining appropriate media resources for the child. Media recruitment may not be used within a Region where a child's background and circumstances are generally known to the public and could result in embarrassment and humiliation to the child or his biological parents.

e. The child be videotaped or photographed in comfortable surroundings while engaged in casual conversation and/or an activity which interests him and reflects his usual level of functioning and ability to interact with other people. The accompanying narrative would give descriptive information about the child's hobbies, interests and abilities and his expressed desires for an adoptive home.

f. Regional Homefinders and Adoption Specialists shall be designated to coordinate media recruitment for their Region with the Consultation of the Office of Human Development State Office and the Department of Health and Human Resources, Public Information Office.

g. Only free media resources will be used for publicizing recruitment efforts, such as public service announcements, special programming and news programs. The production of these presentations will be accomplished either by Department of Health and Human Resources or by the media resource and supervised by Department of Health and Human Resources.

George A. Fischer
Secretary

RULE

Department of Health and Human Resources Office of Human Development

The Department of Health and Human Resources, Office of Human Development, has adopted a manual of rules, policies and procedures for the administration of the Division of Blind Services mandated by Act 692 of 1979.

The Department of the State Register has determined that the manual would be unduly cumbersome to publish, and has therefore omitted its publication in accordance with R.S. 49:954.1C. Copies of the manual may be reviewed between the hours of 8 a.m. to 5 p.m., Monday through Friday, at the state office and all area offices of the Division of Blind Services.

George A. Fischer
Secretary

RULE

Department of Health and Human Resources Office of Human Development

The Department of Health and Human Resources has adopted an Operations Manual for the administration of the Rehabilitation Program.

The following policy changes will be implemented to accord compliance with Section 222(D) and 1615(D) of the Social Security Act:

1. Section 304

Occupational tools will be limited to \$150

2. Section 306.3

Maximum transportation - \$77 per month

3. Section 404.1

Eligibility criteria will now include an order or selection for services by priority groups as follows:

a. Severely disabled - severely handicapped individuals.

b. Individuals referred under Third Party Agreements (signed agreements between Division of Rehabilitation Services and other agencies/organizations).

c. Public safety officers who become disabled in the line of duty (police officers, probation/parole agents, etc.)

d. Individuals with dependents other than themselves.

e. Individuals with dependents other than themselves.

f. Non-severely disabled, but employed or unemployed individuals.

g. All other individuals not fitting categories "a" through "f".

4. Section 405.7

Economic need criteria is now applicable to recipients of Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

5. Section 405.7

Full maintenance, maximum allowance - \$110 (also applicable to New Orleans area).

6. Section 405.7

If maximum maintenance of \$110 is given, no transportation cost will be allowed.

7. Section 405.7

Definite interpretation of length of college training. All college credits obtained before entering program will count towards maximum allowed.

8. Section 407

Is deleted. (Vocational Rehabilitation Trust Fund for services to SSI and SSDI recipients was abolished by federal legislation.)

9. Section 512

Out-of-state training will be limited to those training institutions listed in this section

George A. Fischer
Secretary

RULES

Department of Health and Human Resources Office of the Secretary

The Louisiana Department of Health and Human Resources (DHHR) hereby adopts rules implementing Block Grant Federal funding in accordance with Public Law 97-35, the Omnibus Budget Reconciliation Act of 1981. Effective October 1, 1981, this Public Law consolidated many categorically funded health

and social services programs administered by DHHR into five Block Grants for federal funding purposes. DHHR will administer these programs under Block Grant federal funding in accordance with guidelines set forth in Public Law 97-35 and within the federal allocation for the State of Louisiana.

The five Block Grants administered by DHHR and the administering Offices are as follows:

1. Alcohol and Drug Abuse and Mental Health Service - Office of Mental Health and Substance Abuse.

2. Maternal and Child Health Service - Office of Health Services and Environmental Quality

3. Preventive Health and Health Services - Office of Health Services and Environmental Quality

4. Low-Income Energy Assistance - Office of Family Security

5. Title XX Social Services - Office of Human Development

Alcohol and Drug Abuse
and Mental Health Services

Office of Mental Health
and Substance Abuse (OMHSA)

The programs included in this Block Grant were formerly authorized under the Community Mental Health Centers Act, the Mental Health Systems Act, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act, and the Drug Abuse Prevention and Treatment Act.

Maternal and Child
Health Services

Office of Health Services and
Environmental Quality (OHSEQ)

The Maternal and Child Health Block Grant includes Maternity Services, Child Health Services, Eye Anomalies Program Services, Communicative Disorders Services, Handicapped Children's Services, Supplemental Security Income - Disabled Children's Program and the following special projects: Adolescent Parenthood Project, Dental Care Project, Lead Based Paint Poisoning Prevention, Neonatal Intensive Care Project and the Family Planning Discrete Project.

Preventive Health and Health Services
Office of Health Services and
Environmental Quality (OHSEQ)

Programs included in this Block Grant are Fluoridation, Rodent Control, Health Education/Risk Reduction, Emergency Medical Services, Hypertension, Retail Food Sanitation, Food and Drug Control, Venereal Disease Control, Epidemiology, Tuberculosis Control, Influenza, and services to rape victims and for rape prevention.

Title XX Social Services

Office of Human Development (OHD)

The State's share of allotted funds under this Block Grant will be used in accordance with the Comprehensive Annual Services Program (CASP) Plan for 1981-82 and to support the activities formerly funded by a separate Title XX Training allotment to the State.

The types of social service activities to be supported by Title XX funds and the categories of individuals to be served remain unchanged. The types of training activities to be supported now under the Block Grant will include (a) in-service training in program administration and service delivery for agency and contracted provider staff and (b) professional education in graduate schools of social welfare for agency employees and individuals preparing for agency employment.

George A. Fischer
Secretary

RULE

Department of Natural Resources Office of Conservation

Pursuant to authority delegated under the laws of the State of Louisiana, and particularly Chapter 7 of Title 30 of the Revised Statutes of 1950, entitled the Natural Resources and Energy Act of 1973, after due notice having been given and all legal delays observed, and after public hearing held under Docket Number PL 81-290 in Baton Rouge, Louisiana, on the seventeenth day of December, 1981, the following regulation is amended, reenacted and adopted by the Commissioner of Conservation as being reasonably necessary to govern and control matters involving the provisions of the Natural Resources and Energy Act of 1973.

Regulation No. 1 - Definitions - The words and terms defined herein shall have the following meanings when used in these Regulations. All other words and terms so used and not herein defined shall have their usual meanings unless specially defined in Chapter 7 of Title 30 of the Louisiana Revised Statutes of 1950.

Act or Chapter: shall mean the Natural Resources and Energy Act of 1973, being Act 16 of the Extraordinary Session of 1973, now Chapter 7 of Title 30 of the Louisiana Revised Statutes of 1950, as amended after 1950.

Commissioner: shall mean the Commissioner of Conservation of the State of Louisiana who shall be the Commissioner of Conservation within the Department of Natural Resources.

Excess Capacity of Intrastate Gas Pipelines: shall mean that part of the capability of a pipeline system to transport intrastate natural gas from point to point along its line in excess of the immediate needs of the pipeline company or its subsidiaries or its parent or the subsidiary companies of its parents. In determining excess capacity, the Commissioner may disregard existing contracts for the transportation or sale of intrastate natural gas to the extent they are not then being performed or fulfilled. Excess capacity of intrastate pipelines may also be created as a result of intrastate natural gas delivery curtailment orders of the Commissioner in the implementation of the allocation, rationing and conservation measures governing the enduse of intrastate natural gas provided for in the Act.

Facility: shall mean any component of a pipeline or pipeline system except:

(1) **Auxiliary Installations.** Installations which are merely auxiliary or appurtenant to an existing transmission pipeline system and which are installed only for the purpose of obtaining more efficient or more economical operation of authorized transmission facilities, such as: gas cleaning and treating equipment; heaters; cooling and dehydration equipment; residual refining equipment; water pumping treating and cooling production compressors; measurement equipment; pressure or flow regulation or control equipment; electrical and communication equipment and buildings.

(2) **Replacement of Facilities.** Facilities which constitute the replacement of existing facilities which have or will soon become physically deteriorated or obsolete to the extent that replacement is deemed advisable: Provided, that such replacement will not result in a reduction or abandonment of service rendered by means of such facilities: Provided further, that such replacement shall have substantially equivalent designed delivery capacity as the particular facilities being replaced.

(3) **New Delivery Points.** Metering and regulating installations and branch lines necessary to the establishment of new delivery points required for the delivery of gas, coal or lignite to an existing customer.

(4) **Taps.** Taps on existing transporter pipelines which are installed solely for the purpose of enabling a purchaser or transporter to take delivery of gas, coal, or lignite from a producer.

Gas: shall mean any gas derived from or composed of hydrocarbons, including synthetic gas which is produced from coal, lignite, or petroleum coke and the heat content of which synthetic gas does not exceed 800 BTUs per standard cubic foot.

Interested Parties: shall mean those persons who have a direct interest in the subject matter for which an application is filed as such persons are specified in these regulations.

Intrastate Coal Slurry Pipeline: shall mean a pipeline located and operated in the State of Louisiana for the transportation of coal or lignite from within or outside state limits or any mixture of substances which includes coal or lignite, in any form, but does not include producer owned producing and gathering lines and facilities located within the mine limits associated and used in connection therewith, provided such lines and facilities are not used for hire in the transportation of coal or lignite for others.

Intrastate Coal Slurry Transporter: shall mean any person owning or operating an intrastate coal slurry pipeline.

Intrastate Natural Gas: shall mean that gas produced, transported, and utilized wholly within the State of Louisiana, through the use of intrastate pipelines where such use of interstate pipelines is or may hereafter be exempt from the control of the Federal Energy Regulatory Commission under the Natural Gas Act or rules and regulations promulgated by the Federal Energy Regulatory Commission thereunder, and gas, wherever produced, which is or may be transported into this state and delivered to an intrastate pipeline in this state to be used or consumed wholly within this state.

Intrastate Natural Gas Pipeline: shall mean a pipeline which is located and operated wholly within the State of Louisiana, which does not extend beyond the boundaries of the State of Louisiana, and which is not merely a local branch of an interstate pipeline system but does not include producer owned producing and gathering lines and facilities associated and used in connection therewith, provided such lines and facilities are not used for hire in the transportation of natural gas for others, except as provided in R.S. 30:607.

Intrastate Natural Gas Transporter: shall mean any person owning or operating an intrastate natural gas pipeline.

Natural Gas Company: shall mean a person engaged in the sale of intrastate natural gas beyond the wellhead.

Person: shall mean any natural person, corporation, political subdivision, association, partnership, receiver, tutor, curator, executor, administrator, fiduciary, or representative of any kind.

Rules of Procedure: shall be the rules of procedure promulgated by the Commissioner and which are stated to be applicable to the Act.

Sale of Intrastate Natural Gas at the Wellhead: shall mean the first transfer for value by the producer of such gas whether at the wellhead, a central gathering facility, or at the tailgate of a gas processing plant.

R. T. Sutton
Commissioner

RULE

Department of Public Safety Office of State Fire Marshal

As Fire Marshal for the State of Louisiana I hereby adopt the following administrative ruling with regard to emergency generators for health care facilities:

L.A.C. 17-4:18 Emergency Generators
for Health Care Facilities

1. In addition to the requirements of the Life Safety Code

as set forth in previous regulations, all health care facilities shall comply with the following:

Sub-paragraph A. An approved motor driven generator shall be provided to supply electric current to the emergency system. This generator shall be of sufficient power and kilowattage to insure the illumination of emergency lighting and other facilities.

Sub-paragraph B. If the source of fuel for the motor generator is gasoline, diesel, kerosene or other fuels that are supplied independent of the public utilities, a secondary source of fuel will not be necessary.

Sub-paragraph C. If the fuel be natural, gas or other fuel supplied by the public utilities, piped to the power unit, then a secondary source of fuel shall be provided such as gasoline, kerosene, etc.

Sub-paragraph D. A sufficient amount of secondary fuel shall be maintained to insure the operation of the power plant for at least two days or 48 hours.

2. If the emergency generating system requires a secondary source of fuel, storage of that secondary source of fuel shall meet the following requirements:

A. If the power plant requires more than 15 gallons of secondary fuel for its operation, then the tanks shall be an approved type and shall be properly vented, buried, and protected from corrosion in accordance with the flammable and combustible liquid code, National Fire Protection Association Pamphlet 30, 1981 edition.

B. It shall be located as remote as possible from the building it is to serve or other improvements thereby.

C. If less than a 15 gallon supply is required for a two day operation of the plant, then this may be held in a tank attached to the unit.

D. The generator shall not be located in the confines of the health care facility unless it is separated by fire resistant partitions; and it shall not be located in the boiler room unless the boiler room is separated from the health care facility by two hour fire resistant construction.

Carrol L. Herring
State Fire Marshal

RULE

Department of Public Safety Office of State Fire Marshal

The Fire Marshal for the State of Louisiana does hereby adopt the following administrative ruling with regard to mobile homes.

L.A.C. 17-4:7. Standards for Mobile Homes

L.A.C. 17-4:7.4. Definitions

In the regulations which follow, unless contract otherwise requires:

(a) "Act" means the National Manufactured Home Construction and Safety Standards Act of 1974, Title VI of the Housing and Community Development Act of 1974 (42 USC 5401 et seq.).

(b) "Add-on" means any structure (except a structure designed or produced as an integral part of a manufactured home) which when attached to the basic home unit, increases the area, either living or storage, of the manufactured home.

(c) "Alteration" means the replacement, addition, and modification, or removal of any equipment or installation after sale by a manufacturer to a dealer or distributor but prior to sale by a dealer to a purchaser which may affect the construction, fire safety, occupancy, plumbing, heat producing, or electrical system. It includes any modification made in the home which may affect the compliance of the home with the standards, but it does not include

the repair or replacement of a component or appliance requiring connection to an electrical receptacle, where the replaced item is of the same configuration and rating as the one being replaced. It also does not include an addition of an appliance requiring "plug-in" to an electrical receptacle, which appliance was not provided with the home by the manufacturer, if the rating of the appliance does not exceed the rating of the receptacle to which it is connected.

(d) "Certification Label" see "label".

(e) "Certification Report" means the report prepared by an IPIA (see definition (y) (2)) for each manufactured home manufacturing plant under 24 C.F.R. Section 3282-362 (b) (2) in which the IPIA provides a complete description of the initial comprehensive inspection of the plant, an evaluation of the quality assurance program, under the approved quality assurance manual, and the identity of the DAPIA (See definition (y) (1)) which approved the designs and quality assurance manual used in the plant. Where appropriate under 24 C.F.R. Section 3282-362 (b) (5), the certification report may be made by a DAPIA.

(f) "Component" means any part, material or appliance which is built in as an integral part of the manufactured home during the manufacturing process.

(g) "Cost Information" means information submitted by a manufacturer under Section 607 of the Act with respect to alleged cost increases resulting from action by the Secretary, in such form as to permit the public and the Secretary to make an informed judgment on the validity of the manufacturer's statements. Such terms includes both the manufacturer's cost and the cost to retail purchasers.

(h) "Date of Manufacture" means the date on which the label required by 24 C.F.R. Section 3282-205 (c) is affixed to the home.

(i) "Dealer" means any person engaged in the sale, leasing, or distribution of new manufactured homes primarily to persons who in good faith purchase or lease home for purposes other than resale.

(j) "Defect" means a failure to comply with an applicable Federal manufactured housing safety and construction standard that renders the home or any part or component thereof not fit for the ordinary use for which it was intended, but does not result in an unreasonable risk of injury or death to occupants of the affected manufactured home. See related definitions of "imminent safety hazard" (definition p), "noncompliance," (definition w), and "serious defect" (definition ee).

(k) "Design" means drawings, specifications, sketches and the related engineering calculations, test and data in support of the configurations, structures and systems to be incorporated in homes manufactured in a plant.

(l) "Director" means the Director of the United States Office of Manufactured Housing and Construction Standards.

(m) "Distributor" means any person engaged in the sale and distribution of manufactured housing for resale.

(n) "Failure to Conform" means an imminent safety hazard related to the standards, a serious defect, or noncompliance and is used as a substitute for all of those terms.

(o) "HUD" means the United States Department of Housing and Urban Development.

(p) "Imminent Safety Hazard" means a hazard that presents an imminent and unreasonable risk of death or severe personal injury that may or may not be related to failure to comply with an applicable Federal manufactured housing construction or safety standard. See related definitions of "defect" (definition j), "noncompliance," (definition w) and "serious defect" (definition ee).

(q) "Joint Monitoring Team" means a monitoring inspection team composed of personnel provided by the various State Administrative Agencies, or its contract agent, operating under a

contract with HUD for the purpose of monitoring, or otherwise aiding in the enforcement of the Federal standards.

(r) "Label" or "certification label" means the approved form of certification by the manufacturer that, under 24 C.F.R., Section 3282-362 (c) (2) (i), is permanently affixed to each transportable section of each home manufactured for sale to a purchaser in the United States.

(s) "Manufacturer" means any person engaged in manufacturing or assembling manufactured housing, including any person engaged in importing homes for resale.

(t) "Manufactured housing" means a structure, transportable in one or more sections, which in the traveling mode, is 8 body feet or more in width, or 40 body feet or more in length, or, when erected on site, 320 or more square feet, and which is built on a permanent chassis and designed to be used as a dwelling, with or without a permanent foundation when connected to the required utilities, including the plumbing, heating, air-conditioning and electrical systems contained therein; except that the term shall include any structure which meets all the requirements of this Subsection except the size requirements and with respect to which the manufacturer voluntarily files a certification required by the Secretary of the United States Department of Housing and Urban Development and complies with the standard established under the National Manufactured Housing Construction and Safety Standards Act of 1974, 42 United States code 5401, *et seq.*

(u) "Manufactured Housing Construction" means all activities relating to the assembly and manufacture of a manufactured home including but not limited to those relating to durability, quality, and safety.

(v) "Manufactured Housing Safety" means the performance of a manufactured home in such a manner that the public is protected against unreasonable risk of the occurrence of accidents due to the design or construction of such home, or any unreasonable risk of death or injury to the user or to the public if such accidents do occur.

(w) "Noncompliance" means a failure of a home to comply with a Federal manufactured housing construction or safety standard that does not constitute a defect, serious defect, or imminent safety hazard. See related definition of "Defect" (definition j), "imminent safety hazard" (definition p), and "serious defect" (definition ee).

(x) "Owner" means any person purchasing a home from any other person after the first purchase of the home, in good faith, for purposes other than resale.

(y) "Primary Inspection Agency" (PIA) means a State or private organization that has been accepted by the Secretary in accordance with the requirements of Subpart H of the Manufactured Homes and Procedural Regulation. There are two types of PLIA:

(1) Design Approval PIA (DAPIA), which evaluates and approves or disapproves manufactured home designs and quality control procedures and

(2) Production Inspection PIA (IPIA), which evaluates the ability of manufactured home manufacturing plants to follow approved quality control procedures and provides ongoing surveillance of the manufacturing process. Organizations may act as one or both of these types.

(z) "Purchaser" means the first person purchasing a manufactured home in good faith for purposes other than resale.

(aa) "Quality Assurance Manual" means a manual, prepared by each manufacturer for its manufacturing plants and approved by a DAPIA which contains: a statement of the manufacturer's quality assurance program, a chart of the organization showing, by position, all personnel accountable for quality assurance, a list of tests and test equipment required, a station-by-station description of the manufacturing process, a list of inspec-

tions required at each station, and a list by title of personnel in the manufacturer's organization to be held responsible for each inspection. Where necessary, the quality assurance manual used in a particular plant shall contain information specific to that plant.

(bb) "To Red Tag" means to affix a notice to a home which has been found to contain an imminent safety hazard or a failure to conform with any applicable standard. A "red tag," is the notice so affixed to the manufactured home.

(cc) "Secretary" means the Secretary of the United States Department of Housing and Urban Development.

(dd) "Secretary's Agent" means a party operating as an independent contractor under a contract with HUD.

(ee) "Serious Defect" means any failure to comply with an applicable Federal manufactured housing construction and safety standard that renders the home or any part thereof not fit for the ordinary use for which it was intended and which results in an unreasonable risk of injury or death to occupants of the affected home.

(ff) "Standards" means the Federal manufactured housing construction and safety standards promulgated under Section 604 of the Act, 42 U.S.C. 5403, as part 280 of these regulations.

(gg) "State" includes each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Virgin Islands, the Canal Zone, and American Samoa.

(hh) "State Administrative Agency" (SAA) means an agency of a State which has been approved or conditionally approved to carry out the State plan for enforcement of the standards pursuant to Section 623 of the Act, 42 U.S.C. 5422, and Subpart G. of the Federal Manufactured Homes Procedural and Enforcement Regulations.

(ii) "State Plan Application" means the application of a State organization which is submitted to the Secretary for approval as a State Administrative Agency under Subpart G of the Federal Manufactured Homes Procedural and Enforcement Regulation.

(jj) "System" means a set or arrangement of materials or components related or connected as to form an operating entity, i.e., heating, ventilating and air-conditioning systems, and evaporative coolers.

(kk) "Title I" means Title I of the National Housing Act, 12 U.S.C. 1701, which authorizes HUD to insure loans made for the purchase of manufactured homes that are certified as meeting HUD requirements for dwelling quality and safety.

(ll) "United States District Courts" means the Federal District Courts of the United States and the United States Courts of the commonwealth of Puerto Rico, Guam, the Virgin Islands, the Canal Zone, and American Samoa.

L.A.C. 17-4:7.5. Inspections

The Uniform Standards Code for Mobile Homes, La. R.S. 51:911.32 allows employees and personnel under contract to the State Fire Marshal to enter, at a reasonable time, any factory, warehouse or establishment, in which manufactured houses are manufactured, stored or held for sale, for the purpose of ascertaining whether the requirements or the Federal manufactured housing construction and safety standards have been and are being met.

L.A.C. 17-4:7.6. Handling of Consumer Complaints

All complaints concerning units constructed in compliance with the National Manufactured Housing Construction and Safety Standards Act of 1974 shall be handled in compliance with Subpart I of the regulation established pursuant to the Act.

a. Upon receipt of a consumer complaint or other information indicating the possible existence of a failure to conform or imminent safety hazard, the State Fire Marshal will review the complaint or information to determine where the home was manufactured and if a problem exists. All complaints shall be referred to the manufacturer or dealer if a problem is indicated. When there is

information to indicate that homes with the same failure to conform, or imminent safety hazard, may have been manufactured in more than one state, the complaint will simultaneously be forwarded to HUD and the home manufacturer.

b. Where the complaint is forwarded to the manufacturer, the manufacturer will be requested, in writing, to investigate the complaint within 20 days of receipt of the complaint and make a report to the State Fire Marshal. In the event that it appears from the complaint that an imminent safety hazard exists, the State Fire Marshal will simultaneously contact the manufacturer by telephone and make its own investigation in addition to forwarding the complaint in writing, in an effort to expedite investigation and any necessary correction by the manufacturer.

c. Where the manufacturer has determined and reports that no imminent safety hazard, serious defect, defect, or noncompliance exists and the State Fire Marshal is able to concur from all available information, we will consider the complaint closed and so inform the manufacturer and complainants; however, if the State Fire Marshal is unable to concur with the manufacturer's report it will make an investigation and within 10 days of receipt of the manufacturer's report shall inform the manufacturer of the results of the investigation. If it is found that the manufacturer's report was correct the State Fire Marshal will consider the matter closed.

d. Where, upon investigation, the SFM determines, however, that an imminent safety hazard, serious defect, defect or noncompliance may exist, it will notify the manufacturer and request the manufacturer to take necessary action. Where the manufacturer does not take action after notification by the State Fire Marshal and it appears that an imminent safety hazard or serious defect may exist, the State Fire Marshal will inform the manufacturer of its opinion and simultaneously forward to HUD documentation of the factual basis upon which such opinion was made, for administrative determination by HUD, pursuant to 24 C.F.R. Section 3282.407 (a). Where the manufacturer does not take action after notification by the State Fire Marshal and it appears that a defect or noncompliance may exist, the Board will so notify the manufacturer. The notice shall be sent to the manufacturer by certified mail and will include:

1. The preliminary determination by the State Fire Marshal.
2. The factual basis for the determination.
3. The date on which the determination was made.
4. The identifying criteria of the manufactured homes known to be affected.

5. Notice to the manufacturer that a hearing or presentation of views may be requested pursuant to 24 C.F.R. Part 3282, Subpart D, to establish that there is no such defect or noncompliance.

6. Notice to the manufacturer that the preliminary determination of defect or noncompliance shall become final unless the manufacturer responds within 15 days after receipt of such notice and requests a hearing or presentation of views to rebut the State Fire Marshal's determination.

7. Notice to the manufacturer that any information upon which the determination has been based, such as test results, records of inspection, etc., shall be available for inspection by the manufacturer.

e. Where the manufacturer requests a hearing or presentation of views, one shall be promptly provided in accordance with the procedures outlined in the *Administrative Procedures Act*. La. R.S. 49:951 et seq.

f. Where the manufacturer fails to respond to the notice of preliminary determination or if the State Fire Marshal's Board of Review decides that the views and evidence presented by the manufacturer is insufficient to rebut the preliminary determination, the SFM may make a final determination that a defect or noncompliance exists and will notify the manufacturer to make a notification and submit a plan in accordance with 24 C.F.R. Section

3282.409. Within 10 days after receipt of the notice of final determination, the manufacturer may appeal to the Secretary of the United States Department of Housing and Urban Development.

g. The manufacturer's plan for notification and correction, including contents of notice, time for implementation and completion of actions and reports, shall be made in accordance with the provisions of 24 C.F.R. Section 3282.409 through 3282.413. When the manufactured home is in the hands of a distributor or dealer, it shall be handled in accordance with 24 C.F.R. Section 3282.414.

h. The State Fire Marshal shall be responsible through oversight and remedial actions that the provisions of 24 C.F.R. Part 3282, Subpart I, are carried out and may make inspections of any manufacturer corrections to assure compliance with 24 C.F.R. Part 3282, Subpart I.

L.A.C. 17-4:7.7. Notification and Corrections Procedure

A. Manufacturer's Determination

When a consumer complaint is referred to the manufacturer and the manufacturer determines that an imminent safety hazard, serious defect, defect or noncompliance may exist and the manufacturer does not correct the imminent safety hazard or failure to conform within 30 days of the date on which the manufacturer determined the existence of an imminent safety hazard or failure to conform, the manufacturer shall prepare and submit a plan as provided for in 24 C.F.R. Section 3282.409, to the State Fire Marshal.

B. Notification

The plan, including a copy of the Notice as required by 24 C.F.R. Section 3284.410, shall be submitted to the State Fire Marshal by the manufacturer and shall provide for notification by mail, to the first purchaser (not including any dealer or distributor of the affected manufacturer) of each manufactured home containing an imminent safety hazard, serious defect, defect or noncompliance and any subsequent purchaser to whom any warranty provided by the manufacturer or required by Federal or State Law has been transferred, to the extent feasible; by mail to any other person who is a registered owner of each manufactured home containing an imminent safety hazard, serious defect, defect or noncompliance and whose name has been returned to the manufacturer under the procedure of Record of Purchasers as provided for under 24 C.F.R. Section 3282.410.

By mail or other expeditious means to the dealers or distributors to whom such manufactured home was delivered. In the event the manufactured home has an imminent safety hazard or serious defect the notification shall be forwarded by certified mail, if mailed.

C. Review

The State Fire Marshal will review the plan submitted by the manufacturer, including the contents of the notice, and either approve the plan as submitted or make modifications to the plan for compliance with the requirements of 24 C.F.R. Section 3282.409 and notify the manufacturer of the approval or modification. The manufacturer may contest the modification within five days of the approval of the plan or modification.

If the State Fire Marshal does not accept the manufacturer's position as to the modification it shall act as follows:

(1) If the manufacturer contends that the manufactured home contains a defect rather than an imminent safety hazard or serious defect as the State Fire Marshal contends, the State Fire Marshal shall refer the matter to the Secretary for determination under 24 C.F.R. 3282.407 (a).

The formal notification requirements which would result from any determination by the manufacturer under 24 C.F.R. Section 3282.404 may be waived by the SFM that would otherwise approve the plan upon receipt of satisfactory assurances from the manufacturer that:

RULE

Department of Transportation and Development Office of the General Counsel

Qualified Products Lists

Qualified products listings and the evaluation of materials for these lists are administered by the Traffic Services Section and the Materials Section within the Department of Transportation and Development.

Qualified products listings are basically developed for those materials and items requiring source approval, performance evaluation, in-service evaluation, long term testing, or other conditions not conducive to normal sampling and testing of materials received at the point of delivery. Prospective sources of supply should be aware that those samples required for evaluation must be furnished at no cost to the Department, and that results of tests and evaluations may be published and made available for public distribution by the Department. Testing and evaluation time varies depending upon the specific item; some items require considerable time for testing and evaluation. The qualified products listings are in two general areas, i.e. Traffic Control Devices and Construction Materials. Examples of such lists are, as follows:

(A) Traffic Control Devices:

- Traffic Signal Controllers
- Flashing Switches for Beacons
- Signal and Pedestrian Heads
- Signal lenses
- Disconnect Hangers and Leads
- Coordination Units
- Pre-emption Units
- Loop Amplifiers
- Flashers for Controllers
- Conflict Monitors
- Load Cells
- Controller Cabinets
- Pull Boxes
- Pedestal Bases

(B) Construction Materials:

- Admixtures for Portland Cement Concrete
- Elastomeric Bridge Bearing Pads
- Polyurethane Polymer Joint Sealers
- Portland Cements and Portland Pozzolan Cements
- Raised Pavement Markers
- Paint - Inorganic Zinc Primers and Topcoats
- Reflective Sheetings
- Cantilever Type Load Transmission Devices
- Plastic Filter Cloth
- Anti-Stripping Additives
- Metallic Detection Tapes and Wires
- Cold Galvanizing Repair Compounds
- Asphalt Mix Release Agents
- Paint, Activated Epoxy Primers and Topcoats
- Form Release Agents
- Paints, High Build Water Borne Traffic
- PVC Extended Coal Tar Joint Sealers
- Elastomeric Railroad Grade Crossings
- Three Coat Organic Zinc Paint Systems
- Aggregates
- Flexible Plastic Gaskets and Sealants for Culvert Pipe
- Performed Elastomeric Compression Joint Sealers
- Lubricant Adhesives
- Mineral Fillers for Asphaltic concrete
- Paint - Organic Zinc Primers and Topcoats
- Special Surface Finishes for Concrete
- Barricade Warning Lights
- Preformed Closed Cell Polyethylene Joint Fillers

(1) The manufacturer has identified all possibly affected manufactured homes which have been sold to purchasers, dealers and distributors;

(2) The manufacturer has corrected, at the manufacturer's expense, all affected manufactured homes; and

(3) The repairs, in the SFM's judgment, are adequate to remove the imminent safety hazard or failure to conform.

L.A.C. 17-4:7.8. Oversight

Oversight by the State Fire Marshal pursuant to 24 C.F.R. Section 3282.405 and 3282.407, the State Fire Marshal will:

(a) Review plans submitted by manufacturers.

(b) Modify plans submitted by manufacturers where necessary for compliance with 24 C.F.R. Section 3282.409.

(c) Notify the manufacturer of any modifications or necessary corrections.

(d) Approve plans submitted by manufacturers that comply with the requirements of 24 C.F.R. Section 3282.409.

(e) Refer to the Secretary of HUD any matter where:

1. The manufacturer contends that the manufactured home contains a defect rather than an imminent safety hazard or serious defect as determined by the State Fire Marshal.

2. The manufacturer contends the number of manufactured homes affected is different from that determined by the State Fire Marshal.

3. The manufacturer contends the contents of the notice or the correction are different from what the State Fire Marshal has determined.

4. The manufacturer and the State Fire Marshal agree that an imminent safety hazard or serious defect exists.

(f) Determine from records or otherwise that the time elements for implementation of the manufacturer's plan, as outlined in 24 C.F.R. Section 3282.412, are carried out.

(g) Determine from records or otherwise that required correction of defects have been made by the manufacturer.

(h) Determine from records or otherwise that the manufacturer has complied with the requirements outlined in 24 C.F.R. Section 3282.404 (e) where the State Fire Marshal has waived the formal notification requirements that would result from any determination by a manufacturer to provide notification as outlined in 24 C.F.R. Section 3282.404.

(i) Review reports submitted to it by manufacturers, DAPIA and IPIA to determine that the requirements outlined in 24 C.F.R. Part 3282, Subpart I are being complied with.

(j) Review manufacturer records for incorrect determinations, inadequate repairs or failure to make required repairs.

L.A.C. 17-4:7.9. Amendments

In amending these regulations, the State Fire Marshal shall follow the procedure specified in La. R.S. 49:951 et seq. Administrative Procedures Act and any amendments thereto.

L.A.C. 17-4:7.10. Appeals

Notwithstanding the provisions of 24 C.F.R. Section 3282-152 (f) (2) and (g) (2) relating to the conclusive effect of a final determination, any party, in a proceeding held at a SAA under this section, including specifically the owners of affected manufactured homes, States in which affected homes are located, consumer groups representing affected owners and manufacturers (but limited to parties with similar substantial interest) may appeal to the Secretary in writing any final determination by an SAA which is adverse to the interest of that party. This appeal on the record shall be made within 30 days of the date on which the final determination was made by the SAA.

L.A.C. 17-4:7.11 Label Fees

Nineteen dollars for each label(s) for each manufactured home manufactured on or after June 15, 1976.

Carrol L. Herring
State Fire Marshal

Self-leveling Levels
Silicon Additives for Asphalt Cement
Rapid Setting Patching Materials for Concrete
Manhole Steps
Soil Sterilants
All Purpose Blasting Sands
Epoxy Resin Systems for Concrete
Hydrated Limes and Quicklimes
Traffic Paints

Paul J. Hardy
Secretary

RULE

Department of the Treasury Board of Trustees State Employees Group Benefits Program

Unless otherwise exempted by Section 1311 of Public Law 93-222 (Health Maintenance Organization Act of 1973), any health maintenance organization or other prepaid medical plan seeking to solicit the membership of employees of the State, its agencies or political subdivisions, shall be subject to the regulations and requirements as set forth below.

For purposes of these regulations the term "HMO" is defined as any legal entity which provides, either directly or through arrangements with providers or other persons, health care services, or arranges for the provision of such services to enrollees on the basis of a fixed prepaid sum.

GENERAL INFORMATION

The HMO shall furnish the following information:

(1) A list of the names and official positions of all members of the board of directors and the principal officers of the organization, which list shall contain a full disclosure of the extent and nature of any contractual or financial arrangements between them and the State, or any of its agencies or political subdivisions;

(2) If the HMO is sponsored by another organization, the foregoing information relative to the directors and principal officers of the sponsoring organization or parent company;

(3) Any changes in (1) or (2) above which may take place for the duration of the contract between the HMO and the State;

(4) A current balance sheet or income/expense statement;

(5) Evidence of protection for members in the event of insolvency or medical catastrophe; which evidence may be a demonstration of the HMO's capacity to produce a cash flow sufficient to cover normal operating expenses for a minimum of 90 days, or a contractual agreement with a third-party insurer indicating such protection; and which evidence shall be updated on an annual basis;

(6) A copy of the form of each booklet or certificate of coverage to be issued to the members, and any changes or amendments as may be made from time to time;

(7) A description of the proposed method of marketing the HMO benefits, including marketing material to be used and a list of current premium charges;

(8) An accurate comparison of benefits offered by the HMO and the State Employees Group Benefits Plan.

(9) A statement describing the HMO's service area;

(10) A description of complaint procedures the HMO utilizes for resolving grievances between a member and the HMO or any provider of services;

(11) If the HMO is a group or staff model, a description of

the medical care facilities to include;

(a) location;

(b) hours of operation;

(c) provisions for after-hours emergency services;

(d) on-site facilities such as x-ray, laboratory, pharmacy, etc.;

(12) For all models, a list of participating physicians, to include the area of practice or speciality of each;

(13) A statement indicating which person or persons are responsible for final medical adjudication of questioned claims.

The State of Louisiana shall have the right during the existence of the contract to audit from time-to-time such fiscal records of the HMO as may pertain to the financial security of State employees enrolled as members.

If, for any reason, a provider fails or is unable to render services it has agreed to provide through a contract with the HMO, the HMO shall agree to pay benefits for services equivalent to those set for in its contract with the State while an individual continues to be a member.

The Board of Trustees of the State Employees Group Benefits Program shall not be held liable for claims for damages relating to any treatment rendered or arranged for by the HMO.

The HMO shall agree to hold the Board of Trustees of the State Employees Group Benefits Program harmless from all claims for damages relating to any act or omission by the HMO, including any claims relating to failure of the HMO to provide services as specified in its contract with the State of Louisiana due to financial hardship or insolvency.

INITIAL ENROLLMENT AND EFFECTIVE DATE

(1) The initial enrollment period shall be that 90 day period immediately following the approval of an HMO program. The initial effective date shall be the first day of the month next following the completion of this enrollment period.

(2) The State shall furnish the HMO with a list of agency personnel officers and their addresses to facilitate agency contact.

(3) The State shall provide a letter of introduction by the Executive Director to the personnel officers encouraging their cooperation with the HMO in scheduling meetings and making the offer to eligible employees.

(4) The State shall permit the HMO to use its enrollment form to enroll employees who are currently members of the State Employees Group Benefits Program.

(5) The HMO shall use the State Employees Group Benefits Enrollment Document if the employee is not a member of the State Plan at the time he elects HMO membership.

(6) All documents shall be processed at the State Employees Group Benefits office, including data entry into the billing and eligibility system.

(7) The HMO shall secure any information it may need which is not on the enrollment document independently of the State Employees Group Benefits Program.

COMPUTER INTERFACING

(1) The State shall provide the HMO with a monthly exception tape, detailing by agency: additions, deletions, and changes.

(2) The HMO shall maintain all billing records by agency billing codes as established by the State Employees Group Benefits Program.

(3) The HMO shall furnish utilization reports on a monthly basis, the format of which as shall be mutually agreed on by the State and the HMO.

PREMIUM BILLING AND TRANSFER

(1) The HMO shall bill membership fees in a regular monthly invoice, detailed by agency billing codes as established by the State Employees Group Benefits Program.

(2) The State shall transfer the reconciled membership

fees to the HMO by the fifteenth of each month for the previous month's billing. Remittance will be itemized by agency.

(3) The State shall retain a monthly administrative fee for each individual contract, which fee shall be negotiated prior to the initial effective date of the master contract between the State and the HMO. Adjustment of the administrative fee will be made no more often than once a year and only on the annual re-enrollment date.

RATES

(1) The HMO shall charge membership fees that are divisible by a number as shall be set forth in the contract.

(2) Rates shall be guaranteed for no less than a 12 month period following initial enrollment and thereafter shall be increased no more often than once a year and only on the annual re-enrollment date, unless otherwise approved by the Board of Trustees 90 days prior to the effective date of such increase.

(3) Notice of premium adjustments shall be given the State at least 90 days prior to the proposed effective date of such adjustment.

(4) Membership fees shall not be adjusted based on the utilization of health care services by State employees or their dependents. Rate adjustments shall be reflected in similar adjustments for other groups enrolled in the HMO service area.

(5) The HMO shall use a three-rate structure, with classifications compatible with those used by the State Employees Group Benefits Program.

ELIGIBILITY

(1) The HMO shall maintain identical eligibility regulations as the State Employees Group Benefits Program with the exception of sponsored adult dependents, who need not be eligible for membership.

(2) The HMO shall enroll new employees who choose membership during their initial period of eligibility for an effective date that is compatible with the eligibility requirements of the State Program.

(3) The HMO shall provide for continuation of membership for surviving spouses and dependents of deceased employees who are HMO members at the time of death.

PRE-EXISTING CONDITIONS

(1) The HMO shall impose no limits on coverage for pre-existing conditions for State employees electing membership during their initial period of eligibility.

(2) If a State employee fails to elect HMO membership for himself or his dependents during his initial period of eligibility, the HMO shall impose limitations on coverage for pre-existing conditions as a requirement for membership, in accordance with the existing regulations of the State Employees Group Benefits Program.

TRANSFERS AND TERMINATIONS

(1) The HMO shall hold an annual re-enrollment each November for an effective date of January 1 for employees electing to enter or leave HMO membership. This shall include both active and retired employees.

(2) The HMO shall participate in any other open enrollments as shall be mandated by legislative action, if such action involves the HMO's service area.

(3) Transfer of coverage from the State Employees Group Benefits Program to the HMO or vice-versa shall be allowed only during the annual re-enrollment period, for an effective date of January 1. Transfer of coverage shall also be allowed as a consequence of the employee's being transferred into or out of the HMO service area, with an effective date of the first of the month following transfer.

(4) The HMO shall provide benefits up to but not beyond date of discharge in the event a member or his dependents are hospital confined at the time his membership terminates.

(5) The HMO shall allow individual conversions for a 30 day period following the end of the month during which an employee terminates his group membership. The conversion may be an individual HMO membership or fully-insured health contract, but shall be offered without regard to existing medical conditions and at the then-current rate for all other similar conversions. Termination of the group contract does not constitute individual termination for purpose of conversion.

(6) No individual membership shall be terminated by the HMO except for the following reasons:

- a. termination of the group contract
- b. termination of a member's employment with the State
- c. an employee's moving his domicile out of the HMO service area
- d. failure of the individual to make required copayments to an HMO provider
- e. statements made by an individual on applying for membership which are material and knowingly false relative to the eligibility of himself or any dependent; or, if applicable, relative to the health status of himself or any dependent
- f. refusal of a member to cooperate with an HMO provider to such a degree as to render a satisfactory physician-patient relationship impossible.

(i) Should the member refuse to accept procedures or courses of treatment recommended by an HMO physician, the physician shall use his best efforts to render all necessary and appropriate professional services in a manner compatible with the member's wishes insofar as this can be done consistent with the physician's judgement as to the requirements of proper medical practice.

(ii) Should the member continue to refuse to cooperate with the provider, and the physician believes that no acceptable professional alternative exists, such member shall be so advised, and if upon being so advised, the member still refuses to follow the recommended treatment or procedure, then the HMO shall have the right to terminate that individual's membership.

(iii) Should the HMO elect to terminate or not renew the member's coverage due to the above provision, the HMO shall notify the employee in writing no less than 30 days prior to the termination date.

(iv) The employee shall have the right to appeal such termination of coverage to the Benefits Committee of the Board of Trustees, which committee shall refer its recommendation to the Board for final decision.

NONDUPLICATION OF COVERAGE

(1) If a husband and wife are both State employees and both are eligible for family coverage under the State Employees Group Benefits Program, both must elect membership in the HMO or the State Program. Neither split contracts nor dual membership shall be allowed.

(2) If a husband and wife are both State employees and have elected single coverage, each may choose membership in either the HMO or the State Program.

(3) Regardless of any provision of the State Employees Group Benefits Program contract to the contrary, the following apply to any State employee or dependent enrolled in an HMO:

a. The person shall neither be a member of the State Program nor a qualified dependent covered under the State Program.

b. No benefits will be payable under the State Program with respect to charges for services and supplies furnished while the person is enrolled in the HMO.

BENEFIT STRUCTURE

(1) The HMO shall provide basic and supplemental comprehensive health maintenance services which State employees and their dependents might reasonably require to be maintained in

good health, without regard to the frequency or extent of services furnished to any particular enrollee except for allowable exclusions and limitations as noted herein.

(2) Basic comprehensive health maintenance services shall include, but need not be limited to:

- a. Provisions for in-area emergency health care services which shall be available 24 hours a day, seven days a week and which shall be provided by physicians or other licensed medical personnel;
- b. Coverage for out-of-area emergency services.
- c. Preventive health services such as immunizations, routine physical examinations, and diagnostic studies;
- d. In-patient hospital care, to include semi-private accommodations and other ancillary services for at least 120 days per confinement, restorable after 90 days following discharge;
- e. In-patient physician services, for the period of time as specified in (d) above;
- f. Out-patient health services

(3) Supplemental comprehensive health maintenance services shall include, but need not be limited to benefits for:

- a. Out-patient prescription medication
- b. Private-duty nursing prescribed by a physician
- c. Emergency ambulance services
- d. Durable medical equipment
- e. Prosthetic appliances
- f. Reasonable extension of in-patient hospital and physician services beyond the minimum requirement of the basic coverage

(4) The HMO may impose reasonable limitations on and/or exclusions from such services as cosmetic surgery, dental treatment, custodial care, experimental procedures, home health care, services not medically necessary, personal convenience items, luxury accommodations, and services not rendered or prescribed by HMO physicians (except for out-of-area emergency care).

(5) The HMO may exclude from coverage those items as are normally and routinely considered excludable under group health coverage such as injuries or disease covered by workmen's compensation laws or veteran's benefits; self-inflicted injuries or those sustained as a result of war or civil disobedience.

(6) Treatment for mental and nervous disorders, and alcohol or other substance abuse may not be excluded, but may be limited. Coverage shall be provided to include at least:

- a. In-Patient - hospital benefits and physicians services for a minimum of 30 days per year;
- b. Out-patient - physician services covered at least 50 percent for a minimum of 15 visits per year at no less than \$40 per visit.

(7) Basic comprehensive health maintenance services shall have no lifetime maximum. Reasonable copayments may be placed on out-patient services and out-of-area services, but in no instance shall the copayment exceed 25 percent of the value of the service rendered.

(8) Supplemental comprehensive health maintenance services shall not be limited to less than \$250,000 in benefits available for the lifetime of a member and may contain provision for a deductible, not to exceed \$100 per member per calendar year, with no more than three deductibles required per family. After satisfying the deductible, the member shall be eligible for payment of not less than 80 percent of covered charges (except as provided in (6) above), up to \$5,000 per calendar year. Thereafter, 100 percent of eligible charges shall be covered for that member for the balance of the calendar year.

DISCLOSURE

(1) The HMO shall issue to each employee a description of benefits to which he is entitled under the contract between the HMO and the State of Louisiana.

(2) The evidence of coverage shall contain a clear, concise and complete statement of:

- a. The health care services and the insurance or other benefits, if any, to which the member is entitled;
- b. Any exclusions or limitations on the services as benefits to be provided, including any deductibles and/or copayment provisions;
- c. Where and in what manner information is available as how services, including emergency and out-of-area services, may be obtained;
- d. The HMO's method for resolving enrollee complaints;
- e. Conditions of eligibility for employees and their dependents;
- f. Conditions under which an individual's membership may be terminated.

James D. McElveen
Executive Director

RULE

Department of the Treasury Board of Trustees State Employees Group Benefits Program

Open Enrollment Periods for School Boards Receiving Reimbursement from the State of Louisiana

Reimbursements will be made to employees and retirees of school systems with private carriers who are enrolled for coverage in an open enrollment period only under the following circumstances:

1. Eligible employees and retirees may be enrolled in the life insurance program of the school board on the first day of any month upon submission of a statement of health and approval thereof by the company insuring the life program for the school system.
2. Eligible employees and retirees of the school system may enroll in the health insurance program on the first day of any month subject to the following pre-existing condition stipulation:
A physical injury or sickness will be considered a Pre-Existing Condition if treatment was received or if drugs were prescribed or taken, during the 12 consecutive month period immediately preceding the effective date of coverage. No benefits will be payable for a Pre-Existing Condition until the covered person has been a participant in the plan for 24 consecutive months.

James D. McElveen
Executive Director

Notices of Intent

NOTICE OF INTENT Department of Agriculture

In accordance with the provisions of LSA 49:951, et seq., the Administrative Procedure Act, and LSA 3:2302, relative to the authority of the Commissioner of Agriculture to deal with contagious and infectious diseases of honey bees, notice is hereby given that the Commissioner of Agriculture, through the State Entomologist, will enact rules and regulations governing the administration of the Apiary Program, including, but not limited to, the following: movement of beekeeping equipment, colonies, nuclei or comb packages; movement or shipment of combless packages and/or queens and used combless package cages; authority of agents to enter premises; applications for inspections; shipment or movement of restricted articles; issuance and use of certificate permits in Louisiana; shipment or movement of restricted articles from any quarantined area except under special permits; eradication measures; levy of assessments; and penalties.

Interested persons may secure a copy of the full text of the proposed rules and regulations by writing to Dr. John Impson, Assistant Commissioner for Agriculture and Environmental Sciences, Box 44456, Baton Rouge, Louisiana 70804 or in person at the office of the State Entomologist, 9181 Interline Boulevard, Baton Rouge, Louisiana.

The public hearing for consideration of the proposed rules and regulations will be conducted at 7 p.m., on February 8, 1982, at 12055 Airline Highway, Baton Rouge, Louisiana.

Written comments will be accepted by Dr. Impson up to and including February 5, 1982, or may be presented in person at the hearing. All interested persons will be afforded an opportunity to submit data, views, or arguments, orally or in writing, at the said public hearing.

Bob Odom
Commissioner

Fiscal and Economic Impact Statement For Administrative Rules Rule Title: Apiary

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO AGENCY - (Summary)
No anticipated increase (decrease) in agency costs.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS: (Summary)
No anticipated effect on revenue collections by the agency.
- III. ESTIMATED COSTS AND BENEFITS TO AFFECTED GROUPS - (Summary)
Simplified procedure will make it easier for an apiarist to secure permits; scheduling changes will result in the conduct of inspections at more convenient times for the apiarists.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT - (Summary)

No anticipated effect on competition and employment in the private sector; most apiaries are family operations.

John Compton
Deputy Commissioner of Agriculture

Mark C. Drennen
Legislative Fiscal Officer

NOTICE OF INTENT

Department of Agriculture Livestock Sanitary Board

Notice is hereby given that due to severe weather conditions, the Livestock Sanitary Board cancelled the public hearing scheduled for January 14, 1982 and rescheduled the hearing for Thursday, February 4, 1982 at 9:30 a.m. at the State Capitol in Baton Rouge.

The proposed rule on equines, printed in full in the December 1981 issue of the *Louisiana Register*, will be considered for adoption.

Bob Odom
Commissioner of Agriculture

Fiscal and Economic Impact Statement For Administrative Rules Rule Title: Animal Diseases

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO AGENCY - (Summary)
No increase (decrease) in agency costs anticipated upon adoption of either rule.
- II. ESTIMATED EFFECT REVENUE COLLECTIONS - (Summary)
No anticipated effect on revenue collections, since the agency does not collect revenues for oversight of EIA or Brucellosis infected animals.
- III. ESTIMATED COSTS AND BENEFITS TO AFFECTED GROUPS - (Summary)
Adoption of the proposed rule on brucellosis testing will result in minimal savings for livestock owners, since owners will no longer be required to secure an out-of-state test at their costs prior to import of the cattle. Owners of EIA infected horses can anticipate an increase of \$80 to \$100 per animal sold for slaughter.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT - (Summary)
No effect on competition or employment anticipated as a result of adoption of the proposed rule on brucellosis; a minimal number of jobs (not more than ten statewide) may be created by adoption of the regulations for control of quarantine holding areas if any new facilities become permitted.

C. T. Raby, D.V.M.
Assistant Commissioner

Mark C. Drennen
Legislative Fiscal Officer