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Executive Orders

SUPPLEMENT TO EXECUTIVE ORDER EWE-77-12

Executive Order EWE-77-12 which creates the Natural Gas Advisory Commission is hereby supplemented so as to increase its membership from eleven members to fifteen members by adding the following four additional members:

1. Mr. Gilbert J. Sevier, Jr.
312 Pere Marquette Building,
New Orleans, Louisiana 70112
2. Senator Oswald Decuir
Box 1466, New Iberia, Louisiana 70560
3. Mr. Miller D. Dial
Box 468, Donaldsonville, Louisiana 70346
4. Representative Raymond J. Laborde
310 North Main Street, Marksville, Louisiana 71351

IN WITNESS WHEREOF, I have hereunto set my hand officially and caused to be affixed the Great Seal of the State of Louisiana, at the Capitol, in the City of Baton Rouge, on this the 17th day of November, A.D. 1977.

Edwin Edwards
Governor of Louisiana

EXECUTIVE ORDER EWE-77-20

WHEREAS, the people of Louisiana require State government to plan and operate effectively for the economic future of Louisiana; and

WHEREAS, the present planning, development, and implementation of economic development goals and strategies are lacking in comprehensive coordination; and

WHEREAS, the Governor's Office of Federal Affairs and Special Projects is charged with the development of a planning process for statewide economic development for the State of Louisiana; and

WHEREAS, the coordination of public and private interests on a statewide level is essential to assist the Governor in carrying out his responsibility as chief executive; and

WHEREAS, the economic development strategies of the immediate future will necessitate interagency and intergovernmental coordination and cooperation on projects impacting economic development.

NOW, THEREFORE, I, Edwin Edwards, Governor of the State of Louisiana, by the authority vested in me by the Constitution and the laws of the State, do hereby create and establish, in the Office of the Governor, the State Economic Development Advisory Council (SEDAC), as an agency of the State and a public body.

SEDAC shall be an interagency body with the responsibility of recommending to the Governor innovative and improved methods to coordinate statewide governmental policies and programs which impact directly or indirectly the State's economy and its growth; of advising on the nature, level, and quality of governmental services; and of submitting proposed management processes and proposed legislation for the increased economical and efficient operation of government and for the development and stimulation of the economy of Louisiana.

The Council shall be composed of twenty-three members as follows:

1. The Executive Secretary to the Governor, who shall be ex officio chairman;

2. the Lieutenant Governor, who shall be ex officio vice chairman;

3. the Director of the Governor's Office of Federal Affairs and Special Projects;

4. the Commissioner of Agriculture;

5. the Superintendent of Education for Public Elementary and Secondary Education;

6. the Secretaries of the Department of Commerce; the Department of Corrections; the Department of Culture, Recreation and Tourism; the Department of Health and Human Resources; the Department of Labor; the Department of Natural Resources; the Department of Revenue and Taxation; the Department of Transportation and Development; the Department of Urban and Community Affairs; the Department of Wildlife and Fisheries; and

7. a representative, selected as herein provided, of each of the eight economic planning and development districts of the state as established by R.S. 33:140.62.

A State official or secretary may designate an officer from his respective department to attend a particular meeting of the Council as his proxy, provided the member notifies the Chairman in advance of such proxy. A proxy shall have full voting privileges. Each economic planning and development district shall be represented on the Council by either its president or executive director as determined by its board of directors; the other officer shall serve as proxy for the district. The district member shall also notify the Chairman of his proxy.

At any time the Council is called to vote upon any motion to resolve an issue, a policy, or a report or recommendation, each elected official and departmental secretary shall have one vote and the eight district representatives shall have one vote only. The district representatives shall determine in advance the person by whom and the manner in which the shared vote shall be cast; the district representatives shall so inform the Chairman. The Chairman shall vote only in the event of a tie vote.

The Council shall meet at least four times annually on a regular schedule agreed upon by the Council, and on call of the Chairman at any other times for special meetings.

The Council shall be responsible for and be authorized to perform the following functions:

1. Provide interagency and intergovernmental coordination of the planning, development, and formulation of comprehensive economic development goals, their objectives and the strategies to achieve these, for use by the Governor and the Legislature as well as by local governmental officials;

2. Propose an annual agenda for the State on the strengthening of the economy for the Governor's use;

3. Submit recommendations on matters of economic development, its planning and its implementation from the State level to the district (sub-state) level;

4. Develop and review alternative policy options;

5. Develop and review methods to maximize the coordination of the resources, personnel, and capabilities of the respective departments, their offices and agencies for the most effective strengthening of the State's development;

6. Make recommendations to integrate the coordinated State growth and development plans, policies, and programs into the executive operating and capital budgets; and

7. Provide interagency and intergovernmental coordination for the continued improvement and implementation of present policies, plans and programs, mandated by law or directed by executive order and policy memorandum, which have or may have significant impact on economic development.

The Governor's Office of Federal Affairs and Special Projects, through the Economic Development Division, shall

provide the following to the Council, as directed by the Chairman:

1. Issue papers and alternatives for the annual agenda of State economic growth and development;
2. Analysis and issuance of papers on Federal and State legislative proposals;
3. Analysis and recommendations for the integration of economic growth and development policies into the executive budgets and policy statements;
4. Recommend actions for state economic growth and development policy for multi-agency coordination on economic growth and development issues, for the procedure for the integration of State economic growth and development policies and programs with Federal and local policies and programs, and for assurance of public participation in the formulation of State growth and development policies and programs;
5. Service to the Council in developing, researching, and preparing of studies pertinent to economic development and the impact of State governmental plans, policies or programs; and,
6. The review of governmental plans, policies and programs with the Council of Economic Advisors to identify conflicting goals and objectives.

IN WITNESS WHEREOF, I have hereunto set my hand officially and caused to be affixed the Great Seal of the State of Louisiana, at the Capitol, in the City of Baton Rouge, on this the 29th day of November, A.D. 1977.

Edwin Edwards
Governor of Louisiana

Emergency Rules

DECLARATION OF EMERGENCY

Department of Health and Human Resources Office of Family Services

The Department of Health and Human Resources, Office of Family Services, will adopt effective January 1, 1978, revisions to the Standards for Payment to Skilled Nursing Facilities and Intermediate Care Facilities I and II so that the Medicaid payment to these facilities shall include the following care items: (a) any form of disposable pads or diaper service, (b) irrigation trays, drainage bags and tubing, and (c) sheepskins.

The nursing facility shall no longer be able to charge Medicaid recipients and/or their families for these items.

The nursing homes shall be responsible for providing, for Medicaid recipients as part of the vendor payment, laxatives (any one type of the following): (a) milk of magnesia, (b) mineral oil, (c) cascara, (d) glycerin suppositories.

This action shall be taken pursuant to R.S. 49:953B. Copies of the emergency rule are available for public examination at the Department of Health and Human Resources, Office of Family Services, 755 N. Riverside Mall, Baton Rouge, Louisiana.

William A. Cherry, M. D., Secretary
Department of Health and Human Resources

DECLARATION OF EMERGENCY

Department of Health and Human Resources Office of Family Services

The Department of Health and Human Resources, Office of Family Services, has adopted effective November 1, 1977, policy that permits only incurred expenses for the following types of necessary medical or remedial care and services to be deducted from the medically needy applicant's excess income.

1. Inpatient hospital services, including mental and tuberculosis hospitals.

2. Outpatient hospital services.

3. Laboratory and X-ray services.

4. Diagnostic and treatment components of EPSDT program for under age twenty-one including dental services and eyeglasses. State Office approval for dental services under age twenty-one is not necessary for spend-down, but is required for the Office of Family Services (OFS) to participate on spend-down date.

5. Family planning services and supplies for individuals of childbearing age (such services covered under physician and pharmacy services).

6. Licensed physician services, including injections, but OFS will not participate in payment for therapeutic injections on spend-down date.

7. Chiropractic services.

8. Optometrists' services for cataract glasses only and for eye examinations for glasses and purchase of glasses for individuals under age twenty-one.

9. Home health services.

10. Licensed medical clinic services, including mental health centers, alcoholism clinics.

11. Licensed skilled nursing facilities.

12. Licensed intermediate care facilities, including institutions for mentally retarded.

13. Prescription drugs, but OFS will participate only in payment for covered legend drugs, i.e., those drugs that can only be purchased with a prescription, with certain exceptions.

14. Durable medical equipment, including artificial limbs, eyes, braces, hearing aids, wheelchairs, hospital beds, lifts, commodes, walkers. OFS State Office approval is not necessary for spend-down, but is required for OFS to participate on spend-down date.

15. Rehabilitation center services—OFS State Office approval is not necessary for spend-down but is required for OFS to participate on spend-down date.

This action shall be taken pursuant to R.S. 49:953 B. Copies of the emergency rule are available for public examination at the Department of Health and Human Resources, Office of Family Services, 755 Riverside, Baton Rouge, Louisiana 70804.

William A. Cherry, M. D., Secretary
Department of Health and Human Resources

DECLARATION OF EMERGENCY

Department of Natural Resources

The Secretary of the Department of Natural Resources has exercised the emergency provision of the Administrative Procedures Act (R.S. 49:953B) to formulate the following policies of the State and the Department with regard to development through mineral leases of State-owned properties and related rules necessary for the implementation of said policies, all effective November 18, 1977:

Whereas, the national energy program is currently in a state of uncertainty and the national policy with respect to

offshore leasing of minerals in the Federal domain is and has been uncertain for a considerable length of time and,

Whereas, oil and gas is in increasing demand and the supplies thereof are dwindling and corresponding increased attention to the leasing of State-owned minerals is essential for the orderly development of the State's natural resources and for the public welfare, and,

Whereas, it is essential that all of those in the petroleum industry that are interested in the development of minerals on State properties be informed as to what policy considerations will be followed by the State setting forth the conditions whereby leases will be granted and,

Whereas, R.S. 36:354(2) (b) directs the Secretary of the Department of Natural Resources to review all proposals for lease of State lands to determine if same meet current policies of the State and the Department with regard to development of such property and resources and,

Whereas, there are now pending and anticipated future applications to the State requesting it to offer for mineral lease various State properties in accordance with prevailing statutes and,

Whereas, the prudent husbanding of remaining supplies of oil and gas is essential and the orderly development vital to the citizens of this State,

Now therefore, the Secretary of the Department of Natural Resources formulates and adopts the following policies and rules designed to stabilize the energy policies of the State of Louisiana and promote the orderly and proper development with respect to the citizens of the State and the oil and gas industry and, in particular, in the leasing of State-owned minerals.

I. Upon receipt of a proposal for the leasing or use by other contractual means of State properties for exploration, production, and maintenance of oil and gas or other minerals, the Secretary shall review and evaluate such proposal in any manner that he should deem proper and sufficient including but not limited to an inspection of such property and all geophysical and geological surveys and/or any other evaluations in order to determine whether or not said property meets substantially with the following standards and considerations, which are determined as being the policy of the State and Department:

A. Such properties should be in the vicinity of existing intrastate pipeline facilities or applicant should provide information as to future availability and economic feasibility of such intrastate facilities.

B. Properties adjacent to the offshore three mile line as presently determined shall not be considered for leasing except in exceptional instances.

C. The size of the property shall be considered and after evaluation the size may be reduced if it is determined by such evaluation that it is proper and sufficient that only a portion of the property need be leased so as not to restrict the further development of the remaining portion.

D. Properties that are suspect of being drained by other existing wells will be given favorable consideration.

E. Where contiguous properties in one area are proposed for lease the State may, after evaluation, submit the tracts or portions of the tract together with other State tracts for leasing in a manner designed to promote proper development of the area to the maximum benefit of the State.

F. Applicants are encouraged to submit properties for leasing of heretofore undeveloped areas.

G. Wherein the title is in dispute more favorable consideration will be given those properties where the State's title is the strongest.

H. Properties submitted that are within fields or areas previously dedicated to presently existing gas contracts

calling for minimum prices or interstate delivery will not be submitted for lease bids except upon a formal release of such obligation.

I. Commitments in applications to drill deep wells (i.e. geological objectives heretofore undrilled) are encouraged and will be looked upon favorably despite other possible policy deficiencies.

II. The Secretary may require any applicant to submit such other information that he may determine necessary and useful to properly evaluate any proposal which is submitted.

III. Upon completion of the evaluation the Secretary will direct the Office of Mineral Resources to implement his findings with respect thereto and shall advise the State Mineral Board through its chairman, whether the property meets the policies of the State and Department and should therefore be placed for lease by the Mineral Board or whether or not on the other hand the property does not meet the policies of the State and Department and should therefore not be placed for lease.

William C. Huls, Secretary
Department of Natural Resources

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries

The Louisiana Wildlife and Fisheries Commission at its last regular public meeting, November 15, 1977, exercised the emergency provisions of the Administrative Procedures Act (R.S. 49:953B) to place into effect a change in the raccoon hunting and trapping seasons on Russell Sage Wildlife Management Area (Ouachita Parish). This action was taken to assist in equalizing the hunting and trapping pressure on the area. The total number of days were not changed but the dates were.

New dates for raccoon hunting and trapping as set by the Commission are:

1. Trapping: December 16-January 15, 1978, and February 16-February 28, 1978. Permit—Monroe District Office.

2. Hunting: December 1-December 15, 1977, and January 16-February 15, 1978. Permit—Monroe District Office.

J. Burton Angelle, Secretary
Department of Wildlife and Fisheries

Rules

RULES

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

The Louisiana Department of Agriculture, Structural Pest Control Commission, has adopted a policy as follows establishing criteria to be followed between the licensed operator at the branch office and the routeman, who is a registered employee:

1. All supplies are distributed through the branch office.

2. All employees draw their pay from the main office or branch office and Social Security and withholding taxes

are deducted and maintained at the main office or branch office.

3. All billing must be through the main office or branch office.

4. All insurance must be paid by the main office or branch office.

5. All records concerning accounts serviced shall be current at the home and/or branch office, and all routes shall originate from the home and/or branch office a minimum of three out of each five working days or weekly.

Richard Carlton, Secretary
Structural Pest Control Commission

RULES

Department of Commerce Office of Financial Institutions

Direct lease-financing transactions are valid and proper activities that Louisiana State banks may engage in, in their course of business under the following:

1. A Louisiana State bank may become the owner and lessor of personal and real property upon the specific request of and for the use of a lessee-customer.

2. The leasing agreement is to serve as the functional equivalent of an extension of credit to the lessee while preserving to the banks such lessor's rights as are contained in the lease.

3. The lease must provide for definite monthly payments, the total of which, together with a reasonable "residual", will return to the lessor bank its full investment in the property, its cost of financing and a reasonable profit.

4. The lease must be on a nonoperating basis whereby the lessee assumes all expenses of maintaining the property.

5. The term of the lease shall in no event exceed ten years.

6. The total investment by a bank for the benefit of any customer engaged in a lease-financing transaction shall at no time exceed ten percent of the capital and surplus of such bank.

7. The total investment by a bank in leasing shall not exceed three percent of total assets.

8. The Commissioner may at any time inspect and review any and all lease-financing transactions engaged in by State banks in Louisiana

Kenneth E. Pickering
Commissioner of Financial Institutions

RULE

Board of Elementary and Secondary Education

Rule 3.01.51c

Revision to Bulletin 741, Standards for School Approval of Special Schools, page 112 paragraph 1 as follows:

"Special schools, as used in the context of these standards, shall refer specifically to any special education program which serves primarily those exceptionalities identified on page 122 of this document and whose organizational structure is approved by the State Board of Elementary and Secondary Education. Further, such organizational structure shall exist apart from the regular school environment."

Rule 3.01.51d

Revision to Bulletin 741, Standards for School Ap-

proval of Alternative Schools, page 107, with the following addition: "Special education programs as defined on page 112 are not eligible for alternative school approval."

Bro. Felician Fourrier, S.C., Acting Director
Board of Elementary and Secondary Education

RULES

Department of Health and Human Resources Office of Family Services

The Department of Health and Human Resources, Office of Family Services, has adopted the following revised Minimum Standards for Licensure of Child Caring Agencies. The standards shall be effective January 1, 1978.

Minimum Standards for Licensure of Child Caring Agencies Introduction

Licensing Authority: The State of Louisiana, Department of Health and Human Resources, Office of Family Services, is charged with the responsibility for developing and publishing standards for the licensing of child caring agencies. Compliance with these standards shall be mandatory in all child caring agencies in order to qualify for licensure or annual renewal of license. These standards represent current practices which are considered necessary to promote healthy child development and to insure suitable care for those children whose needs cannot be met in their own families and who can benefit from group living. While requirements are minimum, it is hoped that the agencies will be encouraged to exceed the minimum in order to provide the best care possible.

The licensing authority of the Office of Family Services is established by R.S. 46:1401-1411 (Act 367 of 1956 and amended by Act 152 of 1962 and Act 241 of 1968) making mandatory the licensing of all child welfare agencies. A child caring agency is defined as "any institution, society, agency, corporation, or facility operating for the primary purpose of providing full-time care for children outside their own homes." The Act does not apply to agencies primarily serving mentally retarded children. The Act provides a penalty for a child caring agency, subject to license, which operates without being licensed. The penalty for operation without a license is a fine "of not less than \$25 nor more than \$200 for each day of operation without a license." (R.S. 46:1405)

According to law (R.S. 46:1410), it shall be the duty of the Office of Family Services, "through its duly authorized agents, to inspect at regular intervals, without previous notice, all child caring agencies as defined in R.S. 46:1401." The staff of the Office of Family Services who license and relicense child caring agencies shall hold a Master of Social Work (MSW) degree.

Licensing Procedure: The original application for a license is made on a form provided by the Office of Family Services. The application form shall be submitted after completion to the State of Louisiana, Department of Health and Human Resources, Office of Family Services, Box 44065, Baton Rouge, Louisiana 70804. After receipt of the application, the Office of Family Services' regional licensing worker will visit the child caring agency and make a licensing study. There is no charge for the licensing service.

Child caring agencies must also meet the requirements of other offices and departments, such as health, fire, and zoning regulations, where applicable.

The licensing worker's study will be referred to the child caring agency administrator for review in order to eliminate any inaccuracies. The study is then submitted to the Assistant Secretary, Office of Family Services, for review and decision. When it is determined that the child caring agency

meets the requirements, a license is issued. If it is determined that the child caring agency does not meet the minimum requirements, the license is refused.

A license is valid for the period for which it is issued, but may be revoked if the practice of the agency falls below minimum requirements. The Assistant Secretary of the Office of Family Services is authorized to determine the period during which such a license will be effective. Ordinarily a license will be issued for a period of one year, but a license will be extended when there is a delay in completion of a relicensing study or in determining eligibility for a new license. If a child caring agency does not meet standards, but is attempting to do so, the Assistant Secretary of the Office of Family Services, at his discretion, may issue a ninety day provisional license.

If a child caring agency administrator thinks a particular standard is not applicable to the agency's operation, a request for waiver or modification of the standard may be submitted by the licensing worker, in writing, to the Assistant Secretary of the Office of Family Services for consideration.

Licensing Study: A licensing study is a cooperative procedure between the Office of Family Services and the administrator and staff of the agency. The study is begun as soon as possible after receipt of the application, at a time convenient to the representative of the Office of Family Services and the administrator of the agency. It is the responsibility of the administrator to request inspections by the State Fire Marshal and the Office of Health (OFS Form 95) and to require medical reports from the staff.

The licensing worker and the administrator will evaluate cooperatively the operation of the facility, its policies and procedures in relation to the licensing requirements and recognized standards of child care. The worker will expect to review a sample of case records, statistical and other reports which reflect the work of the agency. The chairman of the governing body and other staff members may be asked to participate in the study.

Relicensing Procedure: The procedure for a relicensing study is similar to the original study. The administrator is expected to have reports from the State Fire Marshal and Office of Health prior to the start of the study, and have all case records, medical reports, and other information in readiness.

The relicensing study covers developments during the prior year. It may give emphasis to certain important phases of the program rather than attempt to cover the entire program in detail. In instances where the facility has been licensed for a number of years and is operating smoothly, the licensing worker may recommend that a license be issued for two years.

Child caring agencies presently licensed will have one year from the date of promulgation to comply with the minimum standards adopted in 1977.

Appeal Procedure: If the license is refused, suspended, or revoked because an agency is not suitable, or not properly managed as such, or does not meet minimum standards, the procedure is as follows:

a. The Assistant Secretary of the Office of Family Services, by registered letter, shall advise the agency of the reasons for refusal, suspension, or revocation.

b. The child caring agency administrator may appeal this decision by submitting a written request to the Assistant Secretary of Family Services. This written request must be postmarked within thirty days of the administrator's receipt of the above notification.

c. The Appeal Section of the Office of Family Services shall set a hearing to be held within thirty days after receipt of such a request. The hearing shall be held in the immediate vicinity of the appellant.

d. An appeal hearing officer of the Office of Family Services shall conduct the hearing. Within ninety days after the date the appeal is filed, the Office of Family Services shall advise the appellant by registered letter of the decision, either affirming or reversing the original decision. If the license is refused or revoked, the center shall be given thirty days to terminate operation.

e. If the agency continues to operate without a license, the Office of Family Services shall give written notice of the violation to the District Attorney in the parish in which said violation occurs.

Upon refusal of Office of Family Services to grant a license or upon revocation of a license, the agency shall have the right of a mandamus suit against the Assistant Secretary of Office of Family Services (R.S. 46:1407).

Child Caring Agencies

Minimum Standards for Licensure

A child caring agency is a person, group, or organization operating one or more facilities which provides full time, out of home care to ten or more children. For the purposes of these requirements, an agency licensed by another State agency to care for children shall not be required to meet these licensing requirements.

I. Organization and Administration.

A. Purpose.

1. The Child Caring Agency shall have a written statement adopted by the governing body specifying objectives, purposes, agency function, and services offered. When the agency operates under a charter or articles of incorporation all of its purposes shall be stated therein.

An unincorporated agency whether a sole proprietorship or partnership shall state clearly its purposes, objectives, functions, and services in a written plan of operation.

Compliance Requirement: Submission of the written documents such as charter and/or bylaws.

2. Evidence must be shown by the agency that services and programs as stated in the operational plan are being implemented.

Compliance Requirement: Agency's records must document the services and programs provided to individual children.

3. When an agency adds a new function or service to its program, its governing body shall adopt a supplementary statement of such function.

Compliance Requirement: Presentation in writing to the licensing body within ninety days of implementation of the new services, programs, etc.

B. Governing Body.

1. All corporations shall have a governing body which is responsible for and has authority over the policies and activities of the child caring agency. If incorporated in Louisiana, the governing body shall consist of a minimum of nine members, the majority of whom must be Louisiana residents. If not incorporated in Louisiana, there shall be a local advisory board of seven members, the majority of whom are Louisiana residents.

2. The governing or local advisory board shall consist of one of the following:

a. A board of local citizens elected or appointed for the purpose;

b. A board or committee comprised of members of a religious or charitable organization such as a church, lodge, veterans organization, etc.;

c. A public authority.

3. In the case of a partnership or sole proprietorship, there shall be a local advisory board of at least seven members, the majority of whom are Louisiana residents.

Compliance Requirements: Corporations will provide the licensing authority with the names, addresses,

telephone numbers and titles of the members of the governing body and/or local advisory board; partnerships and sole proprietorships shall provide the names and addresses and telephone numbers of each of the owners and the names, addresses and telephone numbers of the local advisory board.

4. The governing body shall be responsible for the program and standard of services of the agency.

Compliance Requirement: The governing body shall review and approve all policies of the agency. The approval will be recorded in the official minutes of the governing body or a written statement or summary of the minutes.

5. The governing body of an incorporated agency shall identify in writing who has the power to appoint and dismiss the executive of the agency as well as the duties and responsibilities of the director.

Compliance Requirement: Written documentation of the responsibilities of the director.

6. The governing body shall determine who has authority to employ and dismiss personnel.

Compliance Requirement: Written documentation.

7. Any policies and/or administrative decisions of the governing body which would change the purpose of the agency will be made known to the licensing agency before implementation.

Compliance Requirement: Written notification to the licensing authority at least thirty days prior to proposed date of implementation.

8. The governing body and/or local advisory board shall meet as often as necessary but no less than twice a year to insure the proper operation of the agency and care provided to children. Minutes shall be made of each meeting of the governing body or local advisory board and shall be kept on file. The minutes of an incorporated body shall be signed by an officer of the board.

Compliance Requirement: Applicable minutes or summary of minutes shall be on file for review.

9. The governing body shall complete a written annual evaluation of the administrator.

Compliance Requirement: Written statement by the governing body or appropriate members certifying that the evaluation has been prepared.

C. Resources.

1. The governing body shall be responsible for the funding of the program and shall prepare a financial statement and/or audit including the annual operational and capital budgets.

2. A new agency seeking licensure shall prepare an annual budget for its fiscal year and shall indicate all sources of income and expenditure.

Compliance Requirement: Presentation of either an annual financial statement, audit or budget to the licensing authority.

3. A facility dependent on contributions from parents of its children or other outside funding for the care of individual children shall have funds to operate for thirty days should all funding processes cease. An agency's funding should be sufficient to prevent the children from feeling their security or placement is in jeopardy.

Compliance Requirement: Documentation of the funds on hand or sources of credit available to the facility.

II. Personnel.

A. Personnel Qualifications.

All employees shall present a written statement from a licensed physician which documents the individual is free from communicable disease.

1. Administrator—Every newly appointed administrator shall have a Bachelor's degree from an accredited

college or university and a minimum of four years experience in a social agency offering direct services to children. One year of administrative experience in social services may be substituted for two years of regular experience. A Master's degree plus two years of social service experience may be substituted for the four years of experience. An alternative may be a Bachelor of Social Work (BSW) degree or professional equivalent with three years experience working with children, one year of which may be experience in administration, or three years experience working with children and a

2. Social Work Staff—The social worker shall have a minimum of a Bachelor's degree in a behavioral science. Bachelor's degree social work staff shall be supervised by an individual with a Master of Social Work (MSW) degree or have consultation on a regular basis from a Board Certified Social Worker (BCSW). A facility with thirty or more children shall have a person with a Master of Social Work degree on the staff to supervise the social service program.

3. Direct Child Care Staff—Direct child care staff shall be at least eighteen years of age, have a high school diploma or equivalency, or, in lieu of a diploma, experience supervising children's activities other than in one's own home may be substituted.

Compliance Requirement: The qualifications of all the above staff shall be documented in their personnel records. This shall include a brief summary of the personal interviews and at least three written references attesting to character and previous employment. References shall not be obtained from relatives of the prospective employee. A written statement by the administrator verifying compliance with these requirements is acceptable.

4. Volunteers—Volunteers who assume direct child care responsibilities shall be carefully screened by the agency.

Compliance Requirement: A statement from a licensed physician certifying that the individual is free from communicable diseases; letters of personal reference attesting to the individual's character and reputation in the community shall be on file.

B. Personnel Responsibilities.

1. Administrator—The administrator shall be responsible for implementing and complying with the following: policies adopted by the governing body; the ongoing operations of the agency; and all Federal and State laws and regulations pertaining to the operation of the agency.

The administrator's specific or delegated responsibilities shall include:

a. Directing the agency program.

b. Representing the agency in the community.

c. Delegating appropriate responsibilities to other staff including the responsibility of being in charge of the facility(ies) during the administrator's absence.

d. Recruiting qualified staff and employing, supervising, evaluating, training, and terminating employment of staff.

e. Providing leadership and carrying authority in relation to all departments of the agency.

f. Providing consultation to the governing body in carrying out their responsibilities, interpreting to them the needs of children, making needed policy revision recommendations, and assisting them in periodic evaluation of the agency's services.

g. Preparing the annual budget for the governing body's consideration, keeping that body informed of financial needs, and operating within the established budget.

h. Supervising the facility's management including building, maintenance, and purchasing.

i. Participating with the governing body in interpreting the agency's need for financial support.

j. Establishing effective communication between staff and children and providing for their input into program planning and operating procedures.

Compliance Requirements: A written job description for the position of administrator shall be adopted by the governing body that will include the above responsibilities and shall be available to the licensing authority. An organizational chart which specifies lines of authority within the agency structure shall be on file.

2. Social Worker—The social worker shall be responsible for planning the most effective use of available resources toward meeting the prescribed treatment goals for each child in the facility. Specific responsibilities include:

a. Determining if the services provided by the facility are the most appropriate services available to meet the needs of the referred child.

b. Prepare the child and his/her parents for the placement and assist them in coping with their problems of separation.

c. Gather and properly document in the child's case record all necessary and pertinent social, medical, and educational information.

d. Help the child and his/her family make the best use of the placement in the facility.

e. Provide direct treatment and/or refer the child to other appropriate therapists when indicated.

f. Coordinate all staff conferences regarding child's progress in program, evaluation of treatment goals, and future planning.

g. Maintain accurate and current case records on each child as later prescribed by Section VII, A, 1.

Compliance Requirements: A written job description for the position of social worker shall include the above responsibilities and shall be available to the licensing authority. Case records shall be available for review.

3. Direct Child Care Staff—The direct child care staff is responsible for the daily care and supervision of the child in the living group to which the child care worker is assigned. He/she must assume many of the daily child caring responsibilities that parents usually perform. Such responsibilities will take precedence over any other duties. Included in the specific job responsibilities are:

a. Training the child in good habits of personal care, hygiene, grooming, eating, and social skills.

b. Protecting the child from harm.

c. Handling routine problems arising within the living group.

d. Representing adult authority to the children in the living group and exercising this authority in a mature, firm, compassionate manner.

e. Enabling the child to meet his/her daily assignments.

f. Participating in all staff conferences regarding child's progress in program, evaluation of treatment goals, and future planning.

g. Participating in the planning of the facilities program and scheduling such program into the operation of the living group under his/her supervision.

h. Maintaining prescribed logs of all important events that occur during his/her tour of duty; significant information about the performance and development of each child in the group.

Compliance Requirements: A written job description for the position of child care staff which includes the above responsibilities shall be available to the licensing authority; logs maintained by child care staff shall be available to the licensing authority.

C. Personnel Training.

1. The agency shall provide orientation for all new social work and child care staff. The orientation shall provide training which relates to the specific job function for which the employee was hired as well as relating to the needs of children.

Compliance Requirement: A written orientation plan.

2. At least fifteen hours of in-service training shall be provided annually for all social work and child care staff. The content of training shall include, but is not limited to, helping staff understand the individual needs of children, children's growth and development, the meaning of separation to the child and the family, and State licensing standards.

Compliance Requirement: In-service training provided for social work and child care staff shall be documented in writing and include the date, the subject and method of training, and the name of the person who conducted the training. The licensing authority representative may also document in-service training by direct observation of the training session.

3. First aid training is mandatory for all new child care staff and shall be updated at least every three years.

Compliance Requirements: All child care staff shall have a written statement documenting first aid training received or in progress. Training shall be provided by a Red Cross instructor or a licensed health professional.

D. Personnel Staffing Standards.

1. The child care agency shall provide staff necessary to insure the proper care, treatment, and safety of the residents.

2. An overall staffing pattern must be developed to insure that there will be at least one direct child care staff person on duty in a general area of the facility where children are present.

3. Child care staff required to supervise children during waking hours shall not be less than is represented in the following ratio:

Age of Child	Staff-Child Ratio
0-6 years	1 to 6 (waking hours)
6-11 years	1 to 8 (waking hours)
12 years and older	1 to 10 (waking hours)

4. Child care staff required to supervise children during sleeping hours shall not be less than is represented by the following ratio:

Age of Child	Staff-Child Ratio	Number on Duty (Awake)	Number on Call (On premises asleep)
0-6 years	1 to 12	1	0
6 years and older	1 to 20	0	1
	2 to 40	1	1
	3 to 60	1	2
	4 to 80	2	2

Compliance Requirement for Items 1-4: Current personnel roster, staff schedules, and resident rosters on file in the office of the agency.

5. There shall be a licensed registered nurse or a licensed practical nurse employed at least eight hours during the day, if six or more children under two years of age are under care in the facility. The nurse will be responsible for carrying out the health program as outlined by the administration and attend to the health needs of the children.

6. There shall be a licensed registered nurse or a licensed practical nurse on call during the night hours if six or more children under two years of age are under care in the facility.

7. There shall be sufficient domestic and maintenance workers that those employed to give direct care to children shall not have their duties interfered with by other responsibilities to the extent that they are unable to give adequate supervision to children in their care.

8. Staff below the age of sixteen may be hired to augment the regular child care staff at the discretion of the administrator.

Compliance Requirement for Items 5-8: Personnel contracts or documented evidence of contract arrangement on file in the office of the agency.

III. Intake, Acceptance and Admission of Children.

A. Intake Study.

1. Except in the case of an emergency care placement, the facility shall not accept a child for care until an intake study has been made by the facility, an agent for the facility, the referring agency, or qualified professional in the community. A child shall not be admitted until the facility has determined that the placement meets the needs and best interests of the child and his or her family.

Compliance Requirements: a. The intake study shall include, as a minimum, the following information: (1) A description of the family's relationships, social, economic and cultural circumstances making the placement necessary. (2) The child's developmental and medical history, including current immunization record. (3) A description of the child's personality, behavior, needs, and interests. (4) The child's school history. (5) Any history of previous placements outside the child's own home. (6) Verification of the child's identity and legal status. (7) The reason for choosing group care and care in this particular facility as opposed to other alternatives such as foster care. (8) The immediate and long range goals of the placement. (9) Name of family members, guardian, or legal custodian who will carry primary responsibility for the ongoing relationship with the facility and the child. (10) Special psychological, educational, and psychiatric evaluations as appropriate to assess the child's individual needs. (11) A physical examination within fifteen days of placement. b. A sample copy of the application form shall be submitted to the licensing authority.

2. The intake study shall be done by the administrator, or by a person having a Master of Social Work degree, or by a person with at least two years experience in children's services and a Bachelor's degree from an accredited college or university.

Compliance Requirement: The qualifications of the facility staff member or an agent for the facility who is responsible for gathering the necessary documents and information for the intake study shall be stated in writing.

3. The intake process, when appropriate, shall include an interview with the child and his or her parents, legal custodian and/or the placing agency.

Compliance Requirement: This discussion shall include the following which shall be documented in the intake study: (a) The reasons for placement. (b) The parents or guardian's or placing agency's expectations of

placement. (c) The child's understanding and, if appropriate, expectations of placement.

4. The appropriate personnel shall review the intake study and determine whether admission is appropriate.

Compliance Requirement: The personnel responsible for the review of the intake study and responsible for determining which applicants shall be admitted shall be documented in the facility's policies and procedures.

5. At the time of placement, there shall be a written placement agreement between the agency and the child's parents or placement agency which provides for:

a. Written authorization for the facility to care for the child according to agency's written child care policies.

b. Written authorization for the facility to obtain medical care for the child.

c. Written financial agreement when a charge is made for the care of the child.

d. Written rules regarding visits, mail, gifts, and telephone calls.

e. Nature and frequency of reports to the child's family, guardian, or the placing agency.

Compliance Requirement: A copy of this agreement shall be in the child's record.

6. The facility shall have a written plan for orientation of children.

Compliance Requirement: Written documentation of the above.

B. Limitations on Acceptance.

1. A facility shall accept only those children who meet the conditions outlined in the facility's admission policies and for whom the facility has an operational program.

Compliance Requirement: The conditions of the admission policies and the appropriateness of the operational program for the child shall be observed.

2. A facility shall not offer at the same time and in the same facility, two types of care that conflict with the best interests of the children in the facility, with the use of staff or the use of the facility.

Compliance Requirement: It shall be the facility's responsibility to provide documentation that there is no conflict to the best interest of the children.

3. A facility shall accept a child for care only from his parents, a court, or a person or agency holding court custody. If persons legally responsible for the child cannot be located, the facility shall ask the appropriate court for temporary custody. A child cannot be accepted from one parent alone where there is joint custody and the other parent is available.

Compliance Requirement: This requirement shall be documented by a birth certificate, court order, and/or written statement from a single parent in the child's record.

4. No child under five years of age shall be accepted for placement except when it is in the child's best interest to meet his or her particular needs in group care, such as keeping siblings together.

Compliance Requirement: If a child under five years of age is in care, the intake study and the plan of service shall document why this plan of care was in the child's best interest.

5. No child shall be denied admission to a facility based on race or national origin.

Compliance Requirement: The facility shall have on file a written statement to this effect.

6. An agency shall not accept more children than the maximum specified on the license unless prior approval has been obtained from the licensing authority.

Compliance Requirement: If additional room or other changes warrant an increase in the number of children for which a facility is licensed, the licensee shall apply to the

licensing authority for an increase in the number of children prior to accepting additional children.

7. The agency shall not keep a child in care unless the child has had a medical examination within fifteen days prior to admission or within fifteen days after admission.

Compliance Requirement: Documentation shall be in the child's medical record.

8. All children three years of age or older shall have had a dental examination within the six months prior to admission or arrangements shall be made within thirty days after admission for such an examination.

Compliance Requirement: Documentation shall be provided in the child's medical record.

9. All children shall have a test for tuberculosis within thirty days prior to admission or within seven days after admission. If the test is positive, a chest X-ray is required.

Compliance Requirement: A report of the tuberculosis test and/or chest X-ray shall be in the child's medical record.

IV. Child Care, Development, and Training.

A. Individual Service Plan.

1. A service plan which specifies the child's particular needs and the way these needs will be met shall be developed and recorded in the child's case record.

a. The service plan shall document the needs of the child and specify the plan for meeting these needs. The following are examples of resources which may be included in the service plan: special education, psychological testing, individual tutoring, vocational training, recreational therapy, communication skills training, family therapy, etc.

b. The service plan shall include the objectives to be attained through institutional placement and the anticipated length of stay.

c. The service plan shall include specific instructions for treatment and shall be shared with all staff involved in the service plan.

d. A written appraisal of the child's educational and vocational needs shall be a part of the service plan. Career guidance shall be offered to older adolescents.

Compliance Requirement: A written service plan which addresses the above components shall be on file in the child's case record.

2. The service plan shall be reviewed at least every six months by the facility, and made available to the referring agency, the child's parent or legal guardian, and the child. Results of the review shall be recorded in the child's case record.

Compliance Requirement: a. Periodic reviews of the service plan shall be documented in the child's record. The review shall note progress toward achieving objectives based on increased information about the child. b. Case records shall indicate that all appropriate persons were involved in the review of each service plan or indicate reasons for those not involved.

3. Procedures shall be established which give parents of legal guardians the opportunity for consultation in the formulation of their children's service plan.

Compliance Requirement: These procedures shall be stated in writing and made available to parents or legal guardians.

4. When a child's service plan indicates the need for professional consultation or treatment, the agency shall be responsible for obtaining those specified services.

Compliance Requirement: a. When professional services are obtained, documentation shall be included in the child's case record. b. A schedule indicating when needed services not yet provided are planned to be provided shall be included in the child's case record.

B. Daily Aspects of Care.

1. The daily schedule shall be developed in relation to the needs of the children.

Compliance Requirement: a. The agency's written general child care policies shall reflect how a child's daily schedule is developed to meet his or her needs. b. A copy of the daily schedule shall be available for school, nonschool, and vacation periods.

2. Children shall be given training in good habits of personal care, hygiene, and grooming, they shall be supplied with personal care, hygiene, and grooming items and supplies.

Compliance Requirement: The general child care policies on the child's daily schedule shall reflect how training in personal care is met.

3. The agency shall make available to each child an adequate number of supervised recreational activities.

Compliance Requirement: Activity schedules shall be available which indicate the inclusiveness of each activity and by whom supervised.

C. Clothing.

The facility shall see that each child is supplied with his or her own clothing. Each child shall be provided with clothing that is properly fitted, appropriate for the child's age and sex, and comparable to the majority of children's clothing in the community.

Compliance Requirement: a. Each child's clothing shall be identifiable by some type of labeling system. b. Children shall be permitted to help in selecting their own clothing.

D. Health Aspects of Care.

1. Responsibility for the health supervision of the facility shall be placed with one physician. The agency shall have written policies and procedures for obtaining diagnosis and treatment of medical and dental problems.

Compliance Requirement: a. Copies of the policies and procedures shall be available to the licensing authority. b. The agency shall ensure access to twenty-four hour, seven day per week medical coverage by hospitals, physicians, and dentists. c. The agency shall make known to all staff members the policies and procedures to be followed in an emergency.

2. All children shall be examined annually by a licensed physician. Treatment shall be provided as indicated.

3. All children three years old or older shall have a dental examination at least once a year.

4. Immunization shall be given according to recommendations of a physician or the schedule established by the State Office of Health.

Compliance Requirement for Items 2-4: Current medical, dental, and immunization records shall be maintained as follows: a. A medical consent form signed by a person authorized to give consent. b. Record of medical examinations. c. Record of dental examinations. d. Immunization records. e. Record of each visit to physician or dentist and recommended treatment.

5. Facilities for medical isolation shall be available.

Compliance Requirement: Space for isolation purposes shall be designated.

6. Medication shall be prescribed only by a licensed physician and administered under his direction.

Compliance Requirement: Medication records shall include the medication given, the time, the dosage, and the name of the person administering the medication.

E. Food and Nutrition.

1. Planning, preparation, and serving of foods shall be in accordance with the nutritional, social, and emotional needs of the children in care. The diet shall include a variety of food attractively served. Children

shall be encouraged but not forced to eat all food served.

2. Food provided shall be of adequate quality and in sufficient quantity to provide the nutrients for proper growth and development:

a. "Food for Fitness" A Daily Food Guide, developed by the United States Department of Agriculture shall be used as a basis of meeting nutritional standards. See appendix A for Daily Food Guide.

b. Children shall be provided a minimum of three meals daily and snacks.

c. All milk and milk products used for drinking shall be Grade A and pasteurized.

d. There shall be no more than fourteen hours between the last meal or snack one day and the first meal the following day.

Compliance Requirement for Items 1-2: Menus shall be prepared and maintained on file for at least one month after use.

F. Money.

1. The agency shall provide a plan for all children over five years of age to have money for personal use.

Compliance Requirement: Documentary evidence that each child in care has received money from some source.

2. Money received by a child shall be his own personal property and shall be accounted for separately from the agency's funds. When indicated in the service plan, a child may be required to use his or her earned money to pay for room and board. Donations accepted for a child shall be used in accordance with the donor's expressed intent.

Compliance Requirement: The agency shall document the procedure for handling the children's money.

3. The child shall be encouraged to learn how to manage money.

Compliance Requirement: The policy for handling children's money shall include specific ways and procedures for children to obtain, safeguard, save, invest, withdraw, and spend their money.

G. Community Relationships.

1. When the child has gained sufficient self-control and emotional stability, the child caring agency shall encourage and arrange for him to participate in community activities such as: school, recreational or cultural functions, and visits with parents, relatives and friends.

2. Whenever appropriate the agency shall make possible and encourage visits by interested individuals or groups and their participation in on-campus activities.

Compliance Requirement: The agency shall document its plan for encouraging children to participate in community life and forming friendships outside the facility.

3. Children shall be permitted the opportunity to attend off-campus religious services of their choice.

Compliance Requirement: The child caring agency's policy shall make clear prior to admission the nature of or absence of religious training as a part of the program.

H. Education, Work, and Training.

1. The agency shall assume the responsibility for arranging an educational plan appropriate for each child.

2. The agency shall use off-campus education facilities for those students who are able to participate in an off-campus school setting.

3. For children unable to attend regular classes, the agency shall use community education resources or its own resources or some combination of these resources to help the child develop and become self-sufficient to the extent of his capacity.

4. The agency not having State Department of Education accreditation or approved school program or ac-

cess to such shall make this information clear in its policies, brochures, and information given to all applicants.

5. If the child caring agency does have a school program accredited or approved by the State Department of Education, documentation of this accreditation or approval shall be on file at the agency.

6. The child caring agency shall assume responsibility for providing for the educational needs of the children in areas of social living, consumer education, and career planning.

Compliance Requirement for Items 1-6: The child caring agency shall outline in writing the provisions made for these needs.

7. The child caring agency shall differentiate between tasks of daily living which children are expected to perform as part of living together, jobs to earn spending money, and jobs performed in or out of the facility to gain vocational training.

Compliance Requirement: a. The task of daily living which children are expected to perform as part of living together shall be made known to the child during his or her orientation to the facility. The task of daily living shall not preclude leisure time and recreational activities. b. The agency's rules regarding jobs to earn spending money or gain vocational training shall be made known to all children old enough to have a job. c. Children in care shall not be used as employees. The work that they perform shall not be work that ordinarily is performed by staff.

I. Discharge.

1. The agency shall have written documentation describing discharge policies and procedures. The documentation shall include criteria for determining the time of the child's discharge and the sequence to be followed in discharge. Discharge policies and procedures shall be discussed with all appropriate parties, such as the child, parents, the legal guardian, and/or the placing agency before or during the admission.

Compliance Requirement: a. The documentation shall be available for review. b. The discussion of discharge policies and procedures with all appropriate parties shall be documented in the child's record.

2. Children shall not be retained indefinitely in institutional care if satisfactory plans for family or community placements are possible.

Compliance Requirement: a. The agency shall involve the following persons, as appropriate, in planning for the discharge of a child: the child, the parents and/or the legal guardian, and/or the placing agency. b. When indicated, appropriate social or health agency staff shall be contacted for follow-up services.

3. No child shall be precipitously or arbitrarily discharged from care.

Compliance Requirement: a. Child caring agencies shall not discharge children without having reviewed the objectives of the plan of service and having ascertained which objectives have been met. b. The agency shall give due notice of discharge to all appropriate parties such as parents, legal guardian, and the placing agency.

4. If a child has been received under care from a court, the child shall not be discharged to other persons except on the order of the court and after an investigation of home conditions satisfactory to the court, unless the child is being returned to the court for disposition.

Compliance Requirement: Self-evident.

5. A child shall have a physical examination within fifteen days prior to discharge.

Compliance Requirement: The report of the examination shall be filed in the child's record.

6. The discharge plan for the child shall be recorded in the child's record upon his or her release and a summary of the plan made available to all appropriate parties.

Compliance Requirement: a. The circumstances surrounding the discharge shall be documented in the case record. b. The name, address, and relationship of the person to whom the child is released shall be recorded. c. Date of discharge shall be recorded.

V. Children's Rights.

A. Privacy.

1. The staff of the facility shall function in a manner that allows appropriate privacy for each child. The facility's space and furnishings shall be designed and planned to enable the staff to respect the children's right to privacy and at the same time provide adequate supervision according to the ages and developmental needs of the children.

Compliance Requirement: Each child shall have access to a quiet area where he or she can withdraw from the group when not specifically engaged in structured activities.

2. The child shall not be placed in a position of having to acknowledge his or her dependency, destitution, or neglect.

3. The child shall not be required to make public statements to acknowledge his or her gratitude to the child caring agency.

4. Children shall not be required to perform at public gatherings.

Compliance Requirement for Items 2, 3, and 4: The facility shall not require the child to make written or oral statements regarding his or her background or dependency on the facility for care.

5. The facility shall not use reports or pictures or release or cause to be released research data from which children can be identified without written consent from the child and the parents or legal guardians and/or the court having jurisdiction.

Compliance Requirement: The signed consent form shall be on file at the facility before any reports, pictures, or research data are released from which the child can be identified. The signed consent form shall indicate how any reports or pictures shall be used.

B. Contact with Family and Collaterals.

1. There shall be contacts between the child and parents or legal custodian while the child is in care unless the rights of the parents have been legally terminated or restricted by court order. The frequency of contact shall be determined by the needs of the child and family.

2. Children in care shall be allowed to send and receive uncensored mail and conduct private telephone conversations with family members unless the best interests of the child or a court of competent jurisdiction necessitates restrictions.

3. If it has been determined that the best interests of the child necessitate any restrictions on communications or visits these restrictions shall be ordered and approved by a psychiatrist or a licensed psychologist and reviewed monthly by one of the above or a social worker with a Master of Social Work degree.

4. If limits on communications or visits are indicated for practical reasons, such as expense of travel or telephone calls, such limitations shall be determined with the participation of the child and family.

5. Children shall not be denied the right to contact an attorney, probation officer, social worker, judge, or other officer of the court.

Compliance Requirement for items 1-5: The facility shall have clearly stated written policies regarding visits, gifts, mail, and telephone calls between the child, family

members, and appropriate collaterals. These policies shall be made known to the child and the parents or legal custodian prior to admission. Any restrictions as specified in Items 3, 4, and 5 above shall be documented in the child's record.

C. Participation in Program Development.

Children's opinions and recommendations shall be considered in the development and continued evaluation of the program and activities.

Compliance Requirement: The procedures for this shall be documented in program policy.

D. Disciplinary Safeguards.

1. Only specifically authorized staff members shall be allowed to handle discipline.

2. Children shall not be subjected to corporal punishment.

3. Children shall not be subjected to cruel, severe, unusual, degrading, or unnecessary punishment.

4. Children shall not be subjected to verbal remarks which belittle or ridicule them, their families, or others.

5. Children shall not be denied food, mail, or visits with their families as punishment.

6. Any discipline or control shall be individualized to fit the needs of each child.

7. Seclusion, defined as the placement of a child alone in a locked room, shall not be employed.

Compliance Requirement for Items 1-7: a. The facility shall have written policies regarding methods used for control and discipline of children which shall be available to appropriate staff and to the children's parents or legal custodian. b. The incidents for which disciplinary measures are taken and the method of discipline used shall be logged by the authorized staff member.

8. Physical holding shall only be employed to protect the individual from physical injury to himself or others. Physical restraints shall not be employed as punishment.

9. Mechanical restraints shall not be used.

Compliance Requirement for Items 8-9: The need for restraint by physical holding and the length of time this type restraint was employed shall be recorded in the child's case record.

E. Clothing and Personal Possessions.

1. Each child shall be provided adequate clothing which is appropriate for his or her age group and which reflects community standards.

Compliance Requirement: The facility shall not require clothing or dress which would set the child apart from other children in the community.

2. A child shall be allowed to bring appropriate personal possessions to the facility and shall be allowed to acquire possessions of his or her own.

Compliance Requirement: Prior to admission, information shall be made available to the child and his or her parents or legal guardian concerning what personal possessions may be brought to the facility and the kinds of gifts a child may receive. They shall also be informed about what articles children cannot have or receive while at the facility.

F. Civil Rights.

Children shall not be segregated or denied participation in overall program activities because of race or national origin.

Compliance Requirement: The facility shall comply with all appropriate Federal and State civil rights laws.

G. Religious Participation.

Children shall have an opportunity to participate in religious services and functions of their own or their parents' choice.

Compliance Requirement: The facility shall make available the opportunity to attend religious services but

not impose participation against the wishes of the child and/or parents.

VI. Building, Grounds, and Equipment.

A. Furnishings and Equipment.

The furnishings and equipment shall be adequate, sufficient, and substantial for the needs of the age groups in care.

1. Sleeping Rooms.

a. All bedrooms shall be on or above street grade level and be outside rooms. Normally, bedrooms shall accommodate no more than four residents. Any deviation from this size shall be justified on the basis of meeting the program needs of the specific individuals being served. Bedrooms must provide at least eighty square feet per person in multiple sleeping rooms, and not less than one hundred square feet in single rooms.

b. Each resident shall be provided a separate bed of proper size and height, a clean comfortable mattress, and bedding appropriate for weather and climate.

Compliance Requirement: Children six years of age and older shall be provided with a rigid-frame single bed standard twin mattress (length seventy-five inches, width thirty-eight inches, height six inches. Children ages two to six may be provided with youth beds with rigid frames. Infants up to two years of age shall be provided with standard size cribs.

c. There shall be at least three feet of space between beds or cribs.

d. When possible, there should be individual sleeping rooms for adolescents and for children whose behavior would be upsetting to the group.

e. Appropriate furniture shall be provided, such as a chest of drawers, a table or desk, and an individual closet with clothes racks and shelves accessible to the residents.

f. Individual storage space reserved for the child's exclusive use shall be provided for personal possessions such as clothing, toys, and other items so that they are in easy access to the resident.

Compliance Requirement: Self-evident by on-site observation.

2. Bath and Toilet Facilities.

a. There shall be a separate toilet and bath facilities for boys and girls beyond nursery age.

b. There shall be separate toilet facilities for employees.

c. Toilets should be convenient to sleeping rooms and play rooms.

d. Toilets, bathtubs, and showers shall provide for individual privacy unless specifically contraindicated by program needs.

3. Dining Room and Kitchen.

a. There shall be a designated space for dining.

b. Dining room tables and chairs shall be adjusted in height to suit the ages of the children.

4. Heat and Ventilation.

a. Temperature shall be maintained within reasonable comfort range (sixty-five degrees to eighty-five degrees).

b. Each habitable room shall have direct outside ventilation by means of windows, louvers, air conditioner, or mechanical ventilation horizontally and vertically.

Compliance Requirement for Items 2-4: These requirements shall be self-evident upon on-site observation.

B. Play Space and Equipment.

1. Indoor and outdoor play space: The indoor play space shall be a minimum of thirty-five square feet per

child, separate from and excluding bedrooms, halls, kitchen and any rooms not available to children. The outdoor play space shall be a minimum of seventy-five square feet per child. This area shall not include parking and must be an area which is reserved primarily for recreational purposes.

Compliance Requirement: Self-evident upon on-site visit and/or floor plan and site plan.

2. Play Equipment: There shall be play equipment sufficient to provide all children in care opportunities for easy access to such equipment.

Compliance Requirement: An on-site visit must reveal play equipment suitable for all ages of children in care. The following types of equipment are suggested as suitable for each age group and other similar types of play equipment may be substituted according to the needs of each facility. Infants: Rattles, squeeze toys, stuffed toys, teething rings. Toddlers: Pull toys, blocks, sand pile, sand pails and shovels, wheel toys, climbing steps and boxes, "walking" boards, finger paints, clay, water colors, colored paper, paste, scissors, and picture books. Three to Six years: Large boxes, balls, slides, swings, bars, rope ladder, hammers, shovels, saws, work benches, dump trucks, trains, airplanes, wagons, scooters, tricycles, finger paints, picture boards, pegboards, kitchen utensils, dolls, doll houses, "grown-up" clothes, musical instruments, phonograph records. Six to Twelve years: Football, baseball and basketball equipment, hobby materials, outdoor play equipment, books, games. Adolescents: Hobby materials, phonograph records, books, football, baseball, and basketball equipment, games.

C. Health and Safety.

1. The facility shall comply with all applicable building codes, fire and safety laws, ordinances and regulations.

Compliance Requirements: a. It is the responsibility of the facility to request the necessary health and fire inspections and to comply with any resulting recommendations noted in the inspection reports. b. Written documentation that all building codes, fire, health and safety laws, ordinances and regulations are met shall be on file at the facility and copies shall be submitted to the licensing authority on request.

2. No child shall have access to machinery such as power driven lawn mowers, mangles, commercial type power driven washing machines, etc., unless these are provided with approved safety devices.

3. Secure railings shall be provided for flights of more than four steps and for all galleries more than four feet from the ground.

4. Where children under age two are in care, gates shall be provided at the head and foot of each flight of stairs accessible to these children.

5. An outdoor swimming pool shall be enclosed by a six foot high fence. All entrances and exits to pools shall be closed and locked when not in use. Machinery rooms shall be locked to prevent children from entering.

Compliance Requirement: Items 2, 3, 4, and 5 above must be self-evident upon on-site visit.

6. A certified individual, eighteen years of age or older, shall be on duty when children are swimming in ponds, lakes or pools where a lifeguard is not on duty.

Compliance Requirement: a. Certification from one of the following shall constitute compliance: (1) Water Safety Instructors Certificate or Senior Lifesaving Certificate from the Red Cross. (2) Water Safety Instructor Certificate from the Young Men's Christian Association or the Young Women's Christian Association. (3) The National Association of Underwater Instructors Certifi-

cate. b. Certification shall be documented in the personnel records.

7. There shall be written plan and procedures for water safety.

Compliance Requirement: The plan shall be shared with appropriate staff and submitted to the licensing authority upon request.

8. Storage closets or chests containing medicine or poisons shall be securely locked.

9. Garden tools, knives, and other dangerous instruments shall be inaccessible to small children.

10. Electrical devices shall have appropriate safety controls.

Compliance Requirement for Items 8-10: Must be self-evident upon on-site visit.

D. Maintenance.

1. Buildings and grounds shall be kept clean and in good repair.

2. Outdoor areas shall be well drained.

3. Equipment and furniture shall be safely and sturdily constructed and free of hazards to children and staff.

4. The arrangement of furniture in living areas shall not block exit ways.

Compliance Requirement for Items 1-4: Must be self-evident upon on-site visit and observations.

VII. Required Records and Reports.

A. Children's Records.

1. Accurate and current records shall be maintained for each child in care.

Compliance Requirement: The record shall contain, as a minimum, the following: a. Identifying information which includes the child's name, date of birth, place of birth, sex, religion, race; names and addresses of parents, brothers, and sisters; names, addresses, and relationships of other responsible persons; date of admission; date of discharge. b. Intake information as required by Section III, A, 1. c. Documentation of intake interview with the child and his or her parents, guardian, or placing agency holding custody as required by Section III, A, 3. d. Placement agreement between the agency and the child's parents, guardian or agency holding custody as required by Section III, A, 3. e. If granted, consent of parents, child, guardian or agency holding custody for use of children's pictures, within licensing requirements. f. Medical records as required by Section IV, D, 2-4. g. Copy of the child's birth certificate (or a document that establishes the child's identity and birth date), if such exists. h. A copy of court order if child is in the custody of the facility or the custody of a placing agency. i. Results of neurological, psychological, or psychiatric evaluations if the intake study or medical examination indicates a need for such an evaluation. j. A copy of the initial service plan and six month reevaluations and the child's progress in relation to the service plan. k. Record of any specialized testing or treatment obtained. l. A copy of any financial agreement with parents and/or placement agency. m. Discharge plan including the circumstances surrounding the discharge, the name, address, and relationship of the person to whom the child is released.

2. Case records shall be held confidential and secure.

Compliance Requirement: a. Information in case records shall not be disclosed for any purpose other than direct and authorized services to the child or the administration of the facility. b. These records shall be on the premises of the facility and shall be available for review by the licensing authority.

3. A monthly statistical record shall be kept by the facility showing the number of children in care, placements and discharges, the children's age, sex, and race.

Compliance Requirement: This information shall be available for review to the licensing authority upon request.

B. Personnel Records.

Personnel records shall be maintained on each employee of the facility.

Compliance Requirement: The records shall contain all pertinent information relative to; a. Qualifications for the position. b. Initial health card or physician's statement and annually thereafter that employee is free of communicable diseases, including a tuberculosis test report. c. Preemployment references. d. Evaluations of performance. e. Date of employment. f. Date and reason for separation. g. Forwarding address of separated employees.

C. Emergency Reports and Records.

1. Any serious occurrence such as accidents, injury, or arrests, involving a child shall be reported immediately to the parents and/or placement agency and to any other appropriate agencies or individuals.

2. All runaways shall be reported to the parents, guardian, or placement agency, and the appropriate local law enforcement agency within twenty-four hours from the time it has been determined that the child has left the facility without permission.

Compliance Requirement: The time the incident occurred, the person reporting the incident, and the person or agency to whom the report was made shall be noted in the child's case record.

3. Any disaster or emergency situation which makes the facility unable to comply with any of the licensing standards shall be reported within twenty-four hours to the licensing authority.

Compliance Requirement: Self-evident.

D. General Reports.

1. The following reports shall be obtained at the time of the initial licensing and annually thereafter:

a. Inspection report from the State Fire Marshall.

b. Inspection report from the State Office of Health.

Compliance Requirement: Current reports shall be submitted with each application for a license and shall be on file at the facility.

2. The administration of the child caring facility shall submit the following reports to the licensing authority:

a. Any change in administrator.

b. Any change in purpose of or additions or deletions of services.

c. Any change in accreditation of a school program offered by the facility.

d. Any impending change of residence or location.

e. Any change in name of the facility.

f. Statistical information as of June 30 shall be submitted to the licensing authority on an annual basis on Form 93-A. This form shall be submitted by July 10.

3. The licensing authority shall have the authority to visit and inspect the facility at all reasonable times.

4. The license shall be on display in a conspicuous place at the facility.

Compliance Requirement: Items 2, 3, and 4 above are self-evident.

Appendix A

Daily Food Guide

This information provides a detailed interpretation of the nutrition standard of the Minimum Standards for Child-Caring Agencies.

It is based on Food for Fitness—A Daily Food Guide prepared by the Agricultural Research Service and published as Leaflet No. 424, U.S. Department of Agriculture, Superintendent of Documents, Washington, D.C.

In the Daily Food Guide which follows, foods within each group have similar but not identical food value. Each day choose at least the minimum number of servings from each of the broad food groups: meat group, bread-cereal group, vegetable-fruit group, milk group and other foods. Servings may differ—small for young children, large (or seconds) for very active adults or teenagers.

Meat Group

Each day serve four ounces of cooked, lean meat, or a combination of meats and meat alternates having a protein value equal to four ounces of cooked lean meat.

Amounts
Four ounces of raw lean meat are to be counted as three ounces of cooked meat

Meats
Lean beef
Veal
Lamb
Pork
Variety meats: heart, liver, kidney

Either of these is equal in protein value to one ounce cooked lean meat*

Poultry, example:
1 small drumstick
Processed meats, example:
1 all-meat frankfurter

Any one of these is equal in protein value to one ounce cooked lean meat

Meat Alternates
1 egg
2 tablespoons peanut butter
½ cup, when cooked, of dried peas, lentils, beans, textured vegetable protein
1 thin slice cheddar cheese** (1 oz.)
½ cup cottage cheese**

*The Department considers that one ounce of cooked fish is equal in protein value to one ounce of cooked lean meat.

**If cheese is counted as meat, it should not be counted as milk.

Bread-Cereal Group

Each day provide four or more servings of breads and cereals which are whole grain, enriched or restored.

Count any one of these as one serving

1 slice bread
1 roll, muffin or biscuit
5 saltine crackers
2 graham crackers
1 tortilla
1 ounce ready to eat cereal
½ to ¾ cup cooked oatmeal, cornmeal, grits, rice, macaroni, noodles or spaghetti
2-3 enriched cookies

Vegetable-Fruit Group

Each day provide four or more servings of vegetables and fruits including one good source or two fair sources of Vitamin C.

At least one serving every other day should be a good source of Vitamin A.

The remaining servings each day may be any vegetable or fruit including those valuable for Vitamins C and A.

Amounts
Count any one of these as one serving of Vitamin C

Good Sources of Vitamin C:
1 medium orange
½ grapefruit
½ cup orange juice, grapefruit, or blended citrus juices**
½ cantaloupe*
¾ cup strawberries
½ cup cooked broccoli* or brussels sprouts*

Count any two of these as one serving of Vitamin C

Fair Sources of Vitamin C:
1 medium tomato raw* or ½ cup cooked*, or ½ cup juice*
1 tangerine or ½ cup tangerine juice
½ cup cauliflower, raw cabbage, cooked rutabaga, turnip greens*, collards,* or other leafy greens*
1 medium potato, sweet* or white
½ medium green pepper

Count any one of these as one serving of Vitamin A

Good Sources of Vitamin A:

½ cup sweet potatoes, carrots, pumpkin, or winter squash
½ cup collards, broccoli, turnip greens, or other dark leafy greens
5 apricot halves
¼ medium cantaloupe

Count any one of these as one serving

Other Vegetables and Fruits:

Other vegetables not listed above
1 medium apple
1 banana
1 peach, etc.
½ cup other fruit or vegetable

*If the food chosen for Vitamin C is also a good source of Vitamin A, the additional serving of Vitamin A food may be omitted.

**Fruit juice fortified with Vitamin C may be substituted for fruit juice naturally high in Vitamin C. Fruit flavored drinks shall not be substituted for fruit juice or fruit.

Milk Group

Each day serve the specified amounts of fresh milk or combinations of fresh milk and milk products having a total calcium value equal to the specified amounts of fresh milk.

Specified Amounts

2 to 3 cups of fresh milk for children under 9 years of age
3 or more cups of fresh milk for children 9-12 years of age
4 or more cups of fresh milk for teenagers
2 or more cups of fresh milk for adults

Amounts

Any one of these is equal to the calcium value of ½ cup fresh milk

Any one of these is equal to the calcium value of ¼ cup fresh milk

Milk Products

¼ cup undiluted evaporated milk
2 tablespoons nonfat dry milk
½ cup custard or milk pudding
½ cup cream soup made with milk
½ cup milk used on cereal.

½ cup ice cream
1 thin slice cheddar cheese* (1 oz.)
½ cup cottage cheese*

*If cheese is counted as milk, it should not be counted as meat.

Other Foods

Serve butter, margarine, fats, oils, sugar, or unenriched refined grain products as needed to complete meals and to provide additional food energy and other food values.

Bacon and cream cheese are counted as fats because they contain very little protein. Either one tablespoon of cream cheese or one slice of crisp bacon is equivalent to one teaspoon of margarine or butter.

Appendix B

Information on the Interstate Compact on the Placement of Children

In 1968, Louisiana became a member of the Interstate Compact on the Placement of Children. The State Office of Family Services has been designated as the agency in Louisiana to coordinate administration of the interstate compact. The Assistant Secretary of Office of Family Services is the Compact Administrator.

The Interstate Compact on the Placement of Children was established to insure protection for children being placed across state lines. The Compact establishes a system for responsible planning by which both the sending and receiving authorities in compact states are able to make informed decisions on the suitability of the proposed placement and to establish appropriate jurisdictional responsibility.

No child may be placed for care by a public agency or private person or agency from Louisiana into another compact state, nor from another compact state into Louisiana without prior approval of the compact administrators or deputy compact administrators of both states, with the following exceptions:

1. A child brought or sent to another state by his parent, stepparent, grandparent, adult brother or sister, adult uncle or aunt, or his guardian and left with any such relative or nonagency guardian in the receiving state, or;
2. A child placed in an institution providing care for the mentally ill, mentally defective or providing care for the epileptic child, or;

3. A child placed in any institution primarily educational in character, or;
4. A child placed in any hospital or other medical facility, or;
5. A child placed under the provisions of another interstate compact or any other agreement which has the force of law.

The sending, bringing or causing to be sent or brought into any receiving state of a child in violation of the terms of this compact shall constitute a violation of the laws respecting the placement of children of both the state in which the sending agency is located or from which it sends or brings the child and the receiving state. Such violations may be punished or subjected to penalty in either jurisdiction in accordance with its laws. In addition to liability for any such punishment or penalty, any such violation shall constitute full and sufficient grounds for the suspension or revocation of any license, permit, or other legal authorization held by the sending agency which empowers or allows it to place or care for children.

Appendix C

State of Louisiana
 Department of Health and Human Resources
 Office of Family Services
 Statistical Report on Child Caring Facility
 (To be completed as of June 30)

Name of Facility _____ Report for July 1 _____
(year)

Facility No. _____

No. of children in care on June 30 of previous year _____

No. of children added during year _____

No. of children discharged during year _____

No. of children in care on June 30 _____

Date	Signature

Please submit this report to the Department of Health and Human Resources, Office of Family Services, P.O. Box 44065, Baton Rouge, Louisiana 70804 before the 10th of July each year.

William A. Cherry, M.D., Secretary
 Department of Health and Human Resources

RULE

**Department of Health and Human Resources
 Office of Family Services**

The Department of Health and Human Resources, Office of Family Services, has adopted Standards For Psychiatric Facilities Providing Clinic Services under Title XIX. The standards are an effort by the Office of Family Services to set forth the minimum standards for participation in the Medicaid Program by psychiatric facilities providing clinic services. The primary objective of the standards is to clarify the standards for participation by psychiatric facilities and to make them compatible with current laws and Federal regulations and to ensure that the application of the standards is uniform statewide.

**Standards for Psychiatric Facilities
 Providing Clinic Services**

Under Title XIX of the Social Security Act

I. Governing Body and Management.

A. General: The governing body of a psychiatric facility shall be: (1) the owner(s), (2) the policy making board, or (3) in the case of government agencies, the Director shall be the designated person who assumes the authority, role, and responsibility of the governing body and management. (The Assistant Secretary of the Office of Mental Health assumes the role of governing body for all psychiatric centers and clinics operated by the Office.) The governing body shall provide written documentation of its source of authority.

B. Responsibilities of the Governing Body: The governing body shall be responsible for: (1) overall operation of the clinic, (2) the adequacy and quality of patient care, (3) the financial solvency of the clinic and the appropriate use of its funds, and (4) the implementation of the standards set forth in this document through establishment of clear, written policy, rules and regulations.

The governing body shall assure that the facility is in compliance with all Federal, State and local laws and regulations, and appropriate staff shall review and act promptly upon reports of authorized inspecting agencies.

C. Chief Administrative Officer: The governing body shall appoint a chief administrative officer or officers, whose qualifications, authority, and duties shall be defined in writing. Where more than one individual has direct administrative authority, the administrative relationships, authority, and responsibilities shall be clearly delineated.

The chief administrative officer shall be a psychiatrist or other physician, psychologist, nurse, social worker, or public health administrator with at least a master's degree in health, mental health, or an allied vocational field. If the director is not a psychiatrist or other physician with special knowledge in the care and treatment of emotionally disturbed persons, the ultimate responsibility for treatment and care of patients shall rest with a psychiatrist or other qualified physician who is directly accountable to the governing body. (See alternate plan for staff composition, Section III below.)

The chief administrative officer is responsible for:

1. The general administration of the clinic within the policies, rules, and regulations established by the governing body.
2. The appropriate delegation of authority and responsibility and establishment of means of accountability on the part of subordinates.
3. Effective liaison between the governing body and the programs and staff of the clinic.
4. Providing the governing body and the staff with the information required for the proper discharge of their duties.
5. Sharing with the governing body and the staff the responsibility for providing high quality care for those who seek services.
6. Coordinating the standards review process and keeping the governing body informed of the results, recommendations made, and actions necessary after the standards review.
7. Such other responsibilities as the governing body may delegate.

D. Financing and Accounting Procedure: The governing body, through its chief administrative officer, shall provide for the control and use of the physical and financial resources of the clinic.

A budget should be approved by the governing body with participation of appropriate staff.

There shall be written policies and procedures for the control of accounts receivable and for the handling of cash.

There shall be written policies and procedures for collection of third party payments and documentation of attempts to collect same.

A current written schedule of rates and charges for all facility services shall be maintained and shall be available to all who use the services.

There should be an insurance program that provides for the protection of the physical and financial resources of the facility.

There shall be written policies governing the control of inventories, including purchasing procedures and supply distribution.

II. Goals, Policies and Procedures.

The psychiatric facility shall formulate and specify in writing its goals, policies and procedures so that its performance may be measured. Both short-term and long-term goals and plans shall be formulated. Goals, policies and procedures shall be evaluated periodically and shall relate to current operation of the facility.

The clinic must show in its written statement of goals, policies and procedures that the prevention and treatment of mental disorders, and the rehabilitation of persons suffering from these disorders, are the fundamental purposes of the clinic.

Clinic services shall be available without regard to race, sex, creed, color, or national origin.

III. Staff Composition and Organization.

A. Composition: Composition of clinical staff shall be determined by the facility, based on an assessment of the needs of the patients being served, the facility's goals, the programs provided, and applicable laws and regulations. The clinic shall clearly describe the basis for decisions related to staff size and assignment.

The staff shall be interdisciplinary, including but not limited to a physician (preferably a psychiatrist) who is responsible for directing and coordinating the medical care of patients, a social worker, a psychologist, and a registered nurse.

If the physician is not a psychiatrist, regular psychiatric consultation shall be provided. Supervision shall be provided by qualified professional personnel for all nonlicensed and paraprofessional clinical staff.

B. Organization: The clinic shall have an organizational chart which specifies the relationships among the governing body, the Director, the administrative staff, the clinical staff, and supporting service; their respective areas of responsibility; the lines of authority involved; and the types of formal liaison between the administrative and clinical staff. The organizational chart shall also reflect medical responsibility for the care of clients.

The administrative and clinical staff shall be organized to carry out effectively the policies and programs of the facility.

The organizational chart shall reflect relationships with affiliate agencies which provide services required by these standards.

The organizational plan shall be reviewed at least annually.

IV. Personnel Policies and Records.

Personnel policies and procedures shall be designed and established to promote the objectives of the clinic and to ensure that there is an adequate number of personnel to support high quality client care. The personnel policies shall be made available to all employees and discussed with each new employee.

There shall be written personnel policies including: (1) a general statement of clinic policies; (2) a general statement in regard to the authority and responsibility delegated to the clinic director; (3) methods of employment selection; (4) statements in regard to what actions or omissions constitute grounds for dismissal; (5) definitions of qualified mental health professionals; (6) a statement on the contents of personnel records, including documentation of in-service training, employment, and evaluations; (7) a statement on who has access to information in the personnel records; (8) statements on the setting of salaries, pay periods, and payroll deductions; (9) a statement on any required probationary period before permanent employment and any special terms or tenure in office; (10) a description of available retirement and insurance

plans; (11) a statement on acceptable leave usage, leave accrual and holidays; (12) a statement on leave allowances for military obligations, jury duty, voting, and maternity; (13) a statement on the garnishment of wages and advancement of wages; (14) a statement on travel allowances, educational support, stipends, and related procedures; (15) a statement on outside employment, private practice, and membership in professional organizations; (16) a statement on grievance or appeals procedures.

There shall be written procedures that provide for an employee to hear charges against him/her and to provide a defense in case of discipline or dismissal.

There shall be a written pay scale covering the various grades of positions and promotion steps within the grades for all clinic employees.

The performance of employees shall be evaluated at least annually and all pay scales and promotions shall be based on merit.

The clinic shall participate in the Social Security program or shall provide a retirement plan.

No applicants or employees shall be discriminated against by reasons of race, sex, age, creed, color, or national origin. All facilities shall have affirmative action programs. Facilities with fifty or more employees or facilities which receive fifty thousand dollars or more annually in Title XIX funds shall develop and implement written affirmative action programs.

There shall be a written job description for each position which includes the position title, the program or unit, direct supervisor's title, degree of supervision, procedural responsibility, authority, salary range and qualifications. Job descriptions shall be available to the employees and reviewed at least annually.

Accurate and complete personnel records shall be maintained for each employee, including consultants. The personnel records shall contain support information documenting the reason for employment, the reason for promotions, the occurrence of at least an annual evaluation of performance, the documentation of any in-service training, and a job description.

There shall be regularly scheduled organized training programs for all center employees to update and enhance individual competencies and work effectiveness.

V. Staff Development.

There shall be appropriate programs of staff development for administrative, clinical and support personnel of the clinic.

Records shall be maintained indicating participation in such programs.

Staff development programs should include intramural activities as well as educational opportunities available outside the facility. Facility based programs shall be planned and scheduled in advance and held on a continuing basis. These activities shall be documented in order to evaluate their scope and effectiveness.

Staff development programs shall reflect all programmatic change in the facility and should contribute toward the preparation of personnel for greater responsibility and promotion.

There shall be appropriate orientation and training programs available for all new employees.

VI. Program Requirements.

A. General: The psychiatric facility shall provide for a comprehensive range of mental health services including at least inpatient care, outpatient care, partial hospitalization, twenty-four hour emergency services, and consultation and education services, offered in a manner so that they are accessible to persons in need, and so that any person eligible for one element of service is eligible for all other elements of service, and that continuity of care is assured. Inpatient care, twenty-four hour emergency services, and partial hospitalization may be made available through appropriate written affiliation agreements provided that the affiliate meets all

requirements of these standards and complies with all pertinent local, State and Federal laws and regulations.

B. Elements of Service:

1. **Inpatient Services:** The inpatient facility shall be licensed under appropriate laws and regulations of the State of Louisiana.

2. **Outpatient Services:** A variety of outpatient services including both group and individual treatment shall be made available, based on an assessment of client demand and community need. In every case, outpatient services offered shall be planned based upon the individual needs of the patient derived from the assessment and documented in the treatment plan.

Outpatient services shall be promptly available during normal working hours. Clinics should additionally provide such services during evening hours for persons who are not able to utilize these services during normal working hours.

3. **Partial Hospitalization Services:** Partial hospitalization programs shall be utilized for one or more of the following purposes: (a) as an alternative to inpatient care, (b) as a transitional program for rehabilitation of long-term patients, (c) as a maintenance program for long-term patients, (d) as an extension of outpatient services, (e) as a diagnostic and observational procedure.

Purpose of the partial hospitalization program shall be clearly stated in writing and factors related to the program such as hours of operation, physical plant, staffing pattern, and program shall be written and based upon the stated purpose.

There shall be at least one professionally qualified clinical staff member on duty in the partial hospitalization program during all hours that it is in operation.

4. **Emergency Services:** The psychiatric facility shall have a written plan delineating the ways in which emergency services are provided for both physical and psychiatric emergencies. The emergency service may be provided by the facility or through clearly defined arrangements with another facility. When emergency services are provided by the facility itself, it shall be well organized, properly directed, and integrated with the other services.

When emergency services are provided by an outside facility, the psychiatric facility shall delineate in its written plan the nature of emergency services available and the arrangements for referral or transfer to another facility. The written plan shall be available to all staff and shall clearly specify: (a) the staff of the psychiatric facility who are available and authorized to provide necessary emergency psychiatric or physical evaluations and initial treatment, (b) the staff of the facility who are authorized to arrange for referral or transfer to another facility when it is necessary, (c) arrangements for exchange of records when important for the care of the patient, (d) the location of the outside facility and appropriate personnel to be contacted, (e) the method of communication between the two facilities, (f) arrangements to ensure that a patient requiring both medical and psychiatric care who is transferred to a non-psychiatric service or facility will receive further evaluation and/or treatment of his psychiatric problem, (g) details regarding arrangements for transportation, when necessary, from the psychiatric facility to the facility providing emergency services, and (h) the policy for referral back to the referring facility of those patients needing continued psychiatric care after emergency treatment.

The written plan shall include policies regarding the notification of the patient's family of emergencies which

arise and the arrangements which have been made for referral or transfer to another facility.

The patients and families being served by the facility shall be informed of the plan for emergency services. All patients and families who are receiving partial day or outpatient services should be informed of whom to contact or where to go for emergency services when the facility is closed.

5. **Consultation and Education:** In order to enhance the continuity of the patient's life within the community, the facility shall maintain positive relationships and liaison with general community resources, and shall enlist the support of these resources to participate in community activities, as indicated. The facility should participate in a network of other community services and should be responsive to community needs. In serving patients and their families, the facility shall collaborate with other community resources. There should be a well organized plan for the facility's involvement with the community.

The facility should assume responsibility for making mental health information available to the public, in conjunction with other health and social agencies. The facility should work in conjunction with other agencies to provide information about a wide variety of mental health topics, such as new treatment methods and services available, factors that help prevent mental illness, better understanding of social problems contributing to emotional stress, and preventive services that are available.

The facility should engage in preventive approaches to mental health problems in a manner appropriate to its functions and its own stated goals. The facility should be involved in prevention in collaboration with schools, clinics, hospitals, welfare services, and other institutions and agencies in the total community mental health program. In this regard the facility should cooperate with local citizens groups and organizations, as well as consumer representatives.

The facility should offer professional education and consultation to others. This includes other members of the community, whether medical, educational, legal, law enforcement, clerical, social or welfare personnel, who are working with persons who have psychiatric disorders. The aim of this educational consultation program should be geared toward prevention and toward enhancing the ability of other personnel to understand and help those suffering from mental illness. Where such preventive, research, consultation, or education programs are provided for other agencies or individuals within the community, there shall be appropriate records, and sufficient time and appropriately qualified staff shall be available to ensure quality and effective services.

The psychiatric facility shall have an ongoing role relating to the total community in providing consultation and planning for the total life experience of persons in its care, and shall coordinate its planning with that of other agencies with whom these persons and their families are involved.

VII. Continuity of Care.

Any person eligible for treatment within one element of services shall also be eligible for treatment within any other element of service.

Any patient within any one element shall be transferred to any other element whenever such transfer is indicated by the patient's clinical needs.

Clinical information concerning a patient obtained within one element shall be made available to those responsible for that patient's treatment within any other element.

Those responsible for a patient's care within one element should, when practicable, continue to care for that patient within any of the other elements.

These requirements shall be met when the element of service is provided by an affiliate in the same manner as when the facility provides the service.

The Medicaid (Title XIX) Program will only make payment for covered services to participating providers.

VIII. Intake and Admission Policies.

There shall be a written statement defining eligibility for services and clearly delineating intake or admission policies and procedures. The plan shall include descriptions of screening procedures, emergency care, crisis intervention, walk-in services, or other brief or short-term services provided.

A waiting list for admission should be avoided.

The admission staff shall assess the need for outpatient treatment in relation to the patient's needs, the services of the facility, family and community resources, and other forms of intervention available.

The patient shall participate in the intake process to the extent appropriate and in the decision that treatment is indicated.

The patient or his legal representative shall sign an authorization for his treatment at the time of admission.

IX. Assessment and Treatment Planning.

The assessment of each patient shall include clinical consideration of each of his fundamental needs: physical (including medical history and general physical), psychological, chronological age, developmental, family, education, social, environmental, and recreational. Reports indicating appropriate assessment input from responsible clinical staff shall be made a part of the patient's clinical record.

There shall be a current written treatment plan based upon the assessment and evaluation of each patient which shall include, (1) a diagnostic statement including psychiatric diagnosis as well as pertinent social and medical diagnostic information, (2) a statement of identified problems, (3) long and short-term treatment goals related to the problems, (4) treatment modalities to be utilized, (5) identification of persons assigned to carry out treatment, (6) signature of the physician authorizing the treatment plan.

The treatment plan shall be modified as frequently as patient assessment indicates the need for change.

The treatment plan shall reflect appropriate multidisciplinary input by the staff.

X. Clinical Patient Records.

A. Purposes: Clinical patient records shall be written and maintained in order to (1) serve as a basis for planning for the patient, (2) provide a means of communication among all appropriate staff who contribute to the patient's treatment, (3) justify and substantiate the adequacy of the assessment process and to form the basis for the ongoing development of the treatment plan, (4) facilitate continuity of treatment and enable the staff to determine, at a future date, what the patient's condition was at a specific time and what procedures were used, (5) furnish documentary evidence of ordered and supervised treatments, observations of the patient's behavior, and responses to treatment, (6) serve as a basis for review, study and evaluation of the treatment rendered to the patient, (7) protect the legal rights of the patient, the facility, and clinical staff, and (8) provide data, when appropriate, for use in research and education.

Where parents or other family members are involved in the treatment program, appropriate documentation shall exist for them although there may not have to be a separate record for each family member involved.

B. Content: While form and detail of the clinical record may vary, all clinical records shall contain all pertinent clinical information and each shall contain at least: (1) identification data and consent forms, (When these are unobtain-

able, reasons shall be noted), (2) source of referral, (3) reason for referral, (e.g., chief complaint, presenting problem), (4) record of the complete assessment, (5) initial formulation and diagnosis based upon the assessment, (6) written treatment plan, (7) medication history and record of all medications prescribed, (8) record of all medications administered by facility staff, including type of medication, dosages, frequency of administration, and person who administers each dose, (9) record of adverse reactions and sensitivities to specific drugs, (10) documentation of course of treatment and all evaluations and examinations, (11) periodic progress reports, (12) all consultation reports, (13) all other appropriate information obtained from outside sources pertaining to the patient, (14) discharge or termination summary, and (15) plan for follow-up and documentation of its implementation.

Identification data and consent forms shall include the patient's name, address, home telephone number, date of birth, sex, next of kin, school and grade or employment information, date of initial contact and/or admission to the service, legal status and legal documents, and other identifying data as indicated.

Progress notes shall include regular notations by staff members, consultation reports and signed entries by authorized, identified staff. Notes and entries should contain all pertinent and meaningful observations and information. Progress notes by the clinical staff shall: (1) document a chronological picture of the patient's clinical course, (2) document all treatment rendered to the patient, (3) document the implementation of the treatment plan, (4) describe each change in each of the patient's conditions, (5) describe responses to and outcome of treatment, and (6) describe the responses of the patient and the family or significant others to any significant intercurrent events.

The discharge summary shall reflect the general observations and understanding of the patient's condition initially, during treatment, and at the time of discharge, and shall include a final appraisal of the fundamental needs of the patient. All relevant discharge diagnoses shall be recorded and coded in the standard nomenclature of the current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association or the eighth revision International Classification of Diseases Adapted for Use in the United States (ICDA eighth edition).

Entries in the clinical records shall be made by all staff having pertinent information regarding the patient. Authors shall clearly sign and date entry. Signature shall include position title. When mental health trainees are involved in patient care, documented evidence shall be in the clinical record to substantiate the active participation of supervisory clinical staff. Symbols and abbreviations shall be used only when they have been approved by the clinical staff and when there is an explanatory legend. Final diagnosis—psychiatric, physical, and social—shall be recorded in full, and without the use of either symbols or abbreviations.

C. Policies and Procedures: The facility shall have written policies and procedures regarding clinical records which shall provide that: (1) clinical records shall be confidential, current, and accurate; (2) the clinical record is the property of the facility and is maintained for the benefit of the patient, the staff, and the facility; (3) the facility is responsible for safeguarding the information in the record against loss, defacement, tampering, or use by unauthorized persons; (4) the facility shall protect the confidentiality of clinical information and communications among staff members and patients; (5) except as required by law, the written consent of the patient, family, or other legally responsible parties is required for the release of clinical record information; and (6) records may be removed from the facility's jurisdiction and safekeeping only according to the policies of the facility or as required by law.

There shall be evidence that all staff have received training, as part of new staff orientation and with periodic update, regarding the effective maintenance of confidentiality of the clinical record. It shall be emphasized that confidentiality refers as well to discussion regarding patients inside and outside of the facility. Verbal confidentiality shall be discussed as part of employee training.

D. Maintenance of Records: Appropriate clinical records shall be directly and readily accessible to the clinical staff caring for the patient. The facility shall maintain a system of identification and filing to facilitate the prompt location of the patient's clinical record.

There shall be written policies regarding the permanent storage, disposal and/or destruction of the clinical records of patients.

XI. Referrals.

The facility shall refer patients under its care to other resources when the patient has special needs the facility cannot provide for or when another resource may be able to provide for those needs more adequately.

Referral policies shall be stated in writing, reviewed at least annually, and signed and dated by the reviewer(s). Referrals for clinical services shall be made only to appropriately licensed, certified or accredited facilities or clinicians. Staff shall have current firsthand knowledge of resources used for referral purposes.

The patient and family, to the extent appropriate, shall participate in the referral process. Staff shall discuss with them the nature of the referral, its intent, and what it will involve. The reactions of the patient and family shall be explored and dealt with. The compatibility of any referral effort with the overall plan of treatment shall be considered. Provision shall be made for minimizing any negative effects that may be anticipated for the patient or family, and to the extent feasible, there shall be continuity in the patient's program of treatment and care.

When persons who are not patients of the facility seek service which the facility is not in a position to provide, the facility shall assist in referral to another resource. The facility should work with other agencies to foster the development of an appropriate spectrum of services within the community, as well as a community referral system. When permanently transferring a patient to another facility, adequate reports shall be made available to that facility after appropriate releases are obtained.

XII. Volunteer Program.

In psychiatric facilities where volunteers are utilized there shall be an organized volunteer program and an appropriately qualified and experienced professional clinical staff member assigned to select, evaluate, and supervise the volunteer activities. The objectives and scope of the program and the authority and responsibilities of the volunteer coordinator shall be clearly stated in writing.

In addition to receiving general direction and guidance from the volunteer coordinator, volunteers shall be under the direct supervision of the staff of the service or unit utilizing their services. The volunteer coordinator shall: (1) assist staff in determining the need for volunteer services and in developing assignments, (2) plan and implement the program for recruitment of volunteers, (3) coordinate recruitment, selection, training, and referral of volunteers for placement in appropriate services or units, (4) inform staff as to proper, effective, and creative use of volunteers, (5) work to increase the readiness of salaried staff to effectively utilize volunteers, (6) keep staff and the community informed regarding volunteer services and activities, and (7) provide public recognition of volunteers.

There shall be an orientation program for all volunteers which shall familiarize them with the goals and programs of the facility and provide appropriate clinical orientation regarding the patients of the facility. The program shall include at least: (1) an explanation of the importance of confidentiality

and protection of patients' rights, and (2) specific training in the type of work to be performed by the volunteer, with an explanation of the support system which exists within the facility.

Supervisory clinical staff shall be available to provide guidelines for volunteers in order to enhance volunteer-patient interactions and make the most effective use of this unique relationship. Communication practices shall ensure that observations by volunteers are reported to the clinical staff responsible for the patients. Where appropriate, these observations shall be entered into the clinical record.

XIII. Pharmaceutical Services.

A. Provision of Services: The facility shall provide or make formal arrangements for pharmaceutical services in accordance with applicable Federal, State, and local laws and regulations. Facilities with a pharmacy which dispenses drugs for inpatient and/or outpatient use shall employ a registered pharmacist on a full-time or part time basis. Facilities which do not maintain a pharmacy and which obtain drugs from a community pharmacy shall have a formal agreement with a registered pharmacist to provide consultation on a regular basis concerning the ordering, storage, administration, disposal, and record keeping of drugs throughout the facility.

The facility shall have a written statement describing the provision of pharmaceutical services to inpatients and outpatients.

Pharmaceutical policies and procedure shall include: (1) provision of pharmacy services to inpatients and outpatients including storage, dispensing, administration, disposal, record keeping, and control of drugs in accordance with applicable Federal, State, and local laws and regulations, (2) the use of investigational drugs in the facility, (3) the routine inspection of drug storage areas by the registered pharmacist, (4) an automatic stop order policy for all drugs not specifically limited as to time or number of doses when ordered by the physician, (5) the qualifications of persons authorized to administer drugs in the facility, (6) a procedure for reporting adverse drug reactions to the Food and Drug Administration, (7) the list of abbreviations and symbols approved for use in the facility, (8) recording of medication errors and adverse drug reactions and reporting them to the physician immediately, (9) provision for emergency pharmaceutical services, (10) functions and responsibilities of the pharmacist, (11) the use of controlled drugs in the facility, and (12) a list of physicians authorized to order medications for patients. The pharmacy manual shall be reviewed and revised at least annually.

B. Ordering, Dispensing, and Administration of Drugs: Medication shall be ordered only by the staff physicians and medical residents at the facility, dispensed only by a registered pharmacist, and administered only by properly trained personnel.

Drugs shall be dispensed according to approved written policies and procedures and in accordance with Federal, State, and local laws and regulations. The pharmacist shall dispense from an original or a direct copy of the physician's order for medication.

Telephone and verbal orders for medications shall be given by an authorized physician only, and shall be accepted and written by another physician, a licensed nurse, or a registered pharmacist; such action shall be limited to urgent circumstances. Telephone and verbal orders shall be signed by the responsible physician within seventy-two hours. Orders involving abbreviations and chemical symbols shall be carried out only if the abbreviations and symbols appear on a standard list approved by the staff physicians at the facility.

The pharmacist shall maintain for each patient an individual patient medication profile which records all medications (prescription and nonprescription) dispensed including

quantities and frequency of refills in addition to other pertinent information. The pharmacist shall review the drug regimen of each patient at least monthly or routinely when medication orders are received for possible drug interactions, allergies, administration errors, etc., and document the review. It is recommended that the pharmacist be actively involved in a program for providing information concerning the safe use of drugs to outpatients and to patients being discharged from the facility and in in-service education programs to facility personnel.

Labeling of drugs used throughout the facility shall be the responsibility of the pharmacist. Medication labels shall include the name of the patient, the name of the prescribing physician, the name and strength of the drug, the manufacturer or the tradename of the drug dispensed, the date of the dispensing, the name or initials of the dispensing pharmacist, the name, address, and telephone number of the issuing pharmacy, the prescription number, and when applicable, the directions for use of the drug.

Drugs brought into the facility by patients shall not be administered unless they are identified and labeled by a staff physician or a registered pharmacist and written orders to administer these specific drugs are given by a staff physician at the facility. If the drugs brought into the facility by a patient are not to be used, they shall be packaged, sealed, stored, and returned to the patient, his parents, or the responsible party at the time of discharge, if such action is approved by a staff physician at the facility.

Self-administration of medications by patients in the inpatient element of service shall be permitted only when specifically ordered by a staff physician and supervised by a member of the clinic staff.

The facility shall have a policy on provision of medications for patients leaving the facility on a "pass" or being discharged from the facility.

Investigational drugs shall be used only in accordance with applicable Federal, State, and local laws and regulations. When investigational drugs are used, a central unit shall be established where essential information is maintained, including dosage form, dosage range, storage requirements, toxicology, use and contraindications. Proper records of their use shall be maintained. Investigational drugs shall be properly labeled and shall be used only under the direct supervision of the principal investigator with the approval of the research review committee. Nurses may administer these drugs only after they have been given the basic pharmacological information about the drug.

C. Drug Storage and Preparations Areas. The facility shall have adequate and properly controlled drug preparation areas, as well as locked storage areas accessible only to authorized personnel. A registered pharmacist shall make inspections at least monthly of all drug storage areas including, where applicable, emergency boxes and emergency carts. A record of these inspections including suggestions for improvement shall be maintained in the facility in order to verify that: (1) poisons and drugs for external use are stored separately from internal and injectable medications, (2) all drugs and biologicals are properly stored, (3) outdated and discontinued drugs are removed from stock promptly, (4) distribution and administration of all drugs are adequately documented, (5) metric-apothecary weight and measure conversion charts are posted at each drug preparation area and wherever else necessary, and (6) there is an emergency drug kit which is

- (a) Readily available to staff yet not accessible to patients,
- (b) Properly controlled to assure completeness of content at all times,
- (c) Content determined by staff physicians and the registered pharmacist.

Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Security requirements shall be maintained in accordance with Federal and State laws and all drugs shall be kept under lock and key. Poisons and external use preparations shall be stored separately from internal preparations. Medications requiring refrigeration which are stored in a refrigerator containing items other than drugs shall be kept in a separate compartment with proper security. Storage and record keeping of drugs listed in the current Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be maintained in accordance with Federal and State laws and regulations. Antidote charts and the telephone number of the regional poison control center shall be kept at all drug storage and preparation areas.

XIV. Laboratory and Pathology Services.

Laboratory and pathology services shall be provided either within the facility or by written agreement with an outside facility to meet the needs of patients.

When services are obtained from an outside facility, the facility shall be a hospital licensed by the State of Louisiana or an independent laboratory certified for Medicare by the State of Louisiana.

When laboratory services are provided within the facility, the facility shall meet Federal certification standards for Medicare.

All patient laboratory or pathology tests shall be performed only upon written orders of a qualified physician, and reports for such tests shall be made a part of the patient's clinical record.

XV. Dietetic Services.

Where applicable, there shall be an organized dietary department directed by qualified personnel and integrated with other departments of the facility. Services shall be provided for the general dietary needs of the facility, including the preparation of modified special diets.

1. There shall be one or more full-time registered dietitians (or a part-time or consultant dietitian with therapeutic training giving a minimum of eight hours per month in each facility which shall be sufficient to provide a food service meeting Licensing and Certification Section standards. A written contract between the facility and the consultant dietitian, and written records of each dietary consultation shall be on file in the administrator's office). In the absence of a full-time dietitian, there shall be a full-time qualified person responsible for directing the department's activities and integrating with other departments in the facility.

2. There shall be a systematic record of diets to be correlated with the medical records.

3. The dietary department shall have a dietary procedures manual containing objectives of the department, responsibilities of the department and its personnel, personnel policies, menu planning, food purchasing, food storage, care of equipment policies, and job descriptions.

4. All dietary personnel must obtain preemployment and regular annual physical examinations to include serology, throat culture, and chest X-ray.

5. The dietary supervisor shall attend all routine department head meetings, help develop department policies and participate in the selection of dietary employees.

6. A dietitian or dietary consultant shall conduct dietary in-service training programs of the facility.

7. There shall be staff personnel on duty no less than twelve hours a day where applicable.

8. Facilities which contract with food management companies must comply with all dietary department rules and regulations of the Licensing and Certification Section, Department of Health and Human Resources.

9. The facility shall provide sufficient desk space for proper planning. In addition, space must be available for the

dietitian to provide private counseling or instruction as needed.

10. Acceptable isolation procedures for tray service in isolation areas shall be in writing and observed.

11. Dishwashing procedures shall be in writing and posted in the dishwashing area.

12. Written health inspections of the dietary department shall be on file within the facility.

13. Notation of compliance shall be given by the dietary supervisory to the facility administrator as to recommendations of the health inspector.

14. Sanitation and storage shall comply with State regulations governing sanitation for food establishments.

15. Diets:

a. Menus shall be in writing, planned one week in advance, dated, posted, and corrected to read as served. They shall be filed as served for a period of six months and there shall not be more than fourteen hours between the evening meal and breakfast.

b. Therapeutic diets shall be ordered, in writing, by the physician on the patient's chart. Nursing service shall order the diet, in writing, from the dietary department.

c. Trays shall be labeled with the patient's name and diet order.

d. A diet manual, approved by the State Nutrition Consultant, shall be available to dietary personnel at all times for reference.

e. If a full-time dietitian is not employed by the facility, the dietary consultant shall train the dietary supervisor in the use of the diet manual.

16. Dietary Department: The department shall include the following facilities unless commercially prepared dietary services, meals, and/or disposables are to be used.

a. Food preparation center. Provide lavatory for handwashing purposes.

b. Food serving facilities (for patients and staff).

c. Dishwashing room. Provide commercial-type dishwashing equipment and lavatory.

d. Potwashing facilities.

e. Dry storage. Three day supply.

f. Cart cleaning facilities.

g. Cart storage area.

h. Waste disposal facilities.

i. Canwashing facilities.

j. Dining facilities. Provide fifteen square feet per person seated.

k. Dietitian's office.

l. Janitor's closet. Storage for housekeeping supplies and equipment, floor receptor, or service sink.

m. Toilet room. Conveniently accessible for dietary staff.

If a commercial service will be used, dietary areas and equipment shall be designated to accommodate the requirements for sanitary storage, processing, and handling.

XVI. Patient Rights.

The clinic shall acknowledge the dignity and protect the rights of all patients and their families.

Each patient shall have the right to be served without discrimination as to age, sex, race, creed, color, or national origin.

The patient and his family shall be encouraged to participate in the plans for treatment. The nature of treatment and any specific risks involved shall be carefully explained, especially when the use of potentially hazardous drugs or somatic procedures is contemplated.

Except as required by law, no information, written or verbal, concerning the patient or his/her family shall be released or requested without a dated, signed, and witnessed statement made by the patient (or his agent) authorizing the clinic to do so. The statement of authorization shall indicate by name to whom or from whom information will be transmitted.

The rights and privacy of patients shall be safeguarded in regard to clinic visitors. Visits by educational or community groups shall be scheduled so as to minimally interrupt the patients' usual activities and therapeutic programs. Patients shall be informed of such visits in advance and cases shall never be discussed by name or within hearing of the patients.

Prior to using one-way mirrors, tape recorders, cameras, or audio-visual equipment for assessment, treatment, educational or evaluation purposes, clinic staff shall explain their function to the patient and receive his permission. There shall be written policies and procedures governing the use of such equipment to ensure confidentiality and protect the rights of patient against unauthorized disclosure of information.

Each request for service by an applicant shall be acknowledged. The applicant shall be notified whether or not service can be rendered and if not, what other resources might be available.

The following statement of patient rights shall be adhered to as appropriate:

Rights of Patients in Mental Health Treatment Facilities (R.S. 28:171)

171. Enumeration of rights; restrictions

A. No patient in a treatment facility pursuant to this Title, shall be deprived of any rights, benefits, or privileges guaranteed by law, the constitution of the state of Louisiana, or the constitution of the United States solely because of his status as a patient in a treatment facility. These rights, benefits, and privileges include, but are not limited to, civil service status; the right to vote, the right to privacy; rights relating to the granting, renewal, forfeiture, or denial of a license or permit for which the patient is otherwise eligible; and the right to enter contractual relationships and to manage property.

B. No patient in a treatment facility shall be presumed incompetent, nor shall such person be held incompetent except as determined by a court of competent jurisdiction. This determination shall be separate from the judicial determination of whether the person is a proper subject for involuntary commitment.

C. The patient in a treatment facility shall be permitted unimpeded, private and uncensored communication with persons of his choice by mail, telephone, and visitation. These rights may be restricted by the director of the treatment facility if sufficient cause exists and is so documented in the patient's medical records. The patient's legal counsel, as well as his next of kin or responsible party must be notified in writing of any such restrictions and the reasons therefor. When the cause for any restriction ceases to exist, the patient's full rights shall be reinstated. A patient shall have the right to communicate in any manner in private with his attorney at all times.

The director of a treatment facility shall ensure that correspondence can be conveniently received and mailed, that telephones are reasonably accessible, and that space for visits is available. Writing materials, postage, and telephone usage funds shall be provided in reasonable amounts to recipients who are unable to procure such items.

Reasonable times and places for the use of telephones and for visits may be established in writing by the director of any treatment facility.

D. Restraint may be used only as a therapeutic measure or to prevent a patient from causing physical or mental harm to himself or others. In no event shall restraint be utilized solely to punish or discipline a patient, nor is restraint to be used as a convenience for the staff of the treatment facility. A person placed in restraints shall have his status reviewed periodically.

E. Seclusion may be used only as a therapeutic measure or to prevent a patient from causing physical or mental harm to himself or others. In no event shall seclusion be utilized solely to punish or discipline a patient, nor is seclusion to be used as a convenience for the staff of the treatment facility.

A person placed in seclusion shall have his status reviewed periodically.

F. A medical or dental emergency exists when delay for the purpose of obtaining consent will endanger the life or adversely and substantially affect the health of a patient. When a medical or dental emergency exists, and a physician who has examined a patient determines that the patient is not capable of giving informed consent, essential medical or dental procedures may be performed without consent. No physician or licensed dentist shall be liable for a good faith determination that a medical or dental emergency exists.

G. Every patient shall have the right to wear his own clothes; to keep and use his personal possessions, including toilet articles, unless determined by a physician that these are mentally inappropriate and the reasons therefor are documented in his medical record. The patient shall also be allowed to spend a reasonable sum of his own money for canteen expenses and small purchases, and to have access to individual storage spaces for his private use. If the patient is financially unable to provide these articles for himself, the treatment facility shall provide a reasonable supply of clothing and toiletries.

H. Every patient shall have the right to be employed at a useful occupation depending upon his condition and available facilities.

I. Every patient shall have the right to sell the products of his personal skill and labor at the discretion of the director of the treatment facility and to keep or spend the proceeds thereof or to send them to his family.

J. Every patient shall have the right to be discharged from a treatment facility when his condition has changed or improved to the extent that confinement and treatment at the treatment facility are no longer required. The director of the treatment facility shall have the authority to discharge a patient admitted by judicial commitment without the approval of the court which committed him to the treatment facility. The court shall be advised of any such discharge. The director shall not be legally responsible to any person for the subsequent acts or behavior of a patient discharged by him in good faith.

K. Every patient shall have the right to engage a private attorney. If a patient is indigent, he shall be provided an attorney by the mental health advocacy service, if he so requests. The attorneys provided by the mental health advocacy service or appointed by a court shall be interested in and qualified by training and/or experience in the field of mental health statutes and jurisprudence.

L. Every patient shall have the right to request an informal court hearing to be held at the discretion of the court within five days of the receipt of the request by the court. If the court determines that a hearing is appropriate and if the patient is not represented by an attorney of his own or from the mental health advocacy service, the court shall appoint an attorney to represent the patient. The purpose of the hearing shall be to determine whether or not the patient should be discharged from the treatment facility or transferred to a less restrictive and medically suitable treatment facility.

M. No provision hereof shall abridge or diminish the right of any patient to avail himself of the right of habeas corpus at any time.

N. Every patient shall have the right to be visited and examined at his own expense by a physician designated by him or a member of his family or an interested party. The physician may consult and confer with the medical staff of the treatment facility and have the benefit of all information contained in the patient's medical record.

O. Prefrontal lobotomy shall be prohibited as a treatment solely for mental or emotional illness.

P. No medication may be administered to a patient except upon the order of a physician. The physician is respon-

sible for all medications which he has ordered and which are administered to a patient. A record of medications administered to each patient shall be kept in his medical record. Medication shall not be used for non-medical reasons such as punishment or for convenience of the staff.

Q. A person admitted to a treatment facility has the right to an individualized treatment plan and periodic review to determine his progress. The appropriate staff of the facility shall review the person's progress at least at intervals of thirty, ninety, one hundred eighty days and every one hundred eighty days thereafter. The staff shall enter into the person's medical record his response to medical treatment, his current mental status, and specific reasons why continued treatment is necessary in the current setting or whether a treatment facility is available which is medically suitable and less restrictive of the patient's liberty.

R. A person admitted to a treatment facility has the right to have available such treatment as is medically appropriate to his condition. Should the treatment facility be unable to provide an active and appropriate medical treatment program, the patient shall be discharged.

XVII. Research and Human Rights Review.

Facilities whose goals include clinical research involving human subjects shall have a research review and/or human rights committee established by the governing body which shall ensure that clinical research projects are carried out only if and when the general importance and the importance to the subject is proportionate to the risks and side effects to the subject.

The committee shall study each research proposal in advance of its implementation and state in writing the determination of acceptance or rejection of the proposal.

No person shall be the subject of clinical research without his knowledge and consent.

XVIII. Clinical Care Evaluation.

A. Evaluation Activities: The staff and administration shall work toward enhancing the quality of patient care through specified, documented, implemented, and ongoing processes of clinical care evaluation studies and utilization review mechanisms. The quality of care shall be the responsibility of each member of the clinical staff, the clinical supervisory and leadership personnel, and the administration.

Formal clinical care evaluation activities shall consist of three coordinated but distinct processes: Individual case review procedures, clinical care evaluation studies, and utilization review. The organization of these review processes is dependent upon and varies with the goals, size, organizational structure, complexity, and resources of the facility.

B. Individual Case Review: Clinical case review meetings shall be held in regard to each patient frequently enough to ensure that each individual patient shall have a case review no later than one month after initiation of active treatment; subsequently at least every six months during the course of active treatment; and prior to termination of treatment. Individual case review shall be reflected and documented in the individual case record.

C. Clinical Care Evaluation Studies: The facility should conduct studies of aggregate patterns of patient care in order to identify gaps and deficiencies in service; and determine efficacy of treatment; to define standards of care consistent with the goals of the facility; to identify individual cases which deviate from the standards; and to establish new methods based upon knowledge gained from such studies.

Written reports of such studies should be made to the chief administrative officer and to appropriate clinical staff.

D. Utilization Review: Each facility shall have a plan for and carry out utilization review. The overall objective shall be to maintain a high quality of patient care, achieve cost efficiency, and increase the effective utilization of the facility's services through the peer group study of patterns of care, the development of empirical standards and the dissemina-

tion of the results of these studies to the staff. The facility shall choose and carry out a plan consistent with its own goals, size, organization, and complexity. The plan shall be reviewed at least annually and signed and dated by the reviewer(s).

The utilization review shall cover the appropriateness of admission to services, the provision of certain patterns of services, and duration of services. Criteria shall be set for: Selection of the cases to be reviewed and the means of sampling; duration of treatment; and the process of active treatment. The reviews may be carried out as a special function or combined with other quality control reviews, but meetings including utilization reviews shall be held at least monthly and records shall be kept.

XIX. Facilities Management.

A. Basic Requirements:

1. The buildings and the environment for psychiatric facilities providing clinic services shall be constructed, maintained, and furnished in accordance with the provisions of applicable Federal, State, and local laws and codes and amendments thereto.

2. The environment, including the use of the building(s), furnishings, decorations, and grounds of each facility shall be commensurate with the facility's treatment philosophy.

3. The facility shall be so located as to be near and readily accessible to the community and populations to be served.

4. Install and maintain appropriate equipment and furnishings which are suitable for the type of treatment and services being conducted.

B. Physical Environment: Emphasis is to be given to requirements which would pertain to the needs of patients and personnel housed in the facility. Items to be included but not limited to are designated herein:

1. Buildings—The facility will provide a physical plan which is both safe and functional.

a. Solidly constructed with current approvals from State and local authorities.

b. Patient and personnel safeguards.

c. Isolation and detention facilities where applicable.

d. Adequate floor space in sleeping, eating, treatment, and activity areas where applicable.

e. Emergency power, gas, and water supply where applicable.

f. Proper laundry and disposal facilities where applicable.

g. Adequate corridor widths.

h. Adequate parking space will be provided.

C. Sanitary Environment: The facility shall provide and maintain a sanitary environment to avoid sources and transmission of contamination and infections.

XX. Fire Control and Disaster Plan.

A. Fire Control: The facility will maintain its premises free from fire hazards and promote a safe environment. Items to be included but not limited to are designated herein:

1. Regular approval by inspectors.

2. Fire prevention programs with fire control plans.

3. Fire resistive buildings and/or sprinklers as required.

4. Fire extinguishers.

5. Rules for storage and handling of flammable agents.

6. Proper storage facilities.

7. Proper trash handling.

8. Provide and maintain adequate exits and exit ways.

B. Disaster Planning: Each facility shall have a written plan that specifies the agencies, organizations, and procedures for meeting potential emergencies and disasters, such as fire and natural disasters.

1. The plan shall provide for at least the following provisions:

a. The assignment of staff personnel to specific tasks and responsibilities.

b. Individual instructions concerning the use of alarm systems, methods of notification of proper authorities and occupants of the building, and the proper use of special emergency equipment.

c. Information and instructions relative to the methods of fire prevention and containment.

d. Designation of escape routes and procedures.

e. Orientation and information concerning the location of emergency equipment.

f. Other emergency measures which may be unique for specific areas of the state.

2. The written "fire control and disaster plan" and procedures shall be posted in conspicuous locations throughout the facility, and a copy shall be made available to all staff members.

3. There shall be documented information that fire drills are held at least quarterly on all shifts of the facility, at unannounced times, and under a variety of conditions in order to evaluate the effectiveness of the plan and procedures.

4. Shall meet minimum standards as required by the State Fire Marshal.

GLOSSARY

Administrative Staff—The personnel who are primarily involved in management functions of the facility.

Admission—See "Intake or Admission."

Assessment—Clinical consideration and evaluation of a patient which may, but does not necessarily, include examinations and tests determined to be necessary by the professional clinical staff, based on the needs of the individual patient.

Clinical Staff—The personnel of the facility who are primarily directly involved in patient care and treatment services.

Community—The people, groups, agencies, and other facilities within the locality served by the psychiatric facility.

Consultant—One who provides professional advice or services upon request.

Consumer—The individual or community of individuals whose psychiatric needs are served by the facility either directly or indirectly or both.

Discipline—A system of rules, concepts, procedures, and philosophy that collectively describe a distinctive methodology in the areas of assessment and/or treatment of individuals with emotional or behavioral disorders or deviations.

Drug Administration—An act in which a single dose of an identified drug is given to a patient for immediate consumption.

Drug Dispensing—The issuance of one or more doses of prescribed medication in containers that are correctly labeled to indicate the name of the patient, the contents of the container, and all other vital information needed to facilitate correct patient usage and drug administration.

Follow-Up—Maintenance of contact with a former patient, collection of information regarding a patient or re-examination of a patient following assessment and/or therapy.

Inpatient Facility—Any facility or service offering twenty-four hour care to patients, regardless of the number of days per week the program is in operation. Examples are psychiatric hospitals, psychiatric units of general hospitals, and free-standing inpatient units in mental health centers.

Intake or Admission—The formal acceptance of an individual for assessment and/or therapeutic services provided by the facility.

Outpatient Service—Any service providing individual psychiatric treatment for emotional, mental, or behavioral problems without their admission to a partial-day or inpatient service. The usual procedure involves periodic visits of a relatively short duration.

Partial Hospitalization—Any service whose primary purpose is to provide a planned therapeutic milieu and other care and treatment services. The services are designed for nonresidential patients who spend only a part of a twenty-four hour period in the programs of the facility. Examples are day hospitals and night hospitals.

Physician—An individual with an M.D. degree who is licensed to practice medicine in all its phases.

Professional Staff—The personnel of the facility, either administrative or clinical, who are qualified by specific training and whose services or practices are governed by technical and ethical standards.

Programs—A structured set of clinical activities designed to achieve specific objectives relative to the needs of the patients served by the facility.

Psychiatric Facility—An organization with a governing body, its own administration, and a mental health professional staff, and having as a primary function the assessment and/or treatment and rehabilitation of persons with emotional and/or behavioral disorders and/or deviations or disturbances in their development, and in which there are psychiatrists or other physicians who assume medical responsibility for all persons under the care of the facility. In any facility where medical responsibility for psychiatric patients rests with physicians other than psychiatrists, such physicians should have training or experience and demonstrated competence in caring for psychiatric patients.

Psychiatrist—Doctor of Medicine who specializes in the assessment and treatment of persons having psychiatric disorders, and who is fully licensed to practice medicine in the state in which he so practices. The individual shall have completed an approved three year residency in psychiatry.

Psychologist—An individual who has a doctoral degree in psychology from a program in clinical psychology approved by the American Psychological Association; or who has been certified in the appropriate specialty by the American Board of Professional Psychology; or who has been licensed by the State examining board.

Registered Nurse—A nurse who is a graduate of an approved school of nursing and who is licensed by the State of Louisiana to practice as a registered nurse.

Research—Organized program(s) directed towards the investigation and evaluation, whether basic or applied, of subjects related to the prevention, diagnosis, and treatment of psychiatric illness.

Social Worker—An individual who is a graduate of an accredited graduate school of social work.

Verbs

The attention of the facility is drawn to the distinction between the use of the words "shall" and "should" and "may" and "must."

Shall or Must—Term used to indicate a mandatory statement, the only acceptable method under the present standards.

Should—Term used in the interpretation of a standard to reflect the commonly accepted method, yet allowing for the use of effective alternates.

May—Term in the interpretation of a standard to reflect an acceptable method that is recognized but not necessarily preferred.

William A. Cherry, M.D., Secretary
Department of Health and Human Resources

RULES

Department of Health and Human Resources Office of Family Services

The Department of Health and Human Resources, Office of Family Services, has adopted the following revised policy changes in the method of reimbursing foster parents for expenditures incurred in the care of foster children.

A monthly flat payment rate will be made to foster parents which will include the regular board payment in addition to a set amount for the child's clothing, personal allowance, personal items, and gift allowance.

The breakdown of the monthly flat payment rates by age group shall be as follows:

Birth through age 5	\$100.00	room and board
	14.00	1/12 clothing budget
	1.50	child's monthly allowance
	1.50	personal items
	3.00	1/12 gift allowance
		<hr/>
		\$120.00—monthly flat rate amount
6 years through 12 years	\$100.00	room and board
	25.50	1/12 clothing budget
	10.00	child's monthly allowance
	1.50	personal items
	3.00	1/12 gift allowance
		<hr/>
		\$140.00—monthly flat rate amount
13 years through 21 years	\$110.00	room and board
	33.00	1/12 clothing budget
	12.00	monthly allowance
	2.00	personal items
	3.00	1/12 gift allowance
		<hr/>
		\$160.00—monthly flat rate amount

For foster children who have approval for a special board rate, the new rate of payment shall be the applicable flat rate amount plus the amount of the special board rate which is in excess of the current usual board rate for that age child.

This payment schedule shall be reflected in the checks issued to foster parents in February, 1978.

The flat rate amounts reflect an increase in the clothing budget, monthly allowance, gift allowance for each age group, and a slight increase in the personal items allowance for the thirteen years through twenty-one years age group. Haircuts will no longer be reimbursable.

With implementation of this payment system, the foster parent Expenditure Affidavit forms and receipts shall no longer be required for purchase of items included in the flat rate amounts.

In addition to the monthly flat payment rate, reimbursement of expenses shall be allowed for the purchase of initial or emergency clothing for a foster child within the limits described below.

Clothing Allowance not Included in Flat Rate

(a) **Initial Clothing Allowance**—An initial clothing allowance, not to exceed \$150.00 may be expended for any age child at the time of placement in foster care regardless of the type placement facility. Local office approval shall be required for this expenditure. Receipts for the purchases must be submitted.

(b) **Emergency Replacements**—An allowance for emergency replacement of clothing, not to exceed \$150.00 may be expended for any age foster child. Types of situations for which an emergency replacement of clothing could be considered includes a foster child being moved from one facil-

ity to another without an adequate wardrobe or if the child's clothing is destroyed by fire or other unusual circumstances.

Prior approval from State office shall be required for emergency replacements, and receipts for purchases must be submitted.

William A. Cherry, M.D., Secretary
Department of Health and Human Resources

RULES

Department of Health and Human Resources Office of Family Services

The Department of Health and Human Resources, Office of Family Services has adopted rules and regulations regarding revised Income Standards and Basis of Issuance in the Food Stamp Program effective January 1, 1978 in accordance with Federal regulations as specified in Federal Register, Volume 42, Number 215, Pages 58152 through 58158, of Tuesday, November 8, 1977. The revisions provide food stamp recipients with a cost of living increase.

The Department of the State Register, in accordance with R.S. 49:954.1C, has exercised its privilege to omit from the Louisiana Register the text of the Income Standards and Basis of Issuance in the Food Stamp Program. Copies of the revised Income Standards and Basis of Issuance may be obtained without cost at the following address: Food Stamp Program, Office of Family Services, 333 Laurel Street, Room 301, Baton Rouge, Louisiana 70804, Telephone: 389-2631.

William A. Cherry, M.D., Secretary
Department of Health and Human Resources

RULE

Department of Health and Human Resources Office of Family Services

The Department of Health and Human Resources, Office of Family Services, has adopted Minimum Standards for Licensure of Child Caring Agencies Offering Emergency Shelter Care. The standards shall be effective February 1, 1978. The Department of the State Register, in accordance with R.S. 49:954.1C, has exercised its privilege to omit from the Louisiana Register the text of the Minimum Standards for Licensure of Child Caring Agencies offering Emergency Shelter Care.

Copies of the standards may be obtained without cost at the following address. Office of Family Services, Planning and Policy Formulation Section, 755 Riverside North, P.O. Box 44065, Baton Rouge, Louisiana 70804.

William A. Cherry, M.D., Secretary
Department of Health and Human Resources

RULE

Department of Health and Human Resources Board of Optometry Examiners

Minimum standards for an optometric examination are necessary in order to insure an adequate examination of a patient for whom an optometrist signs or causes to be signed, a prescription for an ophthalmic lens.

In the initial examination of the patient (i.e., the patient has not been examined by the optometrist within the preceding twelve months), the optometrist shall make and record the following findings of the condition of the patient:

- a. complete case history (ocular, physical, occupational, medical, and other pertinent information);

- b. chief ocular complaint;
- c. aided and unaided visual acuity;
- d. external examination (lids, cornea, sclera, etc.);
- e. internal ophthalmoscopic examination (media, fundus, etc.);
- f. ocular motility (e.g. rotations, fixations);
- g. neurological integrity (e.g. pupillary reflexes, direct, consensual);
- h. for point subjective examination; static retinoscopy and subjective refraction;
- i. near point subjective examination; subjective refraction;
- j. test of accommodation and binocular coordination at far and near; test preferably made with Phoropter;
- k. confrontation fields, lateral, and vertical;
- l. tonometry.

The minimum standards for examination and fitting of contact lenses are necessary in order to insure an adequate examination of a patient for whom an optometrist signs or causes to be signed a prescription for a contact lens:

- a. all items contained in the minimum standards for an optometric examination;
- b. keratometer ophthalmometry;
- c. slit lamp evaluation;
- d. fluorescein examination (for hard lenses);
- e. diagnostic evaluation for soft lenses at the time of fitting;
- f. reexamination and reevaluation within the following periods of time:

Firm lenses—three months

Flexible lenses—six months.

In the event that the examining optometrist is not able, for any reason, to make and record each of the points set forth herein, he shall record in writing his professional judgment for not making and recording same.

Gerald A. Lemoine, O.D., President
Board of Optometry Examiners

RULES

Department of Labor Office of Employment Security

The Department of Labor, Office of Employment Security, has pursuant to R.S. 23:1654 amended Rule 1 to read as follows:

Rule 1. Value of Board and Lodging

Pursuant to R.S. 23:1472(20)(A), the Administrator determines and establishes the cash value of board to be one dollar per meal and lodging to be ten dollars per week, unless there is a written agreement between the employer and employee establishing such amounts. These values will be assigned in computing the cash value of remuneration in a medium other than cash for tax purposes and in establishing claims, and in deductions which may be made from benefit amounts received by claimants.

This rule becomes effective January 1, 1978.

Thomas M. Lockwood, Assistant Secretary
Office of Employment Security

RULES

Department of Labor Workmen's Compensation Second Injury Board

Rules of Practice and Procedure Before the Louisiana Workmen's Compensation Second Injury Board

Section 1. Authority. These rules of practice and procedure are promulgated by the authority of R.S. 49:951 et seq., as amended, being the Louisiana Administrative Procedures Act.

Section 2. Domicile of Board, time of meetings, special meetings. The Board shall be domiciled in Baton Rouge, Louisiana. It shall hold its regular meeting on the first Thursday of each month. Special meetings may be called upon giving three days advance notice thereof.

Section 3. Definitions. By reference, all of the definitions set forth and contained in R.S. 49:951 through 49:966, inclusive, are incorporated herein, and for the purpose of hearings to be held hereunder, the following definitions shall prevail:

(a) "Board" shall mean the Louisiana Workmen's Compensation Second Injury Board.

(b) "Hearing" shall mean a hearing called by the Board under the authority of R.S. 23:1378, Subsection C.

(c) "Hearing Officer" shall be the Chairman or Vice Chairman or any other person determined by the Board to be qualified to conduct hearings on its behalf.

(d) "Applicant" shall mean the employer or insurer making claim for reimbursement from the Workmen's Compensation Second Injury Fund.

(e) "Insurer" shall mean the workmen's compensation insurance carrier of an employer.

Section 4. Presentation of claim for reimbursement from second injury fund, timely filing thereof. Within fifty-two weeks after the first payment of weekly compensation or of death benefits, the employer or his insurer, whichever of them makes the payments or becomes liable therefor, shall notify the Board in writing of such facts and furnish such other information as may be required for the Board to determine if the employer or his insurer is entitled to reimbursement from the Workmen's Compensation Second Injury Fund. The Board may, upon proper showing, extend the filing period provided under the provisions of this section.

Section 5. Disposition of claim. The Board shall conduct such investigations, order such hearings and take such other actions as it finds necessary to make an intelligent decision on the claim. At least thirty days prior to the date of the Board meeting at which a decision on the claim is to be made, all interested parties shall be notified of the following:

(1) The date, time, place and purpose of the meeting;

(2) That a formal hearing on the claim pursuant to the provisions of R.S. 49:955, may be requested provided such request is made in writing and is received in the office of the Board at least ten days prior to the date of said meeting;

(3) That unless a formal hearing is requested as provided in (2) above, the Board will render its decision on the claim at said meeting.

Where no hearing is requested, the Board shall issue a written decision as soon after said meeting as the facts and circumstances will allow. Parties shall be notified by mail of such decision.

Section 6. Commencement of hearings. As authorized by R.S. 23:1378C and these rules of practice and procedure, hearings may be instituted by the Board on timely request by the applicant or, at any time, on the Board's own motion. No request by the applicant for a hearing shall be effective unless it is made in writing and received in the office of the Board at least ten days prior to the date of the Board meeting at which a decision on the claim is to be made as set forth in Section 7 below.

Section 7. Docket. When a hearing is instituted, it shall be assigned a number and entered with the date of its filing on a separate page of docket provided for such purpose. The Board shall establish a separate file for each such docketed case, in which shall be systematically placed all papers, pleadings, documents, transcripts, evidence, and exhibits pertaining thereto, and all such items shall have noted thereon the docket number assigned and the date of filing.

Section 8. Notice. The Board shall notify the applicant at least fifteen days prior to the hearing and such notice shall conform to the requirements of R.S. 49:955.

Section 9. Answer or appearance. The applicant may file an answer or otherwise make an appearance on or before the date fixed for the hearing.

Section 10. Leave to intervene necessary. Persons, other than the original parties to any proceedings, whose interests are to be directly and immediately affected by the proceedings, shall secure an order from the Board or Hearing Officer appointed by it granting leave to intervene before being allowed to participate; provided that the granting of leave to intervene in any matter or proceeding shall not be construed to be a finding or determination of the Board or Hearing Officer for purposes of court review or appeal.

Petitions for leave to intervene must be in writing and must clearly identify the proceeding in which it is sought to intervene. Such petition must set forth the name and address of the petitioner and contain a clear and concise statement of the direct and immediate interest of the petitioner in such proceedings, stating the manner in which such petitioner will be affected by such proceedings, outlining the matters and things relied upon by such petitioner as a basis for his request to intervene in such cause, and, if affirmative relief is sought, the petition must contain a clear and concise statement of relief sought and the basis thereof, together with a statement as to the nature and quality of evidence petitioner will present if such petition is granted.

Petitions to intervene and proof of service of copies thereof on all other parties of record shall be filed not less than two days prior to the commencement of the hearing. Thereafter, such petition shall state a substantial reason for such delay; otherwise, such petition will not be considered.

If a petition to intervene shows direct and immediate interest in the subject matter of the proceeding or any part thereof and does not unduly broaden the issues, the Board may grant leave to intervene or otherwise appear in the proceeding with respect to the matters set out in the intervening petition, subject to such reasonable conditions as may be prescribed. If it appears during the course of a proceeding that an intervenor has no direct or immediate interest in the proceeding, and the public interest does not require his participation therein, the Board may dismiss him from the proceeding.

Section 11. Default in answering or appearing. In the event of the failure of any respondent to answer or otherwise appear within the time allowed, and provided that the foregoing rules as to service have been complied with, the respondent or respondents so failing to answer or otherwise plead to or to appear, shall be deemed to be in default, and the allegations of the complaint, petition or order to show cause, as the case may be, together with the evidence to support the same, shall be entered into the record and may be taken as true and the order of the Board entered accordingly.

Section 12. Hearing procedure. Hearing held under these rules and regulations shall be conducted by the Board, or by its designated Hearing Officer, in accordance with the rules and procedures set forth in R.S. 49:956:

(a) The Chairman of the Board or the Vice Chairman in the absence of the Chairman or the Hearing Officer assigned to the matter shall announce the title and docket number of the proceedings before the Board and direct a reading into the record of the notice of hearing together with the written appearances of the applicant and shall note the subpoenas

issued and returns thereon. Attorneys and/or other representatives of the applicant shall be recognized along with the representatives of the Board and other proper parties.

(b) The applicant shall then present this evidence subject to cross examination by the Board and other proper parties in those cases where the applicant requested the hearing be held.

(c) The Board shall then present its evidence subject to cross examination by the applicant and other proper parties.

(d) Where the Board has called the hearing on its own motion, the order of presentation of evidence shall be reversed.

(e) The Board may make an informal disposition of the case by stipulation, agreed settlement, consent order or default.

(f) The Board shall render its final decision and order in accordance with R.S. 49:958.

Section 13. Finality of Board's decision. The decision of the Board shall be final.

Section 14. Appeal. An appeal from an adverse final decision of the Board, as to liability under the act or the amount of such liability or both, may be taken by the aggrieved party provided such appeal is filed, pursuant to the provisions of R.S. 23:1378E, within thirty days after the date shown on the written notice of said final decision.

Section 15. Stenographic record of hearing. At the expense of and at the written request made not less than five days prior to the date set for the hearing by any person affected by the hearing, the Board or the person designated by it to hold the hearing shall cause a full stenographic record of the proceedings to be made by a competent stenographic reporter and, if transcribed, such records shall be made a part of the record of the Board of the hearing.

James E. Campbell, Executive Director
Workmen's Compensation Second Injury Board

RULE

**Department of Public Safety
Office of Fire Protection**

In accordance with the notice of intent published in Louisiana Register, and following a public hearing on December 5, 1977, the following regulation was adopted by the Fire Marshal.

For structures which by law may only be constructed with plans prepared and certified by a licensed architect or civil engineer, it shall be the duty of the owner of such a structure to provide for periodic observation of the construction of the structure to determine if the work is proceeding in accordance with the plans and specifications as approved by the Fire Marshal. The observations shall be performed by a member of the Fire Marshal's staff, a person certified under R.S. 40:1563, or by a registered architect or a registered civil engineer. Upon request of the Fire Marshal or his certified local authority, the owner shall be responsible to have the registered architect or engineer familiar with the plans and specifications available to participate and assist in the observations of construction. Upon completion of such work, the owner shall furnish to the Fire Marshal a certificate signed by any person hereby authorized to perform observations of construction, stating that the periodic observations have been made and that, to the best of said observer's knowledge, the work was completed in accordance with those fire safety standards and regulations stipulated in the plans and specifications previously approved by the Fire Marshal.

Occupancy of a structure, watercraft or movable prior to furnishing a certificate to the Fire Marshal as required under this regulation is expressly forbidden by the Fire Marshal.

Persons found to be occupying a structure, watercraft or movable in violation of this order will be prosecuted under the provisions of R.S. 40:1621.

In addition to the above regulation, the Fire Marshal adopted the following certificate for use by the individuals charged with the responsibility of implementing the above regulation:

Certificate of Completion

Date: _____

To: The Louisiana State Fire Marshal
8941 Jefferson Highway
Baton Rouge, Louisiana 70896

This is to certify that the _____
(name of project by title for type or use)

_____ located at

(Street/Number/Town)

was periodically observed by me during construction and has been completed in accordance with the safety provisions which were shown in the plans and specifications previously approved by the Fire Marshal.

Under penalty of perjury for false statements, I,

(Name of Architect/Civil Engineer/Person Authorized under R.S. 40:1563)

License No. _____ certify that all statements contained herein are true and correct.

Raymond B. Oliver
State Fire Marshal

RULE

**Department of Public Safety
Office of Fire Protection**

**Minimum Standards for
Unattended Gasoline Dispensing Systems**

After public hearing held in New Orleans on October 14, 1977, and an on site inspection by the Fire Marshal, the following final regulations are promulgated setting forth the minimum requirements for unattended gasoline dispensing systems.

A. No system for dispensing Class-1 flammable liquids shall be permitted without the requirement of an attendant or supervisor on duty unless the following requirements are met:

1. Each dispensing system shall comply with all applicable requirements of the Louisiana State Fire Marshal's Act, R.S. 40:1561 et seq.

2. Each such system must utilize a controlled access device such as a key lock pump, a card operated automatic system, or some other approved controlled access dispensing system.

3. No device providing for the operation of any such systems such as a card or key shall be issued to any individual who has not undergone an adequate program of approved instruction on the safe use of this system.

4. All such systems shall be equipped with heat sensing devices providing in the event of fire for:

a. Automatic signal to a central alarm service that will then immediately alert and notify the nearest fire fighting agency. For the purpose of this section, the

word "immediately" shall be defined as meaning no more than two minutes, and

b. Automatic fuel cut-off.

5. An approved water hose connected to an approved adequate supply shall be available for use in attending to minor Class-1 flammable liquids spills.

6. An approved and properly tagged and dated and maintained fire extinguisher shall be readily available and properly maintained at all times.

7. No such systems shall be permitted inside buildings.

8. The dispensing area must be adequately lighted at night.

B. The following warning signs shall be posted and conspicuously displayed:

1. These gasoline pumps are not open to the public;

2. Only the individual to whom an automatic dispensing card has been issued may use these pumps;

3. In the event of an emergency or equipment malfunction, call the following number _____;

4. In the case of any major spill of gasoline, call the Fire Department at the following number _____.

C. In addition to the above regulations, such systems shall comply with the applicable provisions of the National Fire Code, National Fire Protection Association (N.F.P.A.) Pamphlet No. 30, 1973 Edition, regarding the handling and use of flammable liquids.

D. Bulk plants and terminals are specifically excluded from the provisions of this regulation but must comply with the applicable provisions of N.F.P.A. Fire Code, Pamphlet No. 30, 1973 Edition regarding the handling and use of flammable liquids.

E. In addition to the penalty provided in R.S. 40:1621, the failure of any individual, group, or other legal entity to comply with these regulations may also result in the prohibition of said individual or legal entity from operating an automatic gasoline dispensing system in the State of Louisiana.

Raymond B. Oliver
State Fire Marshal

RULES

Department of Revenue and Taxation

Louisiana Severance Tax Article 633:74-1. Rates of Tax

* * * *

F. Application of the Tax on Gas:

* * * *

7. (a) Carbon black exclusions may be allocated to leases on a contractual basis; provided, however, that such gas is physically capable of being consumed as carbon black. In the absence of contractual limitations, the allocation of plant fuel and carbon black shall be on an equitable and reasonable basis.

(b) Whenever sales and/or deliveries are made for plant fuel and/or carbon black usage the consumer of such plant fuel and the transporter or seller of the gas used for carbon black shall be required to submit a report monthly to the Department of Revenue and Taxation showing one hundred percent entries into its gas streams involved and an allocation of the plant fuel and/or carbon black usage withdrawn from the stream back to the sources entering the commingled mass.

* * * *

8. (c) Gas used or consumed as fuel in the operation of a recycling or gasoline plant for other purposes than the production of natural resources in the State of Louisiana shall not be exempt from the tax. The extraction and/or fractiona-

tion of liquefied petroleum gas and/or natural/casinghead gasoline does not constitute production of natural resources.

* * * *

H. Exclusions from the Gas Severance Tax:

* * * *

3. Gas vented or flared from oil and gas wells provided such gas is not otherwise sold. There shall be no exclusion allowed for gas flared at gasoline or recycling plants if such gas is attributable to raw gas volumes which are sold by the producer prior to plant processing.

* * * *

5. Deleted

* * * *

L. Citation: This amendment may be cited as 633:77-1.

Louisiana Severance Tax

Article 646.1:77-1. Severance Tax Exemption

I. R.S. 47:646.1 provides a limited tax exemption of fifty percent of severance taxes on oil or gas produced from the first well of a newly discovered field and is applicable only on the working interest owners' first two million cubic feet of gas produced per day and the first one hundred barrels of oil produced per day during the first twenty-four months of commercial production from the discovery well.

II. The limited tax exemption does not apply to:

(1) Condensate, distillate, or similar natural resources produced from a well classified as a gas well by the Assistant Secretary of the Office of Conservation.

(2) A working interest owner(s) who purchases or otherwise acquires an interest in a newly discovered field well after the date of discovery.

(3) The basic royalty owners' interest in a well, or, the overriding royalty interest.

(4) Gas sold under an agreement in existence prior to June 1, 1977, which requires the buyer to reimburse the seller for more than fifty percent of any gas severance tax, nor shall the exemption apply to any gas sold under an agreement entered into after June 1, 1977.

III. The following guidelines shall be used to claim the limited tax exemption provided for in R.S. 47:646.1:

(1) The operator who files the Producer's Monthly Production Report (Forms R-1 and/or R-5P) shall file, on behalf of the working interest owners in a well entitled to the limited tax exemption provided in R.S. 47:646.1, a claim for refund on a monthly basis. Claims must be submitted to the Department of Revenue and Taxation within thirty days after the tax has been paid at rates levied in R.S. 47:633 (7) (a) (b) (c) and R.S. 47:633(9).

(2) The claims shall be filed on forms provided by the Department of Revenue and Taxation. Claims for refund will not be processed until proof of tax payment at regular tax rates has been made by the Department of Revenue and Taxation.

(3) The refund will be issued to the taxpayer who paid taxes at the regular tax rates and it will be his responsibility to disburse the money on the regular division of working interest.

IV. Citation:

(1) This regulation may be cited as 646.1:77-1.

Louisiana Sales Tax

Article 47:301(3). Cost Price

* * * *

(Fourth Paragraph)

In arriving at actual cost of tangible personal property for the purpose of the required comparison, any item of cost which would influence the market value of the property at a given location must be included. In the case of property manufactured, fabricated and/or altered to perform a specific function prior to the tax incident, every item of cost must be included. Thus, materials, labor, overhead, transportation to the point of tax incidence, and any other costs of any nature whatsoever must be included. This rule applies whether the work is per-

formed by the owner of the property or by others, and whether it was performed within or outside the State of Louisiana. Freight, delivery, handling, shipping and other such services are to be included in the "cost price" base for use tax purposes to the same extent as such services would be included as part of the "sales price" as the basis for sales tax if the article of tangible personal property were sold in this state rather than sold outside this state and then imported into Louisiana for use, consumption, distribution, or storage for use, or consumption, in this state.

Louisiana Sales Tax
Article 47:301(13). Sales Price
* * *

(Last Paragraph)

Freight, delivery, handling, shipping and other services of a similar nature are included within the "sales price" base for sales tax purposes when such services are a part of the sale valued in money. In determining when such services are a part of the sale valued in money, resort should be had to the substance of the contract of sale between the seller and the buyer, and the substance of the agreement shall control over the form used by the parties. If the substance of the terms of the contract of sale is such that the seller is obligated to deliver, at his expense, the article of tangible personal property to the buyer, then in those instances it shall be deemed that the "sales price" includes the value of such services, and the sales tax base would include the value of such services. In determining the substance of a contract of sale as to whether the delivery services are the obligation of the seller or that of the buyer, resort may be had to the invoice evidencing the sale. Where the invoice evidencing the sale provides that the terms of the shipment are "F.O.B. destination," the transportation services shall be deemed to be the obligation of the seller and includable in the "sales price" as the basis for sales tax. Conversely, where the invoice evidencing the sale provides that the terms of sale are "F.O.B. origin," and if the charges for such services are separately stated on the invoice, then the "sales price" shall be deemed not to include the separately stated charges for such services, and the charges for such services shall be excluded from the sales tax base. Whether the sale is one made in intrastate or in interstate commerce is not controlling since in either case the "sales price" shall be deemed to include the charges for such services if such services are rendered by the seller in discharge of his obligation to the buyer to furnish such services as stated hereinabove, and shall be deemed not to include the charges for such services where rendered by the buyer, either personally or through an independent contractor for the buyer's account and at the buyer's expense. In order to facilitate the collection of sales tax on those transactions including such transportation services, the Secretary shall look first to the seller for the collection and remission of such taxes in those cases in which the seller is registered as a dealer for sales tax purposes, or where the seller is required by statute to be so registered. In those instances in which such services are to be included within the sales tax base, but where the seller is not required to, or fails to, collect such sales tax, and in those instances in which the charges for such services are billed directly to the buyer by the person furnishing such services, such as an independent contractor, the Secretary shall look to the buyer for the remission of such sales tax. Nothing herein, however, shall be construed so as to limit the Secretary insofar as the collection of such sales taxes as may be otherwise provided by law, the administrative procedures set forth herein being designed merely to facilitate the collection of such sales tax and not to alter the obligations imposed upon seller and buyer by law.

Louisiana Sales Tax
Article 47:301(16). Tangible Personal Property

With the exception of certain provisions of R.S. 47:301(14) relating to the furnishing of services, the question of whether an item constitutes tangible personal property is of utmost

importance in determining whether its sale, use, storage, consumption, rental, or lease is subject to tax under the provisions of this Chapter. Under pertinent provisions of the Louisiana Civil Code, tangible personal property must be construed to be tangible movable property. Thus, if property is movable and meets the definition of tangible property contained in this Section, it is tangible personal property. R.S. 47:301(16) defines tangible property to be any property which may be seen, weighed, measured, felt or touched, or is in any manner perceptible to the senses. Stocks, bonds, notes, or other obligations or securities have been specifically excluded from the definition of tangible personal property.

Although not specifically excluded by R.S. 47:301(16), computer software, the codified programs and procedures that direct operations, will be treated as intangible property. When the selling price of software is separately set out on a dealer invoice, and when such property does not constitute an inseparable part of hardware or other tangible personal property, the software shall not be subject to the sales tax. Central programs or basic operational programs which are sold as an inseparable part of computer hardware, will continue to be subject to the tax.

Tapes, discs, punched cards, or other mediums on which software is contained, are considered tangible personal property. Sellers of software, who purchase this tangible personal property for use in transmitting the software to customers, incur a consumer sales or use tax liability on such purchases.

This ruling concerning computer software is promulgated on a prospective basis and will not affect tax liabilities for periods prior to the effective date shown below.

The nature of property may change from movable to immovable or from immovable to movable so that its character at the moment of a transaction or activity must be established in order to determine taxability of that transaction or activity. As an example, a movable piece of machinery may be attached to a building in such manner that it cannot be removed without doing damage to the machinery or to the building. In this case, the character of the property will have changed from movable to immovable. However, if the machinery is attached in such a way that it may be removed from the building without doing damage to either it or the building, its character upon being separated reverts to movable property. This distinction is of particular importance in determining whether repairs to property are taxable. If equipment or machinery have been removed from real property in such way that neither the equipment or machinery nor the real property has been damaged, the item constitutes tangible personal property and repairs made thereto are taxable.

Louisiana Sales Tax
Article 47:305. Exclusions and Exemptions From the Tax
* * *

R.S. 47:305(4) provides, in part, an exemption from State sales and use taxes upon the sale at retail, the use, the consumption, the distribution, and the storage to be used or consumed in this state for orthotic and prosthetic devices and patient aids prescribed by physicians for personal consumption or use. Orthotic, by definition, means a branch of mechanical and medical science that deals with the support and bracing of weak or ineffective joints or muscles, and such things as orthopedic shoes, braces, crutches, wheelchairs, surgical supports, and traction equipment are exempt from taxation, while such items as prescription eyeglasses and hearing aids are not covered by the exemption. Prosthesis, by definition, means the replacement of a missing part of the body, as a limb, eye, or tooth by an artificial substitute, and such things as artificial eyes, legs, or arms, and the replacement and restoration in whole or in part of the teeth are exempt from taxation. Such dental prosthesis include but are not limited to, full dentures, fixed and removable dental prosthesis and all parts thereof, and in addition all other items associated with replacement and restoration of the teeth which by law also necessitate a prescription from the

attending dentist for fabrication, while such items as toupees, braces for teeth or eyeglasses or corrective lenses are not covered by the exemption. Patient aids mean such equipment as sickroom supplies and other tangible personal property used for the convenience and comfort of the patient. In all instances, the orthotic and prosthetic devices and patient aids must be prescribed by a physician for personal use or consumption in order for the sale to be exempt for sales tax purposes. Further, the rental tax and sales tax for repairs to orthotic and prosthetic devices and patient aids are not exempted under R.S. 47:305(4).

Louisiana Sales Tax
Article 47:315. Sales Returned to Dealer;
Credit or Refund of Tax

R.S. 47:315A provides special rules for the handling of taxes which have been charged to the account of a purchaser, consumer, or user in cases where the property sold has been returned to the dealer or where a refund is made of the charges for services upon which a tax was based. In either case, if the tax has been collected or charged to the account of the purchaser or consumer or user and has not yet been remitted to the Collector of Revenue, and a refund or credit is made to the purchaser or consumer, the dealer may delete the sale and the tax due in submitting his return for the current tax period.

If the merchandise is returned to the dealer or if a refund is made to the customer for any charges for services after the tax collected or charged to the customer's account has been remitted to the Collector of Revenue, the dealer may obtain a credit memorandum for the amount of tax remitted to the Collector less any compensation deducted by him at the time of remittance, by submitting a sworn statement to the Collector which lists the amount of any such refunds over the period covered by the sworn statement. In no event should the period covered exceed ninety days. After having obtained the credit memorandum, the dealer may use the memorandum, up to the amount of its face value, in payment of any tax liabilities subsequently accruing.

The sworn statement submitted by the dealer in support of his application for credit must list the date of original sale, the customer's name and address, the full amount of the total sale, the tax collected thereon or charged to the customer's account, and the date the total amount charged to the customer or collected from the customer was refunded, including the taxes in question. Credit memoranda issued under the authority granted by this Section are not negotiable and cannot be used to apply on the tax liability of any taxpayer other than the dealer to whom issued. However, the Collector has the authority at his discretion to issue a refund to any dealer who has retired from or discontinued business and in any other case in which the Collector determines that it would be to the benefit of the State to do so.

Dealers submitting refund claims should be aware of the following restrictions specifically provided in or authorized by R.S. 47:315B:

(1) The sales tax is refundable on debts incurred after January 1, 1976, that ultimately become worthless. The tax will not be refunded on worthless debts incurred prior to January 1, 1976.

(2) Before the Department can issue a sales tax refund on a bad debt, the debt must actually have been deducted on a Federal income tax return in accord with Section 166 of the United States Internal Revenue Code. Since the issuance of refunds is tied to charge-offs on the annual Federal return, the Department will process one refund per year for each dealer.

(3) If after a debt is charged off as worthless and a sales tax refund issued, all or some portion of the debt is collected, the gross amount collected shall be reported as a new sale for the period when the recovery is made.

(4) The act applies to State sales taxes only and not to any local taxes.

(5) The sales tax is refundable only on those bad debts that are the result of credit or deferred payment sales of tangible personal property financed by the dealer making the sale. No refund is authorized on bad debts arising from sales of services, leases, or rentals, even though tax may have been charged on such transactions, or on sales financed by lending institutions or independent credit card plans, unless the lender has full recourse against the seller for any unpaid amounts. The sales tax is refundable on bad debts which arise because of the issuance of worthless checks only to the extent the check was in payment for taxable tangible personal property.

(6) No refund will be issued in the case where a dealer has repossessed saleable merchandise and cancelled the customer's credit obligation.

(7) Dealers may recover sales tax remitted on bad debts solely through the issuance of refunds by the Department of Revenue and Taxation. Dealers must continue to file sales tax returns reporting their total sales of merchandise during each taxable period, regardless of whether customer obligations have been collected. Deductions for bad debt losses may not be taken on sales tax returns.

Refund claims submitted to the Department must be accompanied by schedules detailing the names of debtors whose obligations were charged off, the uncollectible amounts, the amount of debt written off which was incurred prior to January 1, 1976, nontaxable portion of debt written off, taxable portion of debt written off, and tax claimed.

Refunds will not be issued based solely upon increases in bad debt reserve amounts. Dealers who maintain such reserve accounts must base their claims on the individual bad debts charged against the reserve.

Taxpayers who charge off more than two hundred taxable accounts annually, and for whom the furnishing of detailed information required above would be unreasonably burdensome, may apply for permission to submit the required data in some other form.

All refund claims filed with the Department of Revenue and Taxation are subject to office or field examination and verification, so dealers must maintain auditable records to support their claim. The records must be able to substantiate that the sales tax was charged and remitted to the Department on the original sales and that the dealers made reasonable efforts to collect the debt amounts. Dealers must have good evidence that debts charged off are worthless and will remain so in the future. The debt must actually be charged off as worthless on a Federal income tax return before a refund of sales taxes will be processed by the Department of Revenue and Taxation. In the absence of the required records, a dealer will not be entitled to refund.

Shirley McNamara, Secretary
Department of Revenue and Taxation

RULES

Department of Transportation and Development
Office of Highways

The Department of Transportation and Development, Office of Highways, has adopted and published Regulations for Trucks, Vehicles, and Loads. These regulations will become effective January 16, 1978. The Department of the State Register, exercising its option under R.S. 49:954.1C, has elected not to publish the regulations in the Louisiana Register. Copies may be obtained from Francis A. Becnel, Truck Permits and Enforcement Administrator, Department of Transportation and Development, Box 44245, Baton Rouge, Louisiana 70804.

George A. Fischer, Secretary
Department of Transportation and Development

RULES

Department of Transportation and Development Board of Registration for Professional Engineers and Land Surveyors

Revisions to Bylaws

Add Bylaw 4.7:

4.7 The Chairman shall appoint a Nominations Committee composed of not less than two members. It shall be the duty of this committee to present to the Board a list of nominations prior to any election of officers.

* * * *

Revise Section 11.2 of the Bylaws as follows:

Delete present Section 11.2.2, and renumber present Section 11.2.3 as Section 11.2.2

Add new section:

11.2.3 The satisfactory completion of each year of a four year curriculum in engineering that is not considered to be an approved curriculum may be allowed the equivalent of three-fourths of a year of experience for certification as an engineer-in-training and for registration as a professional engineer on the basis of experience plus examination and three-fourths of a year of professional experience for registration as a professional engineer on the basis of long established practice, provided that no applicant shall receive credit for more than three years of experience for the undergraduate education.

* * * *

Revisions to Rules and Regulations

Amend Section 4.1.2.3 to read:

Have at least eight years of experience in engineering work of a character satisfactory to the Board indicating that the applicant is competent to practice engineering. During 1977, an applicant with less than twelve years of satisfactory experience must have acquired at least one year of satisfactory experience subsequent to being certified as an engineer-in-training.

During 1978, an applicant with less than twelve years of satisfactory experience must have acquired at least two years of satisfactory experience subsequent to being certified as an engineer-in-training.

During 1979, an applicant with less than twelve years of satisfactory experience must have acquired at least three years of satisfactory experience subsequent to being certified as an engineer-in-training.

* * * *

After January 1, 1980, an applicant with less than twelve years of satisfactory experience must have acquired at least four years of satisfactory experience subsequent to being certified as an engineer-in-training.

* * * *

Amend Section 6.7 "Education Credits toward Experience" to read as follows:

6.7 Education Credits

6.7.1 The satisfactory completion of each year of a four year curriculum in engineering approved by the Board shall be considered as equivalent to a year of experience for certification as an engineer-in-training and for registration as a professional engineer on the basis of experience plus examination and as a year of professional experience for registration as a professional engineer on the basis of long established practice, provided that no applicant shall receive credit for more than four years of experience for his undergraduate education.

6.7.2 The satisfactory completion of each year of a four year curriculum in engineering that is not considered to be an approved curriculum may be allowed the equivalent of three-fourths of a year of experience for certification as an engineer-in-training and for registration as a professional engineer on the basis of experience plus examination and three-fourths of a year of professional experience for registration as a professional engineer on the basis of long established practice, pro-

vided that no applicant shall receive credit for more than three years of experience for the undergraduate education.

6.7.3 Graduation in an approved four year curriculum other than engineering from a college or university of recognized standing may be considered as equivalent to two years of experience for certification as an engineer-in-training and for registration as a professional engineer on the basis of experience plus examination and as equivalent to two years of professional experience for registration on the basis of long established practice.

6.7.4 The Board may allow experience credit for engineering education at the graduate level. Applicants holding a degree of Master of Science in engineering or in a branch of engineering or the equivalent thereof may be allowed a maximum credit of one year of experience for their graduate engineering education. Applicants holding a degree of Doctor of Philosophy in engineering or in a branch of engineering or the equivalent may be allowed a maximum of three years of experience, provided that no applicant shall receive credit for more than three years of experience for his graduate education in engineering.

6.7.5 The satisfactory completion of each year of an undergraduate curriculum approved by the Board for the registration of land surveyors may be considered equivalent to a year of office experience, provided the applicant has completed at least six semester credit hours or equivalent in surveying courses approved by the Board. No applicant shall receive credit for more than four years of land surveying experience for his undergraduate education.

* * * *

Revise Section 8. to read as follows:

Although only natural persons may be registered as professional engineers in the State of Louisiana, the regulatory statute (Act 73 of 1950) and the Attorney General's opinion rendered under this statute, clearly recognize by implication corporations and partnerships may, under certain limited circumstances, provide or offer to provide professional engineering services within Louisiana, provided that the public interest is safeguarded by proper limitations and regulations. It is the intent of these rules to prevent the practice of engineering by those who, except for the use of a corporate form, would not be eligible to practice that profession. Accordingly, the Louisiana State Board of Registration for Professional Engineers and Land Surveyors promulgates the following rules for the guidance of the profession and the protection of the public:

8.1 In the case of corporations offering to provide or providing professional engineering services in the State of Louisiana, all such professional engineering services shall be executed by or under the direct supervision of a professional engineer duly registered in this State. Such engineer shall be a full time active employee whose primary occupation or employment is with the corporation, or a majority stockholder of said corporation unless all other stockholders of such corporation are registered professional engineers in Louisiana. When the work consists of plans, designs, specifications, reports, or maps, such professional engineer shall impress them with his seal as required by law. The appearance of an engineer's seal on plans and specifications shall constitute a representation that such plans and specifications were prepared by him or under his supervision.

* * * *

Revise Section 8.4.1 to read as follows:

8.4.1 Within thirty days after the incorporation of a Louisiana corporation or the qualification of a foreign corporation in Louisiana, which offers to provide or provides professional engineering services in the State of Louisiana, the said corporation shall file an application with the Executive Secretary of the Louisiana State Board of Registration for Professional Engineers and Land Surveyors on a form provided by the Board. Said form shall contain a list certified by an authorized officer showing the names and addresses of all major stockholders and/or full-time employees who are profes-

sional engineers registered in this State and who are responsible for the engineering services provided by the Corporation.

* * * *

Revise Section 8.4.3 to read as follows:

8.4.3 Thereafter during the period from May 1 to July 1 of each year a similar list shall be filed by all corporations providing or offering to provide professional engineering services within the State of Louisiana.

* * * *

Add Section 8.7, reading as follows:

8.7 A fee of thirty-five dollars shall be remitted to the Board when Section 8.4.1 is accomplished; thereafter an annual fee of ten dollars will be remitted to the Board along with the list of names specified under Paragraph 8.4.3.

Daniel H. Vliet, Executive Secretary
Board of Registration for Professional
Engineers and Land Surveyors

Notices of Intent

NOTICE OF INTENT

Department of Agriculture Livestock Sanitary Board

The Department of Agriculture, Livestock Sanitary Board, proposes to amend and reorganize its body of rules. Any interested person who wishes to urge retention, modification, or repeal of an existing rule, or adoption of a new provision may submit written comments to Dr. Forrest E. Henderson, State Veterinarian, Box 44003, Baton Rouge, Louisiana 70804. Comments will be accepted through January 6, 1978.

Forrest E. Henderson, D.V.M.,
State Veterinarian
Livestock Sanitary Board

NOTICE OF INTENT

Board of Trustees for State Colleges and Universities

In accordance with the laws of the State of Louisiana and with reference to the provisions of Title 30 of the Louisiana Revised Statutes of 1950, a public hearing will be held in the Mineral Board Hearing Room, State Land and Natural Resources Building, Baton Rouge, Louisiana, beginning at 9:30 a.m. on January 27, 1978.

Under the authority of Article VIII, Section 6 of the 1974 Louisiana Constitution, the Board will at such hearing consider amendment to Part IV, Educational Policies and Procedures, 4.9 B. 1., Letter of Intent.

The Board of Trustees for State Colleges and Universities will accept written comments until 4:30 p.m., January 12, 1978, at the following address: Board of Trustees for State Colleges and Universities, Suite 1412, One American Place, Baton Rouge, Louisiana 70825.

The public is made aware of the proposed policies and procedures in compliance with R.S. 49:951-68.

All interested persons will be afforded reasonable opportunity to submit data, views, comments, or arguments at the regular January Board meeting.

Bill Junkin, Executive Director
Board of Trustees for State
Colleges and Universities

NOTICE OF INTENT

Board of Elementary and Secondary Education

Notice is hereby given that the State Board of Elementary and Secondary Education intends to adopt at its January 26, 1977, meeting, the following policies:

1. Bulletin 1134, Standards and Guidelines for Library Media Programs in Louisiana schools.
2. Amendment to page 26, Bulletin 741, Handbook for School Administrators, Revised 1977, relative to private and sectarian schools.
3. Amendment to policy concerning Second Language Specialist pay increment.

The State Board of Elementary and Secondary Education will accept written comments until 4:30 p.m., January 11, 1978, at the following address: State Board of Elementary and Secondary Education, Box 44064, Baton Rouge, Louisiana 70804.

The public is made aware of the consideration of the above rule change in compliance with R.S. 49:951, et seq.

All interested persons will be afforded reasonable opportunity to submit data, views, or comments at the regular January meeting.

Bro. Felician Fourrier, S.C., Acting Director
Board of Elementary and Secondary Education

NOTICE OF INTENT

Office of the Governor Division of Administration

The Office of the Governor, Division of Administration, proposes to adopt rules relative to the implementation of a human resources management system for employees of the Office of the Governor. Interested persons may submit written comments through January 31, 1978, to Charles E. Roemer, II, Commissioner of Administration, Box 44095, Baton Rouge, Louisiana 70804.

Charles E. Roemer, II,
Commissioner of Administration

NOTICE OF INTENT

Department of Health and Human Resources Office of Family Services

The Department of Health and Human Resources, Office of Family Services, must revise the Need Standard for the Aid to Families with Dependent Children (AFDC) and the General Assistance (GA) programs every year to comply with Act 540 of the 1976 Legislature. The Office of Family Services is proposing to adopt the Need Standards for AFDC and General Assistance, as outlined below, effective January 20, 1978.

A. Aid to Families with Dependent Children.
Parishes of Orleans, St. Bernard, Jefferson
and East Baton Rouge

Size Household	AFDC Need Standard
1	\$ 125.00
2	240.00
3	333.00
4	410.00
5	483.00
6	550.00
7	615.00
8	680.00
9	743.00
10	805.00
11	873.00
12	943.00
13	1010.00
14	1083.00
15	1155.00
16	1233.00
17	1293.00
18	1375.00

For each additional person add \$85.00

All Parishes other than Orleans,
St. Bernard, Jefferson, and
East Baton Rouge

Size Household	AFDC Need Standard
1	\$ 115.00
2	215.00
3	303.00
4	378.00
5	450.00
6	515.00
7	583.00
8	648.00
9	710.00
10	773.00
11	840.00
12	910.00
13	983.00
14	1055.00
15	1128.00
16	1200.00
17	1273.00
18	1345.00

For each additional person add \$78.00

B. General Assistance (Aid to partially and/or temporarily disabled)

Size Household	Standard
1	\$190.00
2	240.00

The standards for families with dependent children were arrived at by adjusting the Federal poverty guidelines so that each standard would bear the same percentage relationship to the actual AFDC grant standard for each household size. The Department of Health, Education and Welfare requires that a flat grant standard for a two person household be the same percentage of the need standard for that size household as the flat grant standard of a ten person household is of the need standard for a ten person household, and so on for each size household. A review of information available on need standards has led us to the conclusion that the poverty index as published by the Federal Community Services Administration is a reasonable standard, and probably comes as close as anything else to reflecting what income is needed by a family to maintain a standard of living that is consistent with a level of

decency. The higher level for Orleans, Jefferson, St. Bernard, and East Baton Rouge Parishes is warranted because the shelter costs in those parishes are considerably higher than costs in other parishes.

The standard for a two person household in General Assistance is the same as the standard for a two person AFDC household in a nonrural setting. The standard for a one person General Assistance household, however, is larger than the standard for a one person AFDC household because in General Assistance the individual is usually living alone with responsibility for total living expenses; whereas, in AFDC the child is always living in a shared expense setting with an adult and need is less.

The AFDC and GA need standards have no direct effect on payment levels or amounts. Need standards are required by Department of Health, Education and Welfare regulations, but provide that payment levels can be less when required by State budget limitations and after considering other benefits that are available to the indigent individuals and families.

An annual revision of the need standards is required to be effective each January by State statute. (Section 447 of Chapter 3 of Title 46).

Copies of the revised Need Standards for AFDC and GA may be obtained without cost at the following address: Assistance Payments Program, Office of Family Services, 755 North Riverside Mall, Baton Rouge, Louisiana 70821, Telephone Number 389-6592.

Interested persons may submit written comments until 4:30 p.m., January 3, 1978, to: Mr. Alvis D. Roberts, Acting Assistant Secretary, Office of Family Services, Department of Health and Human Resources, Box 44065, Baton Rouge, Louisiana 70804.

William A. Cherry, M.D., Secretary
Department of Health and Human Resources

NOTICE OF INTENT

**Department of Health and Human Resources
Office of Family Services**

The Department of Health and Human Resources, Office of Family Services proposes to adopt policy that permits only incurred expenses for the following types of necessary medical or remedial care and services to be deducted from the medically needy applicant's excess income.

1. Inpatient hospital services, including mental and tuberculosis hospitals.
2. Outpatient hospital services.
3. Laboratory and X-ray services.
4. Diagnostic and treatment components of EPSDT program for under age twenty-one including dental services and eyeglasses. State Office approval for dental services under age twenty-one is not necessary for spend-down, but is required for the Office of Family Services (OFS) to participate on spend-down date.
5. Family planning services and supplies for individuals of childbearing age (such services covered under physician and pharmacy services).
6. Licensed physician services, including injections, but OFS will not participate in payment for therapeutic injections on spend-down date.
7. Chiropractic services.
8. Optometrists' services for cataract glasses only and for eye examinations for glasses and purchase of glasses for individuals under age twenty-one.

9. Home health services.
10. Licensed medical clinic services, including mental health centers, alcoholism clinics.
11. Licensed skilled nursing facilities.
12. Licensed intermediate care facilities, including institutions for the mentally retarded.
13. Prescription drugs, but OFS will participate only in payment for covered legend drugs, i.e., those drugs that can only be purchased with a prescription, with certain exceptions.
14. Durable medical equipment, including artificial limbs, eyes, braces, hearing aids, wheelchairs, hospital beds, lifts, commodes, walkers. OFS State Office approval is not necessary for spend-down, but is required for OFS to participate on spend-down date.
15. Rehabilitation center services—OFS State Office approval is not necessary for spend-down but is required for OFS to participate on spend-down date.

Interested persons may submit comments orally or in writing until 1:00 p.m., January 5, 1978, to Mr. Alvis D. Roberts, Acting Assistant Secretary, Office of Family Services, Department of Health and Human Resources, Box 44065, Baton Rouge, Louisiana 70804, Phone: (504) 389-6036.

William A. Cherry, M. D., Secretary
Department of Health and Human Resources

NOTICE OF INTENT

Department of Health and Human Resources Office of Family Services

The Department of Health and Human Resources, Office of Family Services, proposes to adopt revisions to the Standards for Payment to Skilled Nursing Facilities and Intermediate Care Facilities I and II so that the Medicaid payment to these facilities shall include the following care items: (a) any form of disposable pads or diaper service, (b) irrigation trays, drainage bags, and tubing, and (c) sheepskins.

The nursing facility shall no longer be able to charge Medicaid recipients and/or their families for these items.

The nursing homes shall be responsible for providing, for Medicaid recipients as part of the vendor payment, laxatives (any one type of the following): (a) milk of magnesia, (b) mineral oil, (c) cascara, (d) glycerin suppositories.

Interested persons may submit comments orally or in writing until 1:00 p.m., January 5, 1978, to Mr. Alvis D. Roberts, Acting Assistant Secretary, Office of Family Services, Department of Health and Human Resources, Box 44065, Baton Rouge, Louisiana 70804, Phone: (504) 389-6036.

William A. Cherry, M. D., Secretary
Department of Health and Human Resources

NOTICE OF INTENT

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

The Department of Health and Human Resources proposes to adopt amendments to rules and regulations under the authority granted to the Secretary by R.S. 40:972 and R.S. 46:1757. The proposed amendments of the Uniform Controlled Dangerous Substances Regulations are necessitated by changes in the Uniform Controlled Dangerous Substances Act which were adopted by the 1977 Legislature.

These rules and regulations are being enacted pursuant to the requirements of the Administrative Procedures Act of Louisiana, as amended.

Interested persons may submit written comments until 4:30 p.m., January 5, 1978, to the following address: Office of Health Services and Environmental Quality, Narcotics and Dangerous Drugs, Attention: Raymond J. Fagot, Box 60630, New Orleans, Louisiana 70106.

Part 1, Section 7, (a)

1) This file shall be kept separate from the licensee's other business or professional records. All purchasing records or procurement records for Phentermine and Phendimetrazine shall be kept with this file.

Part 1, Section 11. Order Forms

Controlled Dangerous Substances in Schedules I and II shall be distributed only by a licensee, pursuant to an order form. Phentermine and Phendimetrazine are exempt from the requirement of distribution by a licensee pursuant to an order form. Compliance with the provisions of Federal laws regulating such substances respecting order forms shall be deemed compliance with this section.

Part 1, Section 19. Added Controlled Dangerous Substances—Delete in its entirety.

William A. Cherry, M.D., Secretary
Department of Health and Human Resources

NOTICE OF INTENT

Department of Natural Resources

Notice is hereby given that in accordance with requirements of R.S. 49:951, et seq., the Louisiana Department of Natural Resources intends to amend rules and regulations adopted May 20, 1977, relating to implementation of Act 180 of 1976 (R.S. 41:1131). The proposed change will relate to fees for permits.

For the purpose of adopting amended rules and regulations, a hearing has been scheduled for 10:00 a.m., Wednesday, January 4, 1978, in the Department of Natural Resources Conference Room, 13th floor, State Land and Natural Resources Building, 625 North Fourth Street, Baton Rouge, Louisiana 70804.

All interested persons will be afforded reasonable opportunity to submit data, views or comments.

William C. Huls, Secretary
Department of Natural Resources

NOTICE OF INTENT

Department of Natural Resources Office of Conservation Nuclear Energy Division

In accordance with the laws of the State of Louisiana, R.S. 30:1, et seq., R.S. 51:1051, et seq., and particularly R.S. 30:541(6), a public hearing will be held in the Conservation Hearing Room, State Land and Natural Resources Building, Fourth and North Streets, Baton Rouge, Louisiana, at 9:00 a.m., Thursday, January 26, 1978.

At such hearing, the Commissioner of Conservation will consider the views of interested parties relative to the establishment of an annual fee schedule for persons served by the Nuclear Energy Division, Office of Conservation. Such persons include those licensed by the Division to possess and use

radioactive material, those persons who register X-ray machines or other radiation producing devices with the Division, and persons who use or produce radioactive material in a manner which requires a program of radiological environmental surveillance.

The Commissioner, on or after January 26, 1978, will adopt a fee schedule for certain activities conducted by the Nuclear Energy Division in the State of Louisiana.

Comments and views regarding the proposed fee schedule should be directed in written form, to be received not later than 5:00 p.m., January 26, 1978. Oral comments will be received at the hearing but should be brief and not cover the entire matter contained in the written comments.

Direct comments to R. T. Sutton, Commissioner, Office of Conservation, Box 44275, Baton Rouge, Louisiana 70804, Re: Proposed Fee Schedule, NED 78-1.

The proposed fee schedule may be reviewed or obtained from Commissioner R. T. Sutton's office in Baton Rouge, Louisiana. In addition copies of the schedule are in each of the six Conservation District Offices: (1) 960 Jordan Street, Box 3250, Shreveport, Louisiana, (2) State Office Building, Drawer 1651, Monroe, Louisiana, (3) 1206 Tunnel Boulevard, Box 4097, Houma, Louisiana, (4) Oil Center Station, Box 51285, Lafayette, Louisiana, (5) 716 Hodges Street, Box 1716, Lake Charles, Louisiana, (6) 307 Louisiana State Office Building, Civic Center, New Orleans, Louisiana, and in the office of the Nuclear Energy Division, 4845 Jamestown Avenue, Box 14690, Baton Rouge, Louisiana 70808.

R. T. Sutton
Commissioner of Conservation

NOTICE OF INTENT

Department of Transportation and Development Board of Registration for Professional Engineers and Land Surveyors

The Louisiana State Board of Registration for Professional Engineers and Land Surveyors, at its meeting on February 1, 1978, proposes to take action on revisions to the Rules and Regulations, Section 4.1.1.5, to add a sentence. The meeting will be held in the Board's offices, 1055 St. Charles Avenue, Suite 415, New Orleans, and will begin at 11:00 a.m. Interested persons may submit written comments to the above address through January 15, 1978.

Daniel H. Vliet, Executive Secretary
Board of Registration for
Professional Engineers and
Land Surveyors

NOTICE OF INTENT

Department of Urban and Community Affairs Office of Community Services

The Department of Urban and Community Affairs, Office of Community Services, will hold a public hearing at 10:00 a.m., January 9, 1978, in the Conservation Hearing Room, Land and Natural Resources Building, 625 Fourth Street, Baton Rouge, Louisiana.

The purpose of the hearing will be to receive comments and consider adoption of the State Plan for the Department of Energy's Weatherization Assistance Program for low income people, Title II, Part A, P.L. 94-3385.

Interested persons may submit their written views and opinions until 4:30 p.m., January 6, 1978, at the following address: Department of Urban, and Community Affairs, Office of Community Services, 300 Louisiana Avenue, Baton Rouge, Louisiana 70802. Reasonable opportunity for oral comment will be permitted at the hearing.

Leon R. Tarver, Jr., Secretary
Department of Urban and Community Affairs

NOTICE OF INTENT

Department of Wildlife and Fisheries

The Louisiana Wildlife and Fisheries Commission will meet at 10:00 a.m., January 27, 1978, at 400 Royal Street, New Orleans, Louisiana 70130, to consider the adoption of a rule dealing with a limitation of commercial fishing gear in Lakes Vernon and Anacoco. Interested persons may mail written comments on the proposed rule to the above address through January 20, 1978. Those wishing to make oral statements will be afforded ample opportunity at the Commission's meeting.

J. Burton Angelle, Secretary
Department of Wildlife and Fisheries

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