

AUTHORITY NOTE: Promulgated in accordance with R.S. 9:2798.5 and R.S. 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Emergency Response Network, LR 41:145 (January 2015).

**Chapter 193. Stroke Protocols**

**§19301. LERN Destination Protocol: Stroke**

A. On November 21, 2013, the Louisiana Emergency Response Network Board [R.S. 40:2842(1) and (3)] adopted and promulgated "LERN Destination Protocol: STROKE," as follows.

1. The following protocol applies to patients with suspected stroke.

Compromise Of: Airway Breathing Circulation	→	Closest ED
NO ↓		
<ul style="list-style-type: none"> <li>All other patients with suspected stroke</li> <li>Patients with seizure with focal deficit, extended window (4-8 hrs from onset), and patients with unknown onset may benefit from evaluation at Level I or II hospital with on-site stroke expertise.</li> </ul>	→	Transport to LERN Stroke Level I, II, or III
NO ↓		
Terminally Ill or Palliative Care Patient	→	Transport to LERN Stroke Level I, II, III, or IV
<p>Guiding principles:</p> <ul style="list-style-type: none"> <li>Time is the critical variable in acute stroke care.</li> <li>Protocols that include pre-hospital notification while en route by EMS should be used for patients with suspected acute stroke to facilitate primary destination efficiency.</li> <li>Treatment with intravenous tPA is the only FDA approved acute therapy for stroke.</li> <li>EMS should identify the geographically closest facility capable of providing tPA treatment.</li> <li>Transfer patient to the nearest hospital equipped to provide tPA treatment.</li> <li>Secondary transfer to facilities equipped to provide tertiary care and interventional treatments should not prevent administration of tPA to appropriate patients.</li> </ul>		

B. This protocol was published at LR 40:189-190 (January 20, 2014).

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**Chapter 195. STEMI Protocols**

**§19501. STEMI Triage Protocol for Pre-Hospital**

**Providers**

A. On November 21, 2013, the Louisiana Emergency Response Network Board [R.S. 40:2842(1) and (3)] adopted and promulgated "STEMI Triage Protocol for Pre-Hospital Providers," as follows.

Acute coronary symptoms ≥ 15 minutes and < 12 hours AND 12 lead ECG criteria of 1 mm ST elevation in 2 or more contiguous leads OR LBBB NOT KNOWN to be present in the past EMS ECG interpreted or transmitted to hospital for MD consult for bypass and activation		
↓		
STEMI-Receiving Center with medical contact-to-device (PCI) ≤ 90 minutes (by ground or air)?	YES→	Transport to nearest STEMI-Receiving Center with pre-hospital notification/activation  Goal medical contact to device (PCI) time of 90 minutes or less
NO ↓		
Transport to closest STEMI-Referral Hospital with Pre-hospital notification/activation Goal medical contact to fibrinolytic needle time of 30 minutes or less	→	Transport to nearest STEMI-Receiving Center for subsequent PCI

\*O'Gara PT, Kushner FG, Ascheim DD, et al. 2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Journal of the American College of Cardiology. 2013;61(4):e78.

B. This protocol was published at LR 50:192 (January 20, 2014).

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Executive Director

1501#034

**RULE**

**Department of Health and Hospitals  
Office for Citizens with Developmental Disabilities**

**Infant Intervention Services (LAC 48:IX.334)**

The Department of Health and Hospitals, Office for Citizens with Developmental Disabilities (OCDD) has adopted LAC Title 48:IX.334 as directed by House Bill 1 of the 2013 Regular Session of the Louisiana Legislature which states: "The secretary is directed to utilize various cost containment measures to ensure expenditures remain at the level appropriated in this Schedule, including but not limited to precertification, preadmission screening, diversion, fraud control, utilization review and management, prior authorization, service limitations, drug therapy management, disease management, cost sharing, and other measures as permitted under federal law." This proposed Rule is



promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq.

Act 417 of the 2013 Regular Session of the Louisiana Legislature provides for authority for the department to establish a statewide system of payments; to make provisions relative to payment for services; to allow for uses of funds for provision of certain services; and provides for authority to establish a schedule of fees for services provided to certain recipients in EarlySteps, Louisiana's Early Intervention Program for Infants and Toddlers with Disabilities and their Families.

Due to a budgetary shortfall in state fiscal year 2014, the Department of Health and Hospitals promulgated an Emergency Rule which amended the provisions governing the payment for some EarlySteps services (*Louisiana Register*, Volume 39, Number 9). This proposed Rule is being promulgated to continue the provisions of the October 1, 2013 Emergency Rule. It is estimated that implementation of this Emergency Rule will increase revenue by approximately \$1,200,000 for state fiscal year 2013-2014. This action is being taken to avoid a budget deficit in the Office for Citizens with Developmental Disabilities.

Effective October 1, 2014, the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities establishes a system of payments for some services provided through the EarlySteps Program.

#### **Title 48**

### **PUBLIC HEALTH—GENERAL**

#### **Part IX. Developmental Disabilities Services**

#### **Chapter 3. Infant Intervention Services**

#### **§334. System of Payments**

A. The department shall have the authority to establish a statewide system of payments in accordance with 34 CFR part 303.

B. In implementing the system of payments:

1. the department establishes a schedule of monthly cost participation for early intervention services per qualifying family. Cost participation shall be based on a sliding scale;

2. application of the family's cost share using the sliding scale will include the family's adjusted gross income, family size, financial hardship, extraordinary expenses associated with the eligible child, and Medicaid eligibility;

a. extraordinary expenses may include but are not limited to unreimbursed medical expenses, equipment, home modifications, or other costs associated with the child with a disability;

b. extraordinary expenses must have been incurred during the calendar year that the family's cost share for individualized family services plan (IFSP) services is applied;

c. the family will be required to produce invoices, receipts, or other documents which establish the costs and payment for these expenses;

d. the family may request a reassessment of their costs based on extraordinary expenses at any time if there are significant changes affecting the determination of the cost participation amount. The request will be in writing and submitted to the service coordinator;

e. the request for reassessment will be considered by the designated EarlySteps office for a determination of

the family's request. The family and the service coordinator will receive the department's written response;

3. the sliding scale shall utilize the most recent federal poverty guidelines issued in the *Federal Register* by the United States Department of Health and Human Services as the basis for determining the income threshold based on family size for eligibility for cost participation;

4. the department shall not assess any fee or other charge through the cost participation schedule upon a family which has an annual income of less than 300 percent of the federal poverty level;

5. the department shall not assess fees or other charges through the cost participation schedule which totals more than 3 percent of the monthly income level for a family of four, according to the federal poverty guideline schedule which will be updated annually;

6. once the family's income has been verified with the required documentation and the IFSP services have been determined by the IFSP team, the following will occur:

a. the system point of entry office will issue the cost participation statement to notify the family of their assessed costs which will be reviewed with the family and a copy provided;

b. following the submission of service claims by the child's provider, the Central Finance Office (CFO) will mail a monthly explanation of payment statement (EOP) to the family for payment. The EOP will include a notice of the family's right for reconsideration of their financial status and their right to apply for exemption from cost participation due to financial hardship;

c. families will remit reimbursement to the CFO at the address provided in the EOP;

7. when a family is not complying with the cost participation requirements and procedures for suspending services, the following will occur related to the status of the child's services;

a. a notice will be issued to the family, to the service coordinator and to the designated EarlySteps office;

b. the CFO will notify the department when the family is in arrears for a duration of three months at which time the service coordinator will discuss the family's options with the family and assist the department with its determination of the status of the child's IFSP services;

c. if the family provides its consent, a copy of the notice that the family is in arrears with payment for three months will be sent to the representative and senator in whose district the family resides;

d. the department will make a written determination regarding the status of the child's IFSP services following review of information provided by the service coordinator and the family. Families will be offered the option to continue to receive services available at no cost if they choose according to the no-cost provisions which follow;

e. the department shall not limit early intervention services for a child in any month if the cost for the services in that month exceeds the maximum contribution from the child's family.

C. Parents who have public insurance (Medicaid) and elect not to assign such right of recovery or indemnification to the department or choose not to release financial information will be assessed the cost for each early



intervention service listed on the IFSP according to the most current service rate schedule and the cost participation schedule.

D. No-Cost Provision: the following services that a child is otherwise entitled to receive will have no costs assessed to the parents:

1. child find activities;
2. evaluation and assessment for eligibility and IFSP planning;
3. service coordination, administrative and coordinative activities related to the development review, and evaluation of the IFSP; and
4. implementation of procedural safeguards and other components of the statewide system related to §464 of Act 417.

E. The department will provide written, prior notification to families for use of Medicaid according to the requirements of 34 CFR 303.414. This notice includes a statement that there are no costs charged by the department for use of the eligible child's Medicaid. The notification also includes a statement of the process for resolutions of disputes regarding decisions related to use of Medicaid, failure to pay for services and/or the state's determination of a family's ability to pay.

F. Dispute Resolution Process

1. The procedures used by the department to resolve such disputes will not delay or deny the parents' rights or the child's ability to access timely services.

2. The dispute resolution process can be initiated by the parent according to OCDD's policy for handling system complaints when the parent wishes to contest the imposition of a fee or the department's determination of the parents' ability to pay.

G. Parental Consent. The department will obtain parental consent prior to the use of the child's Medicaid according to the following.

1. EarlySteps will obtain written consent for the use of the child's Medicaid using its established consent for services form.

2. Parental consent will be obtained prior to the initial provision of an early intervention service in the IFSP.

3. Parental consent will be obtained when an increase in frequency, length, duration, or intensity of a service is determined in the child's IFSP.

4. If the parent does not provide consent for the use of the child's Medicaid, the department will make available only those early intervention services on the IFSP for which the parent has provided consent.

5. Parents may withdraw consent for use of their child's Medicaid at any time.

H. Determination of Family Cost. Families are liable for the costs of services that their child receives while enrolled in EarlySteps as follows:

1. The aggregate contributions made by the parent shall not exceed the aggregate cost of the early intervention services received by the child and family (factoring in any amount received from other sources for payment for that service).

2. At least annually, or at any time the department determines that a reassessment of the parent's financial circumstances is warranted, the department shall conduct such reassessment of financial status.

3. The parent has the right to request a reassessment at any time if there are significant changes affecting the determination of the cost participation amount.

4. Families who have the ability to pay and choose not to pay may be determined as ineligible to continue to receive services until payment is made.

5. The inability of the family of the eligible infant or toddler will not result in a delay or denial of services if the family does not meet the cost participation income requirements or for services for which there are no costs.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 41:147 (January 2015).

Kathy H. Kliebert  
Secretary

1501#003

## RULE

### Department of Health and Hospitals Office of Public Health

#### Reclassification of Failure to Obtain a Food Safety Certification as a Class A Violation (LAC 51:I.113)

Under the authority of R.S. 40:4, R.S. 40:5 et seq., R.S. 40:6, and in accordance with R.S. 49:950 et seq. of the Louisiana Administrative Procedures Act, the state health officer, acting through Department of Health and Hospitals Office of Public Health, has amended Title 51, Part I, §113 (Suspension/Revocation/Civil Fines or Penalties [formerly paragraph 1:007-21]) of the *Public Health—Sanitary Code*. This Rule reclassifies failure to have a food safety certificate from a class B violation to a class A.

The Department of Health and Hospitals (DHH), Office of Public Health (OPH) amends Title 51, Part I, Section 113 (Suspension/Revocation/Civil Fines or Penalties [formerly paragraph 1:007-21]) of the *Public Health—Sanitary Code*. This Rule reclassifies failure to have a food safety certificate from a class B violation to a class A violation. In section 113(i) class A, the first amendment adds the following language, "failure to obtain a food safety certification in accordance with §305 of Part XXIII", as a new violation that creates a condition or occurrence, which may result in death or serious harm to the public. In §113.A.3.a.ii, Class B, the second amendment deletes the following language, "a food safety certificate", relating to permitting, submitting of plans, or training requirements.

#### Title 51

#### PUBLIC HEALTH—SANITARY CODE

#### Part I. General Provisions

#### §113. Suspension/Revocation/Civil Fines or Penalties [Formerly Paragraph 1:007-21]

A. Pursuant to the provisions of R.S. 40:4, R.S. 40:5 and R.S. 40:6, the state health officer acting through the Office of Public Health, for violation(s) of a compliance order may:

1. suspend or revoke an existing license or permit;
2. seek injunctive relief as provided for in R.S. 40:4 and in 40:6; and/or
3. impose a civil fine: