

(December 2008), amended by the Department of Health and Hospitals, Bureau of Health Financing and the Office of Aging and Adult Services, LR 39:2509 (September 2013), LR 42:903 (June 2016).

§12917. Unit of Reimbursement

A. Reimbursement for personal care services shall be a prospective flat rate for each approved unit of service that is provided to the recipient. One quarter hour (15 minutes) is the standard unit of service for personal care services. Reimbursement shall not be paid for the provision of less than one quarter hour (15 minutes) of service. Additional reimbursement shall not be available for transportation furnished during the course of providing personal care services.

B. The minimum hourly rate paid to personal care workers shall be at least the current federal minimum.

B.1. - I. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:913 (June 2003), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 34:253 (February 2008), LR 34:2581 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 35:1901 (September 2009), LR 36:1251 (June 2010), LR 37:3267 (November 2011), LR 39:1780 (July 2013), LR 42:904 (June 2016).

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

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RULE

**Department of Health
Emergency Response Network**

LERN Destination Protocol: TRAUMA (LAC 48:I.19121)

The Louisiana Emergency Response Network Board has exercised the provisions of R.S. 49:950 et seq., the Administrative Procedure Act, and codified LAC 48:I.Chapter 191, Section 19121, a protocol adopted and promulgated on December 10, 2015, by the Louisiana Emergency Response Network Board for the transport of trauma and time sensitive ill patients, adopted as authorized by R.S. 9:2798.5 (to replace the protocol adopted on November 10, 2014, codified in LR 41:950 (May 20, 2015) as LAC 48:I.Chapter 191, Section 19119).

Title 48

PUBLIC HEALTH—GENERAL

Part I. General Administration

Subpart 15. Emergency Response Network

Chapter 191. Trauma Protocols

§19121. LERN Destination Protocol: TRAUMA

A. On December 10, 2015, the Louisiana Emergency Response Network Board [R.S. 40:2842(1) and (3)] adopted

and promulgated “LERN Destination Protocol: TRAUMA”, which replaces the “LERN Destination Protocol: TRAUMA” found in §19121 adopted and promulgated November 20, 2014, as follows.

1. Call LERN communication center at (866) 320-8293 for patients meeting the following criteria.

<ul style="list-style-type: none"> • Unmanageable airway • Tension pneumothorax • Traumatic cardiac arrest • Burn patient without patent airway • Burn patient > 40 percent BSA without IV 	Yes→	Closest ED/Trauma Center
No ↓		
Measure vital signs and level of consciousness		
<ul style="list-style-type: none"> • GCS ≤13 • SBP <90mmHg • RR <10 or >29 breaths per minute, or need for ventilator support (<20 in infant aged <1 year) 	Yes→	Transport to Trauma Center/ Trauma Program These patients should be transported to the highest level of care within the defined trauma system. This is a Level 1 or a Level 2 Trauma Center or Trauma Program. <i>* If distance or patient condition impedes transport to trauma facility, consider transport to most appropriate resourced hospital.</i>
No ↓		
Assess anatomy of injury		
<ul style="list-style-type: none"> • All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee • Chest wall instability or deformity (e.g. flail chest) • Two or more proximal long-bone fractures • Crushed, degloved, mangled, or pulseless extremity • Amputation proximal to wrist or ankle • Pelvic fractures • Open or depressed skull fracture • Paralysis • Fractures with neurovascular compromise (decreased peripheral pulses or prolonged capillary refill, motor or sensory deficits distal to fracture) 	Yes→	Transport to Trauma Center/ Trauma Program These patients should be transported to the highest level of care within the defined trauma system. This is a Level 1 or a Level 2 Trauma Center or Trauma Program. <i>* If distance or patient condition impedes transport to trauma facility, consider transport to most appropriate resourced hospital.</i>
No ↓		
Assess mechanism of injury and evidence of high-energy impact		
<ul style="list-style-type: none"> • Falls <ul style="list-style-type: none"> - Adults: >20 feet (one story is equal to 10 feet) - Children: >10 feet or two or three times the height of the child • High-risk auto crash <ul style="list-style-type: none"> - Intrusion, including roof: > 12 inches occupant site; 	Yes→	Transport to Trauma Center/Trauma Program which, depending upon the defined trauma system, need not be the highest level trauma center/program. If no Trauma Center/Trauma Program in the region, LCC may route to the most appropriate resourced hospital.

<ul style="list-style-type: none"> > 8 inches any site - Ejection (partial or complete) from automobile - Death in the same passenger compartment - Vehicle telemetry data consistent with a high risk of injury • Auto vs. pedestrian/bicyclist/ATV thrown, run over, or with significant (>20 mph) impact • Motorcycle crash >20mph 		
No ↓		
Assess special patient or system considerations		
<ul style="list-style-type: none"> • Older Adults <ul style="list-style-type: none"> - Risk of injury/death increases after age 55 years - SBP <110 may represent shock after age 65 - Low impact mechanisms (e.g. ground level falls) may result in severe injury • Children <ul style="list-style-type: none"> - Should be triaged preferentially to pediatric capable trauma centers • Anticoagulants and bleeding disorders <ul style="list-style-type: none"> - Patients with head injury are at high risk for rapid deterioration • Burns <ul style="list-style-type: none"> - With trauma mechanism: triage to trauma center • Pregnancy >20 weeks • Hip Fractures (hip tenderness, deformity, lateral deviation of foot) excluding isolated hip fractures from same level falls • Major joint dislocations (hip, knee, ankle, elbow) • Open Fractures • EMS provider judgment 	Yes→	<p>Transport to Trauma Center/Trauma Program or hospital capable of timely and thorough evaluation and initial management of potentially serious injuries. Consider consultation with medical control.</p>
No ↓		
Multi/Mass Casualty Incident	No→	Transport according to protocol

RULE

**Department of State
Business Services Division**

Business Entities (LAC 19:V.Chapters 1-13)

The secretary of State, pursuant to the provisions of the Administrative Procedure Act (R.S. 49:950 et seq.) and under the authority of R.S. 49:222 and R.S. 36:742, has adopted a Rule to authorize the use of an optional secure business filings (SBF) service designed to discourage fraudulent business filings in Louisiana through *geauxBIZ*.

Title 19

CORPORATION AND BUSINESS

Part V. Secretary of State

Chapter 1. Domestic Corporations

§100. Secure Business Filings Service

A. The Department of State has developed and now offers an optional secure business filings (SBF) service designed to discourage fraudulent business filings in Louisiana. The service will notify a corporation via email whenever amendments are submitted on the corporation through *geauxBIZ*. The corporation will have the opportunity to review the filing and approve or reject further processing by the Department of State.

B. Any person who has a *geauxBIZ* account with a verified email address can enroll in the optional SBF service. The enrollment application must be authorized by a person who is a named officer, director, member, manager, or partner of record (the authorizing authority). The identity of the authorizing authority must be verified by completing a secure business filing service enrollment application authorization which must be verified by a licensed notary public in the state where the authorizing authority resides. A copy of the authorization form can be found on the department's website. The authorization application is required for all SBF applicants, even if the applicant is the approval authority.

C. Business entities will have an opportunity to review the filing and approve or reject further processing by the Department of State. To approve a filing, the corporation must provide the PIN assigned to the corporation within five days of receiving notification of a pending file. If the corporation rejects a filing or if five days passes with no action performed, the filing will not be processed by the Department of State.

D. The corporation is responsible for PIN usage and security. The Department of State will not be responsible for unauthorized usage of the PIN or changes made to the corporation's business record as a result of an unauthorized user entering the correct PIN. The department reserves the right to cancel the SBF service, change the PIN, remove an SBF enrollee, change the SBF service terms and conditions, or act to prevent or prosecute fraudulent activity at any time.

E. The service has a one-time enrollment fee of \$35. An enrollment does not expire; however, it can be cancelled by the enrollee, by another authorized applicant, or by the Department of State. Enrollments are non-transferrable. A new SBF enrollment application must be completed to

2. When in doubt, transport to a trauma center.

B. This protocol was published at LR 42:169 (January 2016).

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, Emergency Response Network, LR 42:904 (June 2016).

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