

NOTICE OF INTENT

**Department of Health
Bureau of Health Services Financing**

**Behavioral Health Service Providers
Licensing Standards
(LAC 48:I.Chapters 56 and 57)**

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 48:I.Chapters 56 and 57 and to adopt §5733 as authorized by R.S. 36:254. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing the licensing of behavioral health service (BHS) providers in order to comply with the requirements of the following Acts of the 2022 Regular Session of the Louisiana Legislature: Act 151 authorizes and provides conditions for licensed BHS providers to employ peer support specialists who have been convicted of certain offenses; Act 344 allows BHS providers to operate within a 50 mile radius of the providers' business offices and within a 50 mile radius of one designated offsite location; Act 390 authorizes BHS providers to furnish services regardless of where the client or patient is located within the state; and, Act 503 requires updates to the provisions governing psychosocial rehabilitation services (PSR) and community psychiatric support

and treatment services (CPST). In addition, Act 309 requires the department to adopt provisions establishing requirements for the treatment of opioid use disorder in pregnant women by licensed BHS providers.

In compliance with Acts 151, 344, 390, 503 and 309, the Department of Health, Bureau of Health Services Financing hereby proposes to amend the provisions governing the licensing of BHS providers and to adopt provisions establishing requirements for the treatment of opioid use disorder in pregnant women.

Title 48

PUBLIC HEALTH-GENERAL

Part I. General Administration

Subpart 3. Licensing and Certification

Chapter 56. Behavioral Health Service Providers

Subchapter A. General Provisions

§5603. Definitions

Community Psychiatric Support and Treatment (CPST)—Centers for Medicare and Medicaid Services (CMS) approved Medicaid mental health rehabilitation services designed to reduce disability from mental illness, restore functional skills of daily living, build natural supports, and achieve identified person-centered goals or objectives through counseling, clinical psycho-education, and ongoing monitoring needs as set forth in an individualized treatment plan.

Geographic Service Area—the geographic service location for a public or private behavioral health services provider licensed pursuant to this Part shall be defined to include all of the following:

1. - 2. ...

3. any location within a 50 mile radius of the provider's business office.

Off-Site—a parent facility's alternate location or premises that provides behavioral health services on a routine basis within the geographic service area of the licensed BHS provider that:

1. ...

2. is owned by, leased by or donated or loaned to the parent provider for the purpose of providing behavioral health services; and

a. - c. Repealed.

3. has a sub-license issued under the parent facility's license.

4. Repealed.

Onsite Access—for purposes of §5712 and §5733 of this Rule, the delivery of the treatment to the patient at the location of

the substance use disorder facility. For purposes of §5712 and §5733, onsite access shall not mean that the substance use disorder facility is required to maintain stock of the medication-assisted treatment at the facility.

Peer Support Specialist—an individual with personal lived experience with a minimum of 12 consecutive months of recovery from behavioral health conditions and successfully navigating the behavioral health services system. Recognized peer support specialists must successfully complete an OBH-approved peer training program, continuing education requirements, and clinical supervision in order to provide peer support services.

Psychosocial Rehabilitation (PSR) Services—CMS approved Medicaid mental health rehabilitation services designed to assist the individual with compensating for or eliminating functional deficits and interpersonal or environmental barriers associated with mental illness through skill building and supportive interventions to restore and rehabilitate social and interpersonal skills and daily living skills.

Substance Use Disorder Facilities/Addiction Treatment Service—a service related to the screening, diagnosis, management, or treatment for the use of or addiction to

controlled dangerous substances, drugs or inhalants, alcohol, problem gambling or a combination thereof; may also be referred to as substance use disorder service.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1682 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 43:1380 (July 2017), LR 46:587 (April 2020), LR 48:1277 (May 2022), LR 48:

Subchapter B. Licensing

§5605. General Provisions

A. - F.3. ...

G. Off-Sites. A licensed BHS provider may have an off-site location with the approval of HSS that meets the following requirements.

1. The off-site may share a name with the parent facility if a geographic indicator (e.g., street, city or parish) is added to the end of the off-site name.

2. - 4. ...

5. The licensed BHS provider may operate within a 50 mile radius of one designated off-site location.

6. A residential off-site shall be reviewed under

the plan review process.

7. An initial survey may be required prior to opening a residential off-site.

8. An off-site shall have staff to comply with all requirements in this Chapter and who are present during established operating hours to meet the needs of the clients.

9. Personnel records and client records may be housed at the parent facility.

10. Clients who do not receive all treatment services at an off-site may receive the services at the parent facility or be referred to another licensed provider that provides those services.

11. The off-site may offer fewer services than the parent facility and/or may have less staff than the parent facility.

12. The off-site together with the parent facility provides all core functions of a BHS provider and meets all licensing requirements of a BHS provider.

H. - L.9. ...

M. Geographic Service Area

1. - 2.d.i. ...

ii. for providers of outpatient services
(other than providers with a mental health service program that provide services only in the home and community - see below) the

geographic service area shall be:

(a). - (c). ...

(d). in a home or community location in any parish contiguous to the parish in which the BHS provider's primary business office is located;

(e). in a home or community location that is within a 50 mile radius of the BHS provider's primary business office; and

(f). in a home or community location that is within a 50 mile radius of one designated off-site location.

iii. - iii.(c). ...

3. A BHS provider that is not a licensed mental health professional or a provisionally licensed mental health professional acting within his/her scope of practice may not provide telehealth services outside of its geographic service area.

4. A licensed mental health professional or a provisionally licensed mental health professional acting within his scope of practice, who is employed by a behavioral health service provider licensed pursuant to this Part, may provide professional outpatient psychiatric services to any established client or patient, regardless of the client's or patient's particular location within the state.

AUTHORITY NOTE: Promulgated in accordance with R.S.
36:254 and R.S. 40:2151-2162.

HISTORICAL NOTE: Promulgated by the Department of Health
and Hospitals, Bureau of Health Services Financing, LR 41:1687
(September 2015), amended by the Department of Health, Bureau of
Health Services Financing, LR 43:1380 (July 2017), LR 46:588
(April 2020), LR 48:1281 (May 2022), LR 48:

§5606. License Restrictions and Exceptions

A. - B.5. ...

C. The provider shall not provide services to a client
residing outside of the provider's designated geographic service
area unless the provider has received a written waiver request
approval from HSS or meets the requirements of Subsection B of
this Section.

D.- F.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.
36:254 and R.S. 40:2151-2162.

HISTORICAL NOTE: Promulgated by the Department of
Health, Bureau of Health Services Financing, LR 46:588 (April
2020), amended LR 48:1281 (May 2022), LR 48:

Subchapter E. Personnel

§5641. General Requirements

A. - D.1.b. ...

2. For any provider that is treating adults, prior

to any employer making an offer to employ or contract with a nonlicensed person or any licensed person, the provider shall obtain a statewide criminal background check in accordance with R.S. 40:1203.1 et seq. At the latest, the background check shall be conducted within 90 days prior to hire or employment.

D.3. - F. ...

1. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, a member of the direct care staff who:

a. has entered a plea of guilty or nolo contendere, no contest, or has been convicted of a felony listed in R.S. 40:1203.3, unless the individual meets one of the exceptions allowed by the statute; or

i. - v. Repealed.

F.1.b. - J. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1699 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 48:

§5643. Core Staffing Personnel Qualifications and Responsibilities

A. - C.1.b.vi. ...

2. CPST Professionals

a. The provider shall maintain a sufficient number of CPST professionals to meet the needs of its clients;

b. CPST professionals shall:

i. provide direct care to clients and may serve as primary clinician to specified caseload under clinical supervision;

ii. - iv. ...

v. prepare and write notes or other documents related to recovery (e.g., assessment, progress notes, treatment plans, etc.).

3. Unlicensed Professionals

a. The provider shall maintain a sufficient number of UPs to meet the needs of its clients;

b. The UP shall:

i. provide direct care to clients and may serve as primary case worker to specified caseload under clinical supervision;

ii. serve as resource person for other professionals and paraprofessionals in their specific area of expertise;

iii. attend and participate in individual care conferences, treatment planning activities and discharge planning;

iv. function as the client's advocate in all treatment decisions affecting the client; and

v. prepare and write notes or other documents related to recovery (e.g., assessment, progress notes, treatment plans, etc.).

c - d.x. Repealed.

4. Direct Care Aides

a. A residential provider shall have a sufficient number of direct care aides to meet the needs of the clients;

i. - viii. Repealed.

b. A provider that provides outpatient services shall use direct care aides as needed;

i. -v. Repealed.

c. Direct care aides shall meet the following minimum qualifications:

i. have obtained a high school diploma or equivalent; and

ii. be at least 18 years old in an adult provider and 21 years old in a provider that treats children and/or adolescents.

iii. Repealed.

d. Direct care aides shall have the following responsibilities:

- i. ensure a safe environment for clients;
- ii. exercise therapeutic communication skills;
- iii. take steps to de-escalate distressed clients;
- iv. observe and document client behavior;
- v. assist with therapeutic and recreational activities;
- vi. monitor clients' physical well-being;
- vii. provide input regarding client progress to the interdisciplinary team;
- viii. oversee the activities of the facility when there is no professional staff on duty;
- ix. possess adequate orientation and skills to assess situations related to relapse and to provide access to appropriate medical care when needed; and
- x. function as client advocate.

5. Volunteers

- a. If a BHS provider utilizes volunteers, provider shall ensure that each volunteer is:
 - i. supervised to protect clients and staff;
 - ii. oriented to the provider, job duties, and other pertinent information;

iii. trained to meet the requirements of duties assigned;

iv. given a written job description or written agreement;

v. identified as a volunteer;

vi. trained in privacy measures;

vii. required to sign a written confidentiality agreement; and

viii. required to submit to a statewide criminal background check by an agency authorized by the Office of the State Police to conduct criminal background checks prior to providing direct care.

b. If a BHS provider utilizes student volunteers, it shall ensure that each student volunteer:

i. has current registration with the applicable Louisiana professional board, when required, and is in good standing at all times that is verified by the provider;

ii. is actively pursuing a degree in a human service field or professional level licensure or certification at all times;

iii. provides direct client care utilizing the standards developed by the professional board;

iv. provides care only under the direct supervision of the appropriate supervisor; and

v. provides only those services for which the student has been trained and deemed competent to perform.

c. A volunteer's duties may include:

i. direct care activities only when qualified provider personnel are present;

ii. errands, recreational activities; and

iii. individual assistance to support services.

d. The provider shall designate a volunteer coordinator who:

i. has the experience and training to supervise the volunteers and their activities; and

ii. is responsible for selecting, evaluating and supervising the volunteers and their activities.

6. Care Coordinator

a. The provider shall ensure that each care coordinator:

i. has a high school diploma or equivalent;

ii. is at least 18 years old in an adult provider and 21 years old in provider that treats children and/or adolescents; and

iii. has been trained to perform assigned job duties.

D. Multiple Positions. If a BHS provider employs a staff member in more than one position, the provider shall ensure that:

1. the person is qualified to function in both capacities; and

2. one person is able to perform the responsibilities of both jobs.

E. - E.2. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1700 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 43:1383 (July 2017), LR 48:1283 (May 2022), LR 48:

Subchapter L. Additional Requirements for Mental Health Programs

§5689. Community Psychiatric Support and Treatment

A. The provider that provides community psychiatric support and treatment (CPST) services shall:

1. - 3. ...

4. provide counseling, solution-focused interventions, emotional and behavioral management and problem behavior analysis with the client; and

5. participate in and utilize strengths-based planning and treatments, that includes identifying strengths and needs, resources, natural supports and developing goals and objectives to address functional deficits associated with the client's mental illness.

6. Repealed.

B. Staffing Requirements

1. Professionals Providing CPST Services

a. The program's professionals that provide CPST shall be one of the following:

i. licensed mental health professional (LMHP);

ii. provisionally licensed professional counselor (PLPC);

iii. provisionally licensed marriage and family therapist (PLMFT);

iv. licensed master social worker (LMSW);

v. certified social worker (CSW); or

vi. psychology intern from an American Psychological Association approved internship program.

b. The responsibilities of any professionals providing CPST services include:

i. assisting the client with effectively responding to or avoiding identified precursors or triggers that

would risk the client remaining in a natural community location;
and

ii. assisting the client and family members
to identify strategies or treatment options associated with the
client's mental illness.

c. - c.iii. Repealed.

2. Licensed Mental Health Professionals

a. - b. ...

c. The LMHP is responsible for rendering the
assessment and treatment planning components of CPST.

3. - 3.b. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.
36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health
and Hospitals, Bureau of Health Services Financing, LR 41:1713
(September 2015), amended by the Department of Health, Bureau of
Health Services Financing, LR 48:

**Subchapter O. Additional Requirement for Substance Opioid
Treatment Programs**

§5733. Treatment to Pregnant Women

A. Each substance use disorder facility licensed as
an OTP provider that provides treatment for opioid use
disorder to pregnant women shall provide onsite access to
at least one form of FDA-approved opioid agonist treatment.

1. An OTP shall not be found to be in violation of this Section if prior authorization from a patient's health insurer, including the Medicaid program, is required and the preapproval request is denied by the patient's health insurer.

B. Each OTP that provides treatment for opioid use disorder to pregnant women shall submit to the department, on its initial licensing application or its annual licensing renewal application, an attestation as to whether it is complying with the requirements of Subsection A of this Section. The requirement for submission of the attestation shall commence on January 1, 2023.

1. If the OTP is not fully complying with the requirements of Subsection A of this Section, then the attestation that the OTP submits shall include a report addressing its progress toward satisfying those requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this

proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Small Business Analysis

In compliance with the Small Business Protection Act, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule will have no impact on small businesses.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons may submit written comments to Tasheka Dukes, RN, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821. Ms. Dukes is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is at 4:30 p.m. on September 29, 2022.

Public Hearing

Interested persons may submit a written request to conduct a public hearing by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on September 9, 2022. If the criteria set forth in R.S. 49:953(A)(2)(a) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on September 29, 2022 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after September 9, 2022. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing. In the event of a hearing, parking is available to the public in the Galvez Parking Garage, which is located between North Sixth and North Fifth/North and Main Streets (cater-corner from the Bienville Building). Validated parking for the Galvez Garage may be available to public hearing

attendees when the parking ticket is presented to LDH staff at the hearing.

Dr. Courtney N. Phillips

Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES

Person
Preparing
Statement: Veronica Dent Dept.: Health

Phone: 225-342-3238 Office: Bureau of Health Services Financing

Return
Address: P.O. Box 91030 Rule
Title: Behavioral Health Service Providers
Baton Rouge, LA Licensing Standards

Date Rule
Takes Effect: November 20, 2022

SUMMARY
(Use complete sentences)

In accordance with Section 953 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a fiscal and economic impact statement on the rule proposed for adoption, repeal or amendment. THE FOLLOWING STATEMENTS SUMMARIZE ATTACHED WORKSHEETS, I THROUGH IV AND WILL BE PUBLISHED IN THE LOUISIANA REGISTER WITH THE PROPOSED AGENCY RULE.

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 22-23. It is anticipated that \$2,268 will be expended in FY 22-23 for the state's administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will have no effect on revenue collections since the fees from currently licensed providers will continue to be collected in the same amounts.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NON-GOVERNMENTAL GROUPS (Summary)

In compliance with Acts 151, 344, 390, 503 and 309 of the 2022 Regular Session of the Louisiana Legislature, this proposed rule amends the provisions governing the licensing of behavioral health service (BHS) providers and establishes requirements for the treatment of opioid use disorder in pregnant women by licensed BHS providers. This proposed rule will be beneficial by ensuring that legislative mandates regarding employment of peer support specialists, geographic service locations, specialized behavioral health rehabilitation services, and providing opioid use disorder treatment to pregnant women are included in the administrative licensing rule for providers of these services. It is anticipated that implementation of this proposed rule will not result in costs to BHS providers or small businesses for FY 22-23, FY 23-24, and FY 24-25, since it updates requirements in the *Louisiana Administrative Code* that BHS providers already have to meet for licensure.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known effect on competition and employment.

Tasheka Dukes
Signature of Agency Head or Designee

Tasheka Dukes, RN
Deputy Assistant Secretary
LDH Health Standards Section
Typed Name & Title of Agency Head or Designee

8/5/2022
Date of Signature

Alan M. Bortner
Legislative Fiscal Officer or Designee

8/8/22
Date of Signature

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES**

The following information is required in order to assist the Legislative Fiscal Office in its review of the fiscal and economic impact statement and to assist the appropriate legislative oversight subcommittee in its deliberation on the proposed rule.

- A. Provide a brief summary of the content of the rule (if proposed for adoption, or repeal) or a brief summary of the change in the rule (if proposed for amendment). Attach a copy of the notice of intent and a copy of the rule proposed for initial adoption or repeal (or, in the case of a rule change, copies of both the current and proposed rules with amended portions indicated).

In compliance with Acts 151, 344, 390, 503 and 309 of the 2022 Regular Session of the Louisiana Legislature, this proposed rule amends the provisions governing the licensing of behavioral health service (BHS) providers and establishes requirements for the treatment of opioid use disorder in pregnant women by licensed BHS providers.

- B. Summarize the circumstances, which require this action. If the Action is required by federal regulation, attach a copy of the applicable regulation.

The Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing the licensing of behavioral health service (BHS) providers in order to comply with the requirements of the following Acts of the 2022 Regular Session of the Louisiana Legislature: Act 151 authorizes and provides conditions for licensed BHS providers to employ peer support specialists who have been convicted of certain offenses; Act 344 allows BHS providers to operate within a 50 mile radius of the providers' business offices and within a 50 mile radius of one designated offsite location; Act 390 authorizes BHS providers to furnish services regardless of where the client or patient is located within the state; and, Act 503 requires updates to the provisions governing psychosocial rehabilitation services (PSR) and community psychiatric support and treatment services (CPST). In addition, Act 309 requires the department to adopt provisions establishing requirements for the treatment of opioid use disorder in pregnant women by licensed BHS providers.

- C. Compliance with Act 11 of the 1986 First Extraordinary Session

- (1) Will the proposed rule change result in any increase in the expenditure of funds? If so, specify amount and source of funding.

No. It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 22-23. In FY 22-23, \$2,268 is included for the state's administrative expense for promulgation of this proposed rule and the final rule.

- (2) If the answer to (1) above is yes, has the Legislature specifically appropriated the funds necessary for the associated expenditure increase?

(a) _____. Yes. If yes, attach documentation.

(b) _____. NO. If no, provide justification as to why this rule change should be published at this time

**FISCAL AND ECONOMIC IMPACT STATEMENT
WORKSHEET**

I. A. COSTS OR SAVINGS TO STATE AGENCIES RESULTING FROM THE ACTION PROPOSED

1. What is the anticipated increase (decrease) in costs to implement the proposed action?

COSTS	FY 23	FY 24	FY 25
Personal Services			
Operating Expenses	\$2,268	\$0	\$0
Professional Services			
Other Charges			
Equipment			
Major Repairs & Constr.			
TOTAL	\$2,268	\$0	\$0
POSITIONS (#)			

2. Provide a narrative explanation of the costs or savings shown in "A. 1.", including the increase or reduction in workload or additional paperwork (number of new forms, additional documentation, etc.) anticipated as a result of the implementation of the proposed action. Describe all data, assumptions, and methods used in calculating these costs.

In FY 22-23, \$2,268 will be spent for the state's administrative expense for promulgation of this proposed rule and the final rule.

3. Sources of funding for implementing the proposed rule or rule change.

SOURCE	FY 23	FY 24	FY 25
State General Fund	\$2,268	\$0	\$0
Agency Self-Generated			
Dedicated			
Federal Funds			
Other (Specify)			
TOTAL	\$2,268	\$0	\$0

4. Does your agency currently have sufficient funds to implement the proposed action? If not, how and when do you anticipate obtaining such funds?

Yes, sufficient funds are available to implement this rule.

B. COST OR SAVINGS TO LOCAL GOVERNMENTAL UNITS RESULTING FROM THE ACTION PROPOSED.

1. Provide an estimate of the anticipated impact of the proposed action on local governmental units, including adjustments in workload and paperwork requirements. Describe all data, assumptions and methods used in calculating this impact.

The proposed rule has no known impact on local governmental units.

2. Indicate the sources of funding of the local governmental unit, which will be affected by these costs or savings.

There is no known impact on the sources of local governmental unit funding.

FISCAL AND ECONOMIC IMPACT STATEMENT
WORKSHEET

II. EFFECT ON REVENUE COLLECTIONS OF STATE AND LOCAL GOVERNMENTAL UNITS

A. What increase (decrease) in revenues can be anticipated from the proposed action?

REVENUE INCREASE/DECREASE	FY 23	FY 24	FY 25
State General Fund			
Agency Self-Generated			
Dedicated Funds*			
Federal Funds			
Local Funds			
TOTAL			

*Specify the particular fund being impacted.

B. Provide a narrative explanation of each increase or decrease in revenues shown in "A." Describe all data, assumptions, and methods used in calculating these increases or decreases.

**FISCAL AND ECONOMIC IMPACT STATEMENT
WORKSHEET**

III. COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NONGOVERNMENTAL GROUPS

- A. What persons, small businesses, or non-governmental groups would be directly affected by the proposed action? For each, provide an estimate and a narrative description of any effect on costs, including workload adjustments and additional paperwork (number of new forms, additional documentation, etc.), they may have to incur as a result of the proposed action.

In compliance with Acts 151, 344, 390, 503 and 309 of the 2022 Regular Session of the Louisiana Legislature, this proposed rule amends the provisions governing the licensing of behavioral health service (BHS) providers and establishes requirements for the treatment of opioid use disorder in pregnant women by licensed BHS providers. This proposed rule will be beneficial by ensuring that legislative mandates regarding employment of peer support specialists, geographic service locations, specialized behavioral health rehabilitation services, and providing opioid use disorder treatment to pregnant women are included in the administrative licensing rule for providers of these services.

- B. Also provide an estimate and a narrative description of any impact on receipts and/or income resulting from this rule or rule change to these groups.

It is anticipated that implementation of this proposed rule will not result in costs to BHS providers or small businesses for FY 22-23, FY 23-24, and FY 24-25, since it updates requirements in the *Louisiana Administrative Code* that BHS providers already have to meet for licensure.

IV. EFFECTS ON COMPETITION AND EMPLOYMENT

Identify and provide estimates of the impact of the proposed action on competition and employment in the public and private sectors. Include a summary of any data, assumptions and methods used in making these estimates.

This rule has no known effect on competition and employment.