

F. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Public Law 82-414, 8 U.S. Code 1522(e)(5).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1112 (June 2009), amended by the Department of Health, Bureau of Health Services Financing, LR 51:1860 (November 2025).

§103. Eligibility Requirements

A. Individuals may qualify for the RMA program if they meet the following requirements:

1. has an immigration status recognized by the Office of Refugee Resettlement (ORR) through policy or federal notice that qualifies for resettlement assistance;
2. has income and resources that do not exceed the guidelines set forth in 42 CFR 435.831, as reflected in the State-approved Title XIX Medicaid plan;
3. is not otherwise eligible for Medicaid or SCHIP;
4. provides the name of the resettlement agency that resettled them, if applicable;

a. Repealed.

5. not enrolled as a full-time student in a higher education program, except where such enrollment is approved by the State or its designee.

B. An individual does not need to apply for or receive refugee cash assistance (RCA) in order to qualify for the RMA.

1. Repealed.

C. All recipients of RCA who are not otherwise eligible for Medicaid or SCHIP are eligible for RMA.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Public Law 82-414, 8 U.S. Code 1522(e)(5).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1112 (June 2009), amended by the Department of Health, Bureau of Health Services Financing, LR 51:1861 (November 2025).

§107. Eligibility Period

A. Repealed.

B. The RMA eligibility period shall be determined in accordance with 45 CFR 400.211.

1. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Public Law 82-414, 8 U.S. Code 1522(e)(5).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1113 (June 2009), amended by the Department of Health, Bureau of Health Services Financing, LR 51:1861 (November 2025).

§108. Termination of Services

A. RMA benefits shall terminate upon the earliest of the following:

1. the individual's eligibility period expires;
2. the individual enrolls in Medicaid or SCHIP;
3. termination of ORR eligible immigration status; or
4. relocation from the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Public Law 82-414, 8 U.S. Code 1522 (e)(5).

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 51:1861 (November 2025).

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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Secretary

2511#049

RULE

**Department of Health
Emergency Response Network**

Louisiana Stroke Center Recognition
(LAC 48:I.18701, 18703, and 18705)

The Louisiana Emergency Response Network Board has exercised the provisions of R.S. 49:950 et seq., the Administrative Procedure Act, and amends LAC 48:I.Chapter 187, Requirements for Stroke Center Recognition, Section 18701.A.1., A.4., A.5. and A.6., and Section 18703.A.3, A.5., A.6.a., A.6.b, and A.6.c., and Section 18705.A., and Section 18708.B., C. and D., as approved by the Emergency Response Network Board in a meeting of April 10, 2025, as authorized by R.S. 40:2846(A) and R.S. 40:2845(A)(7). The amendments change the name of one of the six levels of stroke facilities from "stroke bypass hospital" to "stroke referral center", and designate the education and resources required for a stroke referral center. This Rule is hereby adopted on the day of promulgation.

Title 48

PUBLIC HEALTH—GENERAL

Part I. General Administration

Subpart 15. Emergency Response Network

**Chapter 187. Requirements for Louisiana Stroke
Center Recognition**

§18701. Stroke Center Recognition

A. The Louisiana Emergency Response Network Board (LERN) and the Louisiana Department of Health recognize the following six levels of stroke facilities:

1. CSC: comprehensive stroke center;
2. - 3. ...
4. PSC: primary stroke center;
5. ASRH: acute stroke ready hospital; and
6. stroke referral center (formerly designated stroke bypass hospital).

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health, Emergency Response Network, LR 40:2590 (December 2014), amended by the Department of Health, Emergency Response Network, LR 46:1088 (August 2020), amended LR 51:1861 (November 2025).

§18703. Stroke Center Criteria

A. Each facility participating in stroke center recognition shall meet the following criteria.

1. - 2. ...
3. PSC-E: a primary stroke center (PSC-E) shall meet the requirements specified by the joint commission, healthcare facilities accreditation program (HFAP), or other LERN approved accrediting/certification body for Primary Stroke Center verification. Attestation as a PSC-E is only allowed after verification by the joint commission, HFAP, or other LERN approved accrediting/certification body that the facility meets all requirements set forth in the PSC standards.

In addition to PSC requirements, a PSC-E must have physician(s) credentialed to perform mechanical thrombectomy and must update resource management portal of endovascular availability at all times. If a physician credentialed to perform endovascular capability is not available, the PSC-E must notify all EMS providers in the region when endovascular resources are not available. The PSC-E must collect and submit quarterly to LERN to the joint commission or other approved accrediting or certification body the same data the joint commission requires the Thrombectomy Stroke centers to collect and any other data as required by LERN.

4. - 5. ...

6. Stroke referral center: a stroke referral center should not receive patients exhibiting signs or symptoms of stroke except for instances when the clinical situation requires stopping at the closest emergency department. A stroke referral center must:

a. have a transfer protocol in place for transfer to higher levels of care through written and agreed upon relationship with a CSC, TSC, PSC, PSC-E or ASRH stroke center;

b. participate in LERN stroke education; and

c. maintain a stroke resource binder or internet resource which at a minimum includes the following LERN guidelines: ED Provider Stroke Care Guideline, Anti-coagulant Associated Intracranial Hemorrhage Guideline, Spontaneous Intracranial Hemorrhage Guideline, and Wake Up/Unknown Time of System Onset Guideline.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health, Emergency Response Network, LR 40:2590 (December 2014), amended by the Department of Health, Emergency Response Network LR 46:1088 (August 2020), amended by the Department of Health, Emergency Response Network, LR 50:220 (February 2024), amended LR 51:1861 (November 2025).

§18705. Attestation for Stroke Center Recognition

A. A hospital seeking CSC, TSC, PSC-E, ASRH or stroke referral center recognition will submit an affidavit of the hospital CEO to LERN detailing compliance with the requirements designated herein.

A.1. - B....

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health, Emergency Response Network, LR 40:2590 (December 2014), amended by the Department of Health, Emergency Response Network LR 46:1089 (August 2020), amended by the Department of Health, Emergency Response Network, LR 50:220 (February 2024), amended LR 51:1862 (November 2025).

§18708. Failure to Submit Stroke Data to LERN

A. ...

B. For an ASRH not submitting data to the board for two consecutive quarters, the hospital will automatically be demoted to a stroke referral center.

C. Once an ASRH demotes to a stroke referral center for non-adherence with submission requirement, the hospital CEO cannot re-attest until the hospital has submitted two consecutive quarters of data meeting standards.

D. If an ASRH fails to meet the performance metrics after two quarters of participation in data review, the board

appointed stroke committee may temporarily demote the facility to a stroke referral center until the next board meeting, when the board appointed stroke subcommittee will present the blinded data to the board for a vote on demotion to stroke referral center.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health, Emergency Response Network, LR 46:1089 (August 2020), amended by the Department of Health, Emergency Response Network, LR 50:220 (February 2024), amended LR 51:1862 (November 2025).

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2511#015

RULE

Department of Health Licensed Professional Counselors Board of Examiners

PLPC Billing Technical Revision (LAC 46:LX.603)

In accordance with the applicable provisions of the Administrative Procedures Act (R.S.49:950 et seq.) and through the authority of the Mental Health Counselor Licensing Act (R.S. 37:1101 et seq.), the Licensed Professional Counselors Board of Examiners amends billing practices for Provisional Licensed Professional Counselors (PLPCs).

The Licensed Professional Counselors Board of Examiners hereby amends Chapter 6, Section 603 for publication in the November 20, 2025, edition of the *Louisiana Register*. This Rule is hereby adopted on the day of promulgation.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LX. Professional Counselors

Subpart 1. Licensed Professional Counselors

Chapter 6. Application, Practice, and Renewal Requirements for Provisional Licensed Professional Counselors

§603. Provisional Licensed Professional Counselors Licensing Requirements

A. - A.6.e. ...

f. the agency or employer may bill for services provided by the PLPC. The PLPC may not accept direct payments from the client;

A.6.g. - A.8. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1123.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 41:712 (April 2015), amended by the Department of Health, Licensed Professional Counselors Board of Examiners LR 45:277 (February 2019), LR 50:1848 (December 2024); LR 51:1862 (November 2025).

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2511#033