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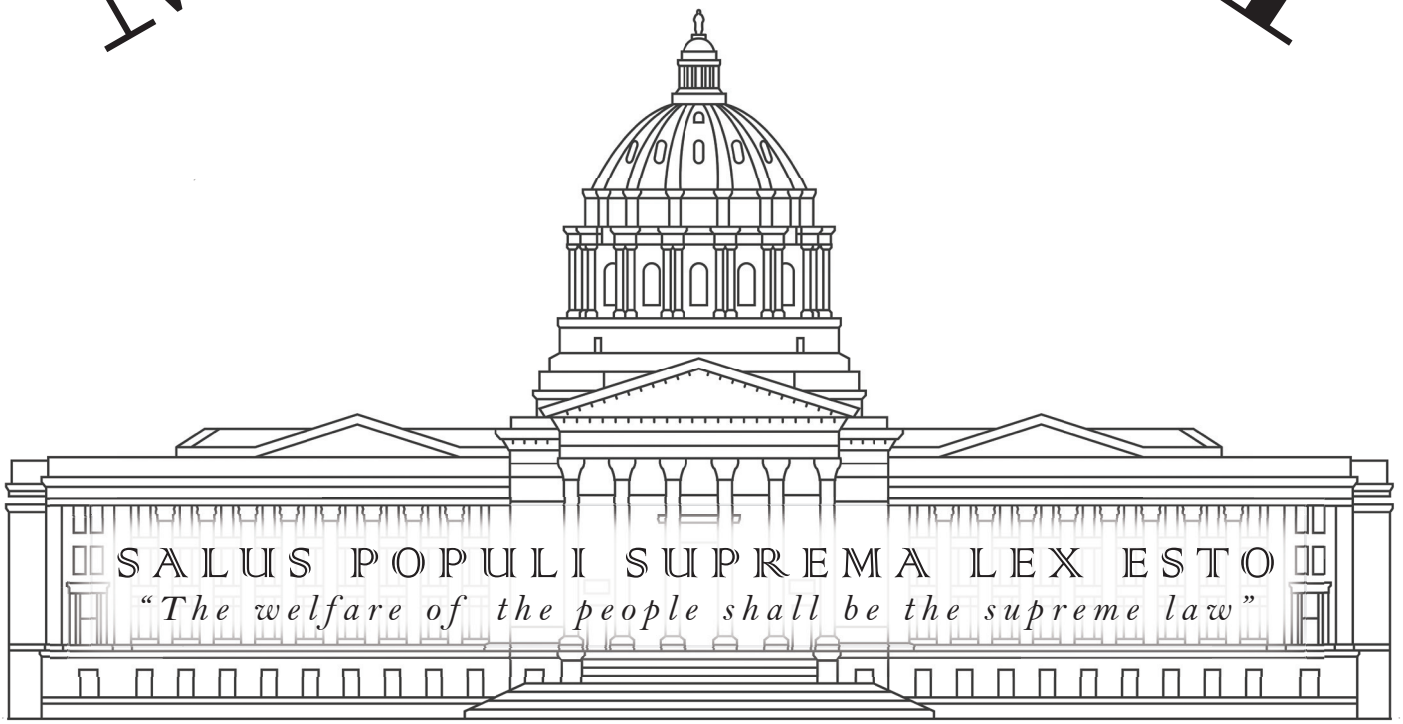

REGISTER

John R. Ashcroft Secretary of State

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Missouri Register

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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please see the website at sos.mo.gov/adrules/pubsched.

HOW TO CITE RULES AND RSMO

RULES

The rules are codified in the *Code of State Regulations* in this system–

Title	CSR	Division	Chapter	Rule
3	*Code of*	10-	4	115
Department	*State*	Agency	General area	Specific area
	Regulations	division	regulated	regulated

and should be cited in this manner: 3 CSR 10-4.115.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraphs 1., subparagraphs A., parts (I), subparts (a), items I. and subitems a.

The rule is properly cited by using the full citation; for example, 3 CSR 10-4.115, NOT Rule 10-4.115.

Citations of RSMo are to the *Missouri Revised Statutes* as of the date indicated.

Code and *Register* on the Internet

The *Code of State Regulations* and *Missouri Register* are available on the Internet.

The *Code* address is sos.mo.gov/adrules/csr/csr

The *Register* address is sos.mo.gov/adrules/moreg/moreg

These websites contain rulemakings and regulations as they appear in the *Code* and *Registers*.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the Missouri and the United States Constitutions; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) business days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the Missouri Register as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

Amendment Text Reminder:
Boldface text indicates new matter.
[Bracketed text indicates matter being deleted.]

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 35 – Children's Division
Chapter 60 – Licensing of Foster Family Homes

EMERGENCY AMENDMENT

13 CSR 35-60.010 Family Homes Offering Foster Care. The division is amending subsections (1)(B) and (C).

PURPOSE: This emergency amendment conforms Rule 13 CSR 35-60.010 with section 210.565, RSMo, as amended by Senate Bill 186, signed into law on July 6, 2023. Amended section 210.565 has expanded the definition of the term "relative" include certain foster parents and kinship caregivers.

*EMERGENCY STATEMENT: This emergency amendment is necessary to fulfill the compelling governmental interest of having the Division's regulations conform to the Missouri statutes. The Division's regulations are made available to the public on the Division's website. Rule 13 CSR 35-60.010 presently limits the definition of the term "relative" to a person related to another by blood, adoption , or affinity within the third degree. Amended section 210.565, taking effect on August 28, 2023, has broadened the definition of the term "relative" to include certain foster parents and kinship caregivers not related by blood, adoption or affinity within the third degree. Pursuant to section 536.014, RSMo, "No department, agency, commission or board rule shall be valid in the event that. . [t]he rule is in conflict with state law." The Division has a compelling governmental interest in making sure that the public is not confused by a definition of the term "relative" in regulation that conflicts with a broader definition of the term "relative" used in statute. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The Division believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed on August 14, 2023, becomes effective August 28, 2023, and expires February 23, 2024.*

(1) For the purpose of this regulation, the following terms shall be defined as follows:

(B) Relative. A relative is a *[person related to another by blood, adoption, or affinity within the third degree;]* **grandparent or any other person related to another by blood or affinity or a person who is not so related to the child but has a close relationship with the child or the child's family. A foster parent or kinship caregiver with whom a child has resided for nine months or more is a person who has a close relationship with the child. The status of a grandparent shall not be affected by the death or the dissolution of the marriage of a son or daughter;**

(C) Relative Care. Care provided by *[persons related to the foster youth in any of the following ways by blood, marriage, or adoption: grandparent, brother, sister, half-brother, half-sister, stepparent, stepbrother, stepsister, uncle, aunt, or first cousin;]* **a relative;**

AUTHORITY: sections 207.020, 210.506, and 660.017, RSMo 2016. Original rule filed July 18, 2006, effective Jan. 30, 2007. Amended: Filed Sept. 15, 2015, effective March 30, 2016. Amended: Filed July 1, 2020, effective Jan. 30, 2021. Emergency amendment filed Aug. 14, 2023, effective Aug. 28, 2023, expires Feb. 23, 2024.

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 35 – Children's Division
Chapter 60 – Licensing of Foster Family Homes

EMERGENCY AMENDMENT

13 CSR 35-60.040 Physical and Environmental Standards. The division is amending subsections (1)(D),(N),(O),(Q),(S), and (T).

PURPOSE: This emergency amendment conforms Rule 13 CSR 35-60.040 with Amendment 3 passed by Missouri voters on November 8, 2022, which, among other things, amended Article XIV of the Missouri Constitution to legalize the purchase, possession, and use of specified amounts of marijuana for adults over the age of 21. This emergency amendment further conforms Rule 13 CSR

35-60.040 with the rescission by the Department of Health and Senior Services (DHSS) on July 30, 2023 of the regulations formerly published in chapter 95 of Division 30 (Medical Marijuana) and the promulgation by DHSS on July 30, 2023 of the regulations found in chapter 1 of Division 100 (Marijuana).

*EMERGENCY STATEMENT: This emergency amendment is necessary to fulfill the compelling governmental interest of having the Division's regulations conform to the Missouri Constitutional and DHSS's new marijuana regulations. The Division's regulations are made available to the public on the Division's website. Rule 13 CSR 35-60.040 presently provides that foster parents shall not use or possess marijuana or marijuana-infused products. Amendment 3, passed by Missouri voters on November 8, 2022, amended the Missouri Constitution to provide that Missouri residents over the age of 21 have a constitutional right to use or possess marijuana in specified quantities. In addition, Rule 13 CSR 35-60.040 cites to Department of Health and Senior Services ("DHSS") regulations that were rescinded on July 30, 2023 – 19 CSR 30-95.010, .030, and .110. A regulation that conflicts with the **Missouri Constitution** is invalid. See 536.014 ("No department, agency, commission or board rule shall be valid in the event that. . [t]he rule is in conflict with state law."). The Division's regulations also cite to DHSS regulations that no longer exist. The Division has a compelling governmental interest in making sure that the public is not confused by published regulations that are not valid or that incorporate regulations that have been rescinded. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The Division believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed on August 14, 2023, becomes effective August 28, 2023, and expires February 23, 2024.*

(1) General Requirements.

(D) All flammable liquids, matches, cleaning supplies, poisonous materials, medication, marijuana *[(as defined in 19 CSR 30-95.010(20) or]***,** marijuana-infused products *[(as defined in 19 CSR 30-95.010(21)) for medical use (as defined in 19 CSR 30-95.010(27)),]* alcohol, or other hazardous items shall be stored so as to be inaccessible to the children, taking into consideration the age and mental capacities of the children.

(N) For the purposes of this regulation, the terms "marijuana," "marijuana-infused products," and "medical use," shall mean the terms as they are defined in 19 CSR *[30-95.010.]* **100-1.010.**

(O) All foster parents, household members, and guests shall not use or possess illegal substances, *[marijuana, marijuana-infused products,]* or use tobacco **or marijuana** products **that emit smoke or vapor**, such as cigarettes, cigars, pipes, or electronic smoking devices that include, but are not limited to, e-cigarettes, vape pens, or vaporizers in:

1. The foster home when a child in division custody is placed in the home;

2. A vehicle when transporting a child in division custody; or

3. The presence of a child in division custody.

(Q) Foster parents and household members who seek to use or cultivate marijuana for medical use must follow all rules and procedures as set forth by the Department of Health and Senior Services in 19 CSR *[30-95.010]* **100-1.010** through 19 CSR *[30-95.110]* **19 CSR 100-1.050.**

(S) Foster parents and household members who are qualifying patients*[, as defined in 19 CSR 30-95.010(36),] for medical marijuana use must [obtain a new physician certification annually and]* obtain identification cards from the Department of Health and Senior Services *[in accordance with 19 CSR 30-95.030 in order to use and/or cultivate marijuana for medical use]*. All foster parents and household members shall, upon request, provide the division with a copy of *[the physician certification and]* identification card(s) *[as defined in 19 CSR 30-95.010(17)]*, as applicable.

(T) All *[cultivation by the qualifying patient shall take place in an enclosed, locked facility as defined in 19 CSR 30-95.010(12) with the plant specifications set forth in 19 CSR 30-95.030(4)]* **All consumer personal cultivation, qualifying patient cultivation, and primary caregiver cultivation shall take place in an enclosed, locked facility, as defined in 19 CSR 100-1.010(28) and with the plant specifications set forth in 19 CSR 100-1.040(5).**

AUTHORITY: sections 207.020, 210.506, and 660.017, RSMo 2016. Original rule filed July 18, 2006, effective Jan. 30, 2007. Amended: Filed Sept. 15, 2015, effective March 30, 2016. Amended: Filed June 22, 2020, effective Jan. 30, 2021. Emergency amendment filed Aug. 14, 2023, effective Aug. 28, 2023, and expires Feb. 23, 2024.

PUBLIC COST: This proposed emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This proposed emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 35 – Children's Division
Chapter 60 – Licensing of Foster Family Homes

EMERGENCY AMENDMENT

13 CSR 35-60.050 Care of Children. The division is amending subsections (11)(D).

PURPOSE: This emergency amendment conforms Rule 13 CSR 35-60.050 with sections 43.401 and 210.795, RSMo, as amended and enacted by Senate Bill 186, taking effect on August 28, 2023. Amended section 43.401 provides that any agency or placement provider with the care and custody of a child who is missing shall file a missing child complaint with the appropriate law enforcement agency within two hours of determining the child to be missing. Section 210.795 provides that a child in the care and custody of the Division whose physical whereabouts are unknown to the division, the child's physical custodian, or contracted service providers shall be considered missing and the case manager or placement provider shall immediately inform a law enforcement agency having jurisdiction and the National Center for Missing and Exploited Children within two hours of discovery that the child is missing.

EMERGENCY STATEMENT: This emergency amendment is necessary to fulfill the compelling governmental interest of having the Division's regulations conform to the Missouri statutes. Amended sections 43.401 and 210.795, RSMo, taking effect on August 28, 2023, provide that any agency or placement provider

with the care and custody of a child who is missing shall file a missing child complaint with the appropriate law enforcement agency and inform the National Center for Missing and Exploited Children ("NCMEC") within two hours of determining the child to be missing. Although Rule 13 CSR 35-60.050 presently provides that foster parents shall notify the Division immediately of emergencies involving a foster child, including the child's unauthorized absence from the home, the rule does not require the foster parent to file a missing child complaint and inform NCMEC within two hours of determining a child to be missing. Rule 13 CSR 35-60.010(2)(E) provides that the division's director shall authorize the issuance of a license for a term not to exceed two (2) years, subject to renewal upon expiration "[u]pon compliance with licensing law and regulations." Putting the new statutory requirements of 43.401 and 210.795 into regulation will ensure that licensed foster parents will comply with the new statutory notification requirements. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the ***Missouri*** *and* ***United States Constitutions****. The Division believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed on August 14, 2023, becomes effective August 28, 2023, and expires February 23, 2024.*

(11) Responsibility of Foster Parent(s) to Child's Legal Custodian.

(D) The foster parent(s) shall notify the legal custodian immediately of emergencies involving the foster child. This requirement in no way relieves the foster parent(s) from first taking action, such as obtaining emergency medical treatment for the child before notifying his/her legal custodian. This includes serious illness or injury requiring medical treatment, unauthorized absence from the home, or other situations in which sound judgment dictates that the legal custodian be notified.

1. If the foster parent(s) discover that the child is missing, the foster parent(s) shall notify the child's legal custodian immediately. Within two hours of discovering that the child is missing, the foster parent shall also file a missing child complaint with the law enforcement agency having jurisdiction and inform the National Center for Missing and Exploited Children that the child is missing.

AUTHORITY: sections 207.020, [RSMo Supp. 2014, and section] *210.506, RSMo* [2000] **2016***. Original rule filed July 18, 2006, effective Jan. 30, 2007. Amended: Filed Sept. 15, 2015, effective March 30, 2016. Emergency amendment filed Aug. 14, 2023, effective Aug.28, 2023, expires Feb. 23, 2024.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 35 – Children's Division
Chapter 71 – Rules for Residential Treatment Agencies for Children and Youth

EMERGENCY AMENDMENT

13 CSR 35-71.020 Basic Residential Treatment for Children and Youth Core Requirements (Applicable To All Agencies) – Basis for Licensure and Licensing Procedures. The division is amending subsections (2)(B) and (6)(C).

PURPOSE: This emergency amendment conforms Rule 13 CSR 35-71.020 to section 210.493, RSMo, as amended by Senate Bill 40, signed into law on July 6, 2023. Amended section 210.493 no longer requires officers, managers, and other support staff of licensed residential care facilities to undergo the background checks mandated in section 210.493.

EMERGENCY STATEMENT: This emergency amendment is necessary to fulfill the compelling governmental interest of having the Division's regulations conform to the Missouri statutes. In Senate Bill 40, the General Assembly deleted language in section 210.493 that previously required officers, managers, and other support staff of licensed residential care facilities to undergo the background checks mandated in section 210.493. Rule 13 CSR 35-71.020 presently provides that facilities seeking to be licensed as residential care facilities in Missouri must provide a certification that officers, managers, and other support staff who will have access to the facilities have, or will have, completed background checks and have been found eligible as required in section 210.493, RSMo. Because section 210.493 no longer requires officer, managers, and other support staff to complete backgrounds and be found eligible for presence and employment, Rule 13 CSR 35-71.020 will be in conflict with section 210.493 if not amended. A regulation that is in conflict with a statute is invalid. See 536.014 ("No department, agency, commission or board rule shall be valid in the event that . . [t]he rule is in conflict with state law."). The Division has a compelling governmental interest in making sure that the public is not confused by published regulations that are not valid. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the ***Missouri*** *and* ***United States Constitutions****. The Division believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed on August 14, 2023, becomes effective August 28, 2023, and will expire on February 23, 2024.*

(2) Application Procedures.

(B) The application shall contain the following information:

1. The name, street address, mailing address, fax number, and phone number of the residential care facility;

2. The name, street address, mailing address, email address, and phone number of the director, owner, and operator of the LRCF;

3. The name, street address, mailing address, email address, phone number, and job title of the individual or individuals who are designated to submit the application on behalf of the residential care facility. This individual shall be an individual who is legally authorized to act on behalf of the residential care facility and to legally bind the residential care facility to the statements made and information provided in support of the application;

4. The name and description of the person operating the residential care facility, including a statement as to whether the person operating the residential care facility is a firm, corporation, benevolent association, partnership, association, agency, or an incorporated or unincorporated organization, regardless of the name used. If the owner or operator of the residential care facility is incorporated, a corporation shall state the type of corporation, the state in which the corporation

was incorporated, and the date of incorporation;

5. The name and address of the sponsoring organization of the residential care facility, if applicable;

6. The name and address of every school attended by, or to be attended by, the children served by the residential care facility;

7. A certification that *[officers, managers,]* contractors, volunteers with access to children, employees, *[and other support staff of the residential care facility]* and owners who will have access to the facilities have, or will have, completed background checks and have been found eligible as required in section 210.493, RSMo, and 13 CSR 35-71.015.

(6) Licensing Renewal.

(C) In addition to the completed application form, the residential care facility shall submit the following documents with the application for license renewal:

1. A current board roster, including the mailing address and place of employment of each member and a list of board officers;

2. A summary of any significant changes to programs and copies of any resulting policies or policy changes;

3. A copy of a current organizational chart;

4. Certification that all individuals who are required to submit to a background check have completed their background checks and have been found eligible by the division for employment or presence at the LRCF as provided in section 210.493, RSMo, and 13 CSR 35-71.015;

5. Annual results of a check of the family care safety registry for all staff, as well as interns, volunteers, and contractors. For individuals who reside outside of Missouri who are subject to the background check requirements provided for in section 210.493, RSMo, the LRCF shall require all *[officers, managers,]* contractors, volunteers with access to children, employees, *[other support staff,]* and owners of the LRCF who will have access to the facilities of the LRCF to successfully complete an annual background screening which shall consist of a check of the child abuse and neglect registry and a criminal background check of the state or jurisdiction in which the individual resides. LRCFs shall further implement and apply policies which require all personnel who are otherwise required to submit to a background check pursuant to section 210.493, RSMo, to immediately notify the LRCF if they are listed in a state or local government registry as a perpetrator of child abuse or neglect, or if they were arrested or charged with any crime listed in section 210.493, RSMo;

6. Evidence of current compliance with the fire and safety requirements of the State Fire Marshal;

7. A record of monthly drills for fire and emergency evacuations which are held at different times of the day and night;

8. Documentation that each operating site's water supply and sewage disposal system is currently in compliance with the requirements of the Department of Health and Senior Services if not an approved public source;

9. A copy of the most recent financial audit and/or financial review;

10. A copy of the annual written staff training plan;

11. Documentation that each operating site food service is currently in compliance with requirements of the Department of Health and Senior Services or any local applicable ordinance;

12. A copy of the current personnel and/or program manual for the agency if there have been changes since last submitted to the licensing unit;

13. For any agency operating a swimming pool on grounds, documentation that the pool is operated and maintained in accordance with all applicable local ordinances and/or state guidelines;

14. A copy of the resume of all administrative and professional staff, if not previously submitted to the licensing unit;

15. Documentation of insurance for the agency for professional liability and commercial liability, worker's compensation insurance, fire and disaster insurance, and agency vehicle insurance; and

16. Documentation of Form 990 for all non-profit agencies and Internal Revenue Service return for for-profit agencies and self-disclosure of tax liabilities, including but not limited to, all employee withholding taxes.

AUTHORITY: sections 207.020, 210.506, and 660.017, RSMo 2016, and sections 210.493 and 210.1286, RSMo Supp. 2021. This rule originally filed as 13 CSR 40-71.020. Original rule filed Nov. 9, 1978, effective Feb. 11, 1979. For intervening history, please consult the ***Code of State Regulations****. Emergency amendment filed Aug. 14, 2023, effective Aug. 28, 2023, expires Feb. 23, 2024.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 35 – Children's Division
Chapter 71 – Rules for Residential Treatment Agencies for Children and Youth

EMERGENCY AMENDMENT

13 CSR 35-71.045 Personnel. The division is amending subsections (1)(C) and (D).

PURPOSE: This emergency amendment conforms Rule 13 CSR 35-71.045 to section 210.493, RSMo, as amended by Senate Bill 40, taking effect on August 28, 2023. Amended section 210.493 no longer requires officers, managers, and other support staff of licensed residential treatment facilities (LERCFS) to undergo the background checks mandated in section 210.493. This regulation also conforms 13 CSR 35-71.045 to the Emergency Amendment of 13 CSR 35-71.015 presently in effect, which permits LERCFs, with the Department's permission, to hire personnel prior to completing all background checks.

EMERGENCY STATEMENT: This emergency amendment is necessary to fulfill the compelling governmental interest of having the Division's regulations conform to the Missouri statutes. In Senate Bill 40, the General Assembly deleted language in section 210.493 that previously required officers, managers, and other support staff of licensed residential care facilities ("LRCFs") to undergo the background checks mandated in section 210.493. Pending emergency amendments to Rule 13 CSR 35-71.015 permit LRCFs to hire staff prior to the completion of pending background checks with the Division's permission. Rule 13 CSR 35-71.045 presently provides that officers, managers and other support staff who will have access to the facilities of the LRCF shall submit to

a background check and shall be found eligible for employment or presence at the LRCF as provided in section 210.493 before commencing service or being afforded access to the facilities of the LRCF. Because section 210.493 no longer requires officer, managers, and other support staff to complete backgrounds and be found eligible for presence and employment, Rule 13 CSR 35-71.045 will be in conflict with section 210.493 if not amended. A regulation that is in conflict with a statute is invalid. See 536.014 ("No department, agency, commission or board rule shall be valid in the event that . . [t]he rule is in conflict with state law."). The Division has a compelling governmental interest in making sure that the public is not confused by published regulations that are not valid. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the ***Missouri*** *and* ***United States Constitutions****. The Division believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed on August 14, 2023, becomes effective August 28, 2023, and will expire on February 23, 2024.*

(1) General Requirements.

(C) All *[officers, managers,]* contractors, volunteers with access to children, employees, *[other support staff]* and owners of such LRCF who will have access to the facilities of the LRCF shall submit to a background check and shall be found eligible for employment or presence at the LRCF as provided in section 210.493, RSMo, and 13 CSR 35-71.015 *[before commencing service or being afforded access to the facilities of the LRCF]*. These individuals shall notify the LRCF and the division of any change in circumstances which would render them ineligible for employment or presence at the LRCF. After the individual completes the background check, the LRCF shall further require all *[officers, managers,]* contractors, volunteers with access to children, employees, *[other support staff,]* and owners of the LRCF who will have access to the facilities of the LRCF to successfully complete an annual check of the Family Care Safety Registry. The LRCF shall maintain documentation of the Family Care Safety Registry checks in its personnel records.

(D) After the individual completes the background check, the LRCF shall require all *[officers, managers,]* contractors, volunteers with access to children, employees, *[other support staff,]* and owners of the LRCF who will have access to the facilities of the LRCF, and who reside outside of the state of Missouri, to successfully complete an annual background screening which shall consist of a check of the child abuse and neglect registry and a criminal background check of the state or jurisdiction in which the individual resides. LRCFs shall further implement and apply policies which require all personnel who are otherwise required to submit to a background check pursuant to section 210.493, RSMo, to immediately notify the LRCF if they are listed in a state or local government registry as a perpetrator of child abuse or neglect, or if they were arrested or charged with any crime listed in section 210.493, RSMo.

AUTHORITY: sections 207.020, 210.506, and 660.017, RSMo 2016, and sections 210.493 and 210.1286, RSMo Supp. ***[2021] 2023****. This rule originally filed as 13 CSR 40-71.045. Emergency rule filed Nov. 1, 1993, effective Nov. 12, 1993, expired March 11, 1994. Emergency rule filed March 2, 1994, effective March 12, 1994, expired July 9, 1994. Original rule filed Nov. 1, 1993, effective June 6, 1994.For intervening history, please consult the* ***Code of State Regulations****. Emergency amendment filed Aug. 14, 2023, effective Aug. 28, 2023, expires Feb. 23, 2024.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 35 – Children's Division
Chapter 71 – Rules for Residential Treatment Agencies for Children and Youth

EMERGENCY AMENDMENT

13 CSR 35-71.070 Protection and Care of the Child. The division is amending section (1).

PURPOSE: This emergency amendment conforms Rule 13 CSR 35-71.070 to sections 43.401 and 210.795, RSMo, as amended and enacted by Senate Bill 186, taking effect on August 28, 2023. As a result of this bill, section 43.401 now provides that placement providers shall file a missing child complaint with the appropriate law enforcement agency within two hours of determining that a child is missing. Section 210.795 provides that within two hours of discovering that a child in the care and custody of the Children's Division is missing, a placement provider shall inform a law enforcement agency having jurisdiction and the National Center for Missing and Exploited Children within two hours of discovery that the child is missing.

EMERGENCY STATEMENT: This emergency amendment is necessary to fulfill the compelling governmental interest of having the Division's regulations conform to the Missouri statutes. Amended sections 43.401 and 210.795, RSMo, taking effect on August 28, 2023, provide that any agency or placement provider with the care and custody of a child who is missing shall file a missing child complaint with the appropriate law enforcement agency and inform the National Center for Missing and Exploited Children ("NCMEC") within two hours of determining the child to be missing. Although Rule 13 CSR 35-71.070(J) presently provides that licensed residential care facilities must inform certain parties, including the Division, within 6 hours of a child elopement, the rule does not require the foster parent to file a missing child complaint and inform NCMEC within two hours of determining a child to be missing. Rule 13 CSR 35-71.020 provides that a residential care facility must be compliance with the rules in Chapter 71 "[b]efore a license may be granted." Putting the new statutory requirements of 43.401 and 210.795 into regulation will ensure that licensed residential care facilities will comply with the new statutory notification requirements. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the ***Missouri*** *and* ***United States Constitutions****. The Division believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed on August 14, 2023, becomes effective August 28, 2023, and expires on February 23, 2024.*

(1) Protecting the Child in Care. An agency shall submit an immediate oral report (within six (6) hours), to the division followed by a written report, within five (5) working days after the occurrence of an unusual incident, such as the death or

serious injury of a child, alleged child abuse or neglect, loss of any electricity, gas, water, telephone, or any other conditions affecting the health and safety of children for a period of longer than twelve (12) hours or requires the removal of residents, or any emergency that requires summoning first responders.

(K) Within two (2) hours of determining that a child is missing, an agency shall file a missing child complaint with the law enforcement agency having jurisdiction. If the missing child is in the custody of Children's Division, the agency, in the same two- (2-) hour period, shall also inform the National Center for Missing and Exploited Children.

AUTHORITY: sections 210.481, 210.486, and 210.506, RSMo ***[2000] 2016****. This rule originally filed as 13 CSR 40-71.070. Original rule filed Nov. 9, 1978, effective Feb. 11, 1979 For intervening history, please consult the* ***Code of State Regulations****. Emergency amendment filed Aug. 14, 2023, effective Aug. 28, 2023, expires Feb. 23, 2024.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2150 – State Board of Registration for the Healing Arts
Chapter 5 – General Rules

EMERGENCY AMENDMENT

20 CSR 2150-5.025 Administration of Vaccines *[Per Protocol]*. The State Board of Registration for the Healing Arts is amending title, purpose, adding a new section (4) and renumbering as necessary and amending sections (1) – (8).

PURPOSE: This emergency amendment implements 2023 legislative revisions to section 338.010, RSMo, and establishes pharmacist immunization procedures under revised section 338.010.1(4), RSMo.

EMERGENCY STATEMENT: Newly enacted Senate Bill 45 contains substantial revisions to section 338.010, *RSMo, governing pharmacist immunization authority. Effective August 28, 2023, revised section 338.010.1(4), RSMo, removes statutory authority granting pharmacists ability to immunize Missouri patients pursuant to a protocol with a Missouri licensed physician, and enacts in lieu thereof provisions granting the Missouri Board of Pharmacy and the Missouri State Board of Registration for the Healing Arts authority to promulgate joint rules to implement pharmacist immunization authority. According to provisional data from ShowMeVax, the Missouri Department of Health and Senior Services' statewide immunization registry, more than 2.4 million vaccines were reported to ShowMeVax as administered by/under pharmacy providers in 2022. This emergency amendment is needed to allow pharmacists to continue providing immunization services after August 28, 2023, including, seasonal influenza vaccines for the upcoming 2023 influenza season. Absent an emergency rule, patient access to pharmacy/pharmacist provided vaccine services would be critically eliminated or limited which will detrimentally impact the health, safety, and welfare of Missouri citizens. Rural Missouri communities where the local pharmacist/pharmacy may be the only available or accessible vaccination site/provider will be particularly detrimentally impacted by a gap/lapse in pharmacist immunization authority. Notably, other healthcare providers may not be able to procure adequate vaccine supplies to meet Missouri patient demand prior to the upcoming 2023 influenza season.*

The emergency amendment is also needed to clarify the scope of pharmacist immunization authority under revised section 338.010.1(4), RSMo, for annually reformulated/updated FDA approved vaccines. Specifically, revised section 338.010.1(4), RSMo, prohibits pharmacists from administering vaccines approved by the U.S. Food and Drug Administration (FDA) after January 1, 2023. The board has received a significant number of inquiries from pharmacy providers, pharmacy associations, and hospital representatives since Senate Bill 45 was enacted, questioning if the January 1, 2023, vaccine date restriction in revised section 338.010.1(4), RSMo, prohibits pharmacists from administering vaccines initially approved by the FDA prior to January 1, 2023, that are reformulated/updated annually to match new virus strains. Licensees/Pharmacy representatives have indicated they may be forced to terminate or suspend pharmacist administration of these annually reformulated/updated vaccines without legal clarification on the scope of allowed pharmacist immunization authority. Significantly, this includes influenza vaccines for the upcoming 2023 influenza season which are historically reformulated/updated on an annual basis.

As a result, the Missouri State Board of Pharmacy finds there is an immediate danger to the public health, safety, and/or welfare and a compelling governmental interest that requires this emergency action. Absent an emergency rule authorizing and clarifying pharmacist immunization authority under section 338.010, RSMo, patient access to pharmacy/pharmacist provided vaccine services would be critically eliminated or limited which will detrimentally impact the health, safety, and welfare of Missouri citizens. A proposed amendment covering the same material is published in this issue of the ***Missouri Register****. The scope of this emergency rule amendment is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitutions.*** *The Missouri State Board of Pharmacy believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency amendment was filed August 14, 2023, becomes effective August 28, 2023, and expires February 23, 2024.*

PURPOSE: This rule establishes ***[the]*** *procedures for pharmacists* ***[to administer vaccines per written protocol with a physician] administering vaccines as authorized by section 338.010.1, RSMo****.*

(1) *[A pharmacist may administer vaccines authorized by Chapter 338, RSMo, pursuant to a written protocol with a Missouri licensed physician who is actively engaged in the practice of medicine. Unless otherwise restricted by the governing protocol, vaccines may be administered at any Missouri licensed pharmacy or at any non-pharmacy location as allowed in the governing protocol.]* **A Missouri licensed pharmacist may order and administer vaccines as authorized by section 338.010.1, RSMo. Pharmacists must be competent to perform the services provided and maintain ongoing/continued competency. Except as otherwise authorized**

by law, for purposes of section 338.010.1(4), RSMo, pharmacists may administer reformulated or updated versions of vaccines authorized by the U.S. Food and Drug Administration (FDA) after January 1, 2023, provided the initial vaccine was approved by the FDA prior to January 1, 2023.

(2) **For vaccines administered by protocol,** *[T]***t**he authorizing physician is responsible for the oversight of, and accepts responsibility for, the vaccines administered by the pharmacist.

(3) Pharmacist Qualifications. Pharmacists administering vaccines *[by protocol]* as authorized by *[Chapter 338, RSMo]* **section 338.010.1, RSMo**, must first file a Notification of Intent (NOI) to administer vaccines with the Missouri Board of Pharmacy **via the Board of Pharmacy's website or on a form provided by the Board of Pharmacy**. To file a NOI, a pharmacist must –

(D) *[Notifications of Intent must be filed on the board's website or on a form approved by the board.]* **Prior to administering vaccines by a route of administration not included in the original certificate program, the pharmacist must first be trained in the techniques of that route of administration by a licensed health care practitioner who is authorized to administer medication. Documentation of the required training and training date(s) must be maintained and available to the board on request.**

(4) Pharmacist immunization activities must be safely and properly performed in accordance with the applicable standard of care.

(A) An adequate patient or medical history must be collected as deemed necessary or appropriate to allow the pharmacist to properly assess the patient.

(B) Prior to ordering or administering a vaccine authorized by Chapter 338, RSMo, the pharmacist shall use a screening procedure based on generally accepted clinical guidelines to identify appropriate patients for immunization. The pharmacist shall refer patients with a contraindication to the patient's primary care provider or an appropriate healthcare provider, as deemed necessary or appropriate.

(C) Pharmacists ordering or administering a vaccine as authorized by section 338.010, RSMo, may create a prescription in the pharmacist's name or, if applicable, the name of the governing protocol physician. The prescription may be dispensed by a licensed pharmacy and must be maintained in the prescription records of the dispensing pharmacy as provided by the Board of Pharmacy's rules. In addition to this rule, pharmacists shall comply with all applicable provisions of Chapter 338, RSMo, and the rules of the Board of Pharmacy governing prescribing and record-keeping, including, but not limited to, 20 CSR 2220-2.018.

(D) For vaccines ordered by a pharmacist, the pharmacist must maintain a patient record of each vaccine ordered that includes:

1. The patient's name, address, and date of birth;

2. The name and dosage of any vaccine ordered;

3. The name and address of the patient's primary health care provider, as provided by the patient;

4. The identity of the ordering pharmacist;

5. Documentation of any patient screening; and

6. Any other pertinent medical or medication information/history.

*[(4)]***(5)** Protocol Requirements.

(A) *[In addition to filing a NOI, pharmacists administering vaccines under this rule must first enter]* **A Missouri licensed pharmacist may enter** into a written protocol with a Missouri licensed physician **to order and administer vaccines authorized by section 338.010.1(4), RSMo**. The written protocol may be valid for a time period not to exceed one (1) year. The protocol must be renewed annually and include the following:

1. The identity of the participating pharmacist and physician;

2. Time period of the protocol;

3. Authorized vaccines;

4. The patient or groups of patients authorized for vaccination;

5. Allowed routes and anatomic sites of administration;

6. If applicable, authorization to create a prescription for each administration under the physician's name;

7. Patient assessment or referral requirements, if applicable;

*[7.]***8.** Emergency response procedures, including, but not limited to, procedures for handling/addressing adverse reactions, anaphylactic reactions, and accidental needle sticks;

*[8.]***9.** The length of time the pharmacist must observe an individual for adverse events following an injection;

*[9.]***10.** Procedures for disposing of used and contaminated supplies;

*[10.]***11.** Authorization to administer vaccines at a non-pharmacy location, if applicable;

*[11.]***12.** Record-keeping requirements and any required notification procedures; and

*[12.]***13.** A provision allowing termination of the protocol at any time at the request of any party.

(B) The protocol, and any subsequent amendments or alterations, must be reviewed and manually or electronically signed and dated by the pharmacist and authorizing physician prior to its implementation, signifying that both are aware of its contents and agree to follow the terms of the protocol. A copy of the protocol must be maintained by both the pharmacist and the authorizing physician for a minimum of eight (8) years after termination of the protocol.

(C) Additional pharmacists or immunization locations may be added to an existing protocol if the amendment is signed and dated by the authorizing physician(s) and, if applicable, any newly added pharmacist(s). Existing pharmacists are not required to re-sign the protocol unless other protocol terms or provisions are changed.

(D) Within seventy-two (72) hours after a vaccine is administered, a prescription must be created in the ordering pharmacist's name for any vaccine dispensed. For vaccines provided pursuant to an immunization protocol with a Missouri licensed physician, the prescription must be obtained from the authorizing protocol physician for any vaccine dispensed or a prescription must be created in the protocol physician's name documenting the dispensing within seventy-two (72) hours as authorized by protocol.

*[(5)]***(6)** Record keeping.

(A) The pharmacist shall ensure a record is maintained for each vaccine administered *[by protocol]* **pursuant to section 338.010.1(4), RSMo,** that includes:

1. The patient's name, address, and date of birth;

2. The date, route, and anatomic site of the administration;

3. The vaccine's name, dose, manufacturer, lot number, and expiration date;

4. The name and address of the patient's primary health care provider, as provided by the patient;

5. The identity of the administering pharmacist or, if applicable, the identity of the administering intern pharmacist or qualified pharmacy technician and supervising pharmacist; *[and]*

6. Documentation of patient screening, if applicable;

*[6.]***7.** The nature of any adverse reaction and who was notified, if applicable*[.]***; and**

8. Any other pertinent medical or medication information/history.

(B) *[Within seventy-two (72) hours after a vaccine is administered, a prescription must be obtained from the authorizing physician for the drug dispensed or a prescription must be created in the physician's name documenting the dispensing as authorized by protocol.]* Notwithstanding any other provision of this rule, prescription records must be maintained as provided by Chapter 338, RSMo, and the rules of the board.

(C) The records required by this rule must be securely and confidentially maintained as follows:

1. If the vaccine is administered on behalf of a pharmacy, both the pharmacy and the *[administering]* pharmacist shall ensure the records required by subsection *[(5)]***(6)**(A) are promptly delivered to and maintained at the pharmacy separate from the pharmacy's prescription files;

2. If the vaccine is not being administered on behalf of a pharmacy, all records shall be maintained securely and confidentially by the *[administering]* pharmacist at an address *[that shall be]* identified in **advance by the pharmacist or, if applicable, identified in** the protocol *[prior to administering the vaccine]*;

3. Prescription records must be maintained as required by Chapter 338, RSMo, and the rules of the board; and

4. Records required by this rule must be maintained for two (2) years and made available for inspecting and copying by the State Board of Pharmacy or the State Board of Registration for the Healing Arts and/or their authorized representatives. Records maintained at a pharmacy must be produced during an inspection by the board and/or their authorized representatives. Records not maintained at a pharmacy must be produced within three (3) business days after a request from the State Board of Pharmacy, the Board of Registration for the Healing Arts and/or their authorized representative. Failure to maintain or produce records as provided by this rule shall constitute grounds for discipline.

*[(6)]***(7)** Notification of Immunizations. Pharmacists immunizing *[by protocol]* **pursuant to section 338.010.1(4), RSMo,** must –

(A) Notify all persons or entities as required by state and federal law;

(B) Notify the protocol physician as required by the governing protocol**, if applicable**;

(C) Notify the patient's primary care provider as required by Chapter 338, RSMo; and

(D) Notify the patient's primary health care provider and, if different, the protocol physician, within twenty-four (24) hours after learning of any adverse event or reaction experienced by the patient. Adverse events or reactions must also be reported to the Vaccine Adverse Event Reporting System (VAERS) or its successor, within thirty (30) days.

(E) Unless otherwise provided by *[the]* **a** governing protocol, notification may be made via a common electronic medication record that is accessible to and shared by both the physician and pharmacist. Proof of notification must be maintained in the pharmacist's records as provided in subsection *[(5)]***(6)**(B) of this rule.

*[(7)]***(8)** Notification of Intent Renewal. A Notification of Intent (NOI) to immunize *[by protocol]* **as authorized by section 338.010.1(4), RSMo,** must be renewed biennially with the immunizing pharmacist's Missouri pharmacist license. To renew a NOI, pharmacists must –

(A) Have a current healthcare provider cardiopulmonary resuscitation (CPR) or basic life support (BLS) certification that complies with subsection (3)(B) of this rule; and

(B) Have completed a minimum of two (2) hours of continuing education (0.2 CEU) related to administering vaccines or CDC immunization guidelines in a course approved by the Board of Pharmacy or provided by an ACPE accredited continuing education provider within the applicable pharmacist biennial renewal period (November 1 to October 31 of the immediately preceding even numbered years).

(C) The required continuing education (CE) shall be governed by 20 CSR 2220-7.080 and may be used to satisfy the pharmacist's biennial continuing education requirements. The initial training program required by section (3) of this rule may be used to satisfy the CE requirements of this subsection if the training program was completed within the applicable pharmacist biennial renewal cycle.

*[(8)]***(9)** A qualified pharmacy technician immunizing pursuant to this rule must be supervised by a Missouri-licensed pharmacist who is authorized to immunize *[by protocol]* **pursuant to section 338.010, RSMo** and who is physically present on-site when the vaccine is administered.

AUTHORITY: section 334.125, RSMo 2016, and sections 338.010 and 338.220, RSMo Supp. ***[2020] 2023****. Emergency rule filed Oct. 24, 2007, effective Nov. 3, 2007, expired April 30, 2008. Original rule filed Oct. 24, 2007, effective May 30, 2008. For intervening history, please consult the* ***Code of State Regulations****. Emergency amendment filed Aug. 14, 2023, effective Aug. 28, 2023, expires Feb. 23, 2024. A proposed amendment covering this same material is published in this issue of the* ***Missouri Register****.*

PUBLIC COST: This emergency amendment will not cost state agencies more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2220 – State Board of Pharmacy
Chapter 6 – Pharmaceutical Care Standards

EMERGENCY AMENDMENT

20 CSR 2220-6.050 Administration of Vaccines *[Per Protocol]*. The Board of Pharmacy is amending title, purpose, adding a new section (4) and renumbering as necessary and amending

sections (1)–(8).

PURPOSE: *This emergency amendment implements 2023 legislative revisions to section 338.010, RSMo, and establishes pharmacist immunization procedures under revised section 338.010.1(4), RSMo.*

EMERGENCY STATEMENT: Newly enacted Senate Bill 45 contains substantial revisions to section 338.010, RSMo, governing pharmacist immunization authority. Effective August 28, 2023, revised section 338.010.1(4), RSMo, removes statutory authority granting pharmacists ability to immunize Missouri patients pursuant to a protocol with a Missouri licensed physician, and enacts in lieu thereof provisions granting the Missouri Board of Pharmacy and the Missouri Board of Registration for the Healing Arts authority to promulgate joint rules to implement pharmacist immunization authority. According to provisional data from ShowMeVax, the Missouri Department of Health and Senior Services' statewide immunization registry, more than 2.4 million vaccines were reported to ShowMeVax as administered by/under pharmacy providers in 2022. This emergency amendment is needed to allow pharmacists to continue providing immunization services after August 28, 2023, including, seasonal influenza vaccines for the upcoming 2023 influenza season. Absent an emergency rule, patient access to pharmacy/pharmacist provided vaccine services would be critically eliminated or limited which will detrimentally impact the health, safety, and welfare of Missouri citizens. Rural Missouri communities where the local pharmacist/pharmacy may be the only available or accessible vaccination site/provider will be particularly detrimentally impacted by a gap/lapse in pharmacist immunization authority. Notably, other healthcare providers may not be able to procure adequate vaccine supplies to meet Missouri patient demand prior to the upcoming 2023 influenza season.

The emergency amendment is also needed to clarify the scope of pharmacist immunization authority under revised section 338.010.1(4), RSMo, for annually reformulated/updated FDA approved vaccines. Specifically, revised section 338.010.1(1), RSMo, prohibits pharmacists from administering vaccines approved by the U.S. Food and Drug Administration (FDA) after January 1, 2023. The board has received a significant number of inquiries from pharmacy providers, pharmacy associations, and hospital representatives since Senate Bill 45 was enacted, questioning if the January 1, 2023, vaccine date restriction in revised section 338.010.1(4), RSMo, prohibits pharmacist from administering vaccines initially approved by the FDA prior to January 1, 2023, that are reformulated/updated annually to match new virus strains. Licensees/Pharmacy representatives have indicated they may be forced to terminate or suspend pharmacist administration of these annually reformulated/updated vaccines without legal clarification on the scope of allowed pharmacist immunization authority. Significantly, this includes influenza vaccines for the upcoming 2023 influenza season which are historically reformulated/updated on an annual basis.

As a result, the Missouri State Board of Pharmacy finds there is an immediate danger to the public health, safety, and/or welfare and a compelling governmental interest that requires this emergency action. Absent an emergency rule authorizing and clarifying pharmacist immunization authority under section 338.010, RSMo, patient access to pharmacy/pharmacist provided vaccine services would be critically eliminated or limited which will detrimentally impact the health, safety, and welfare of Missouri citizens. A proposed amendment covering the same material is published in this issue of the ***Missouri Register.*** *The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitutions.*** *The Missouri State Board of Pharmacy believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency amendment was filed August 14, 2023, becomes effective August 28, 2023, and expires February 23, 2024.*

PURPOSE: This rule establishes [the] procedures for pharmacists [to administer vaccines per written protocol with a physician] ***administering vaccines as authorized by section 338.010.1, RSMo****.*

(1) *[A pharmacist may administer vaccines authorized by Chapter 338, RSMo, pursuant to a written protocol with a Missouri licensed physician who is actively engaged in the practice of medicine. Unless otherwise restricted by the governing protocol, vaccines may be administered at any Missouri licensed pharmacy or at any non-pharmacy location as allowed in the governing protocol.]* **A Missouri licensed pharmacist may order and administer vaccines as authorized by section 338.010.1, RSMo. Pharmacists must be competent to perform the services provided and maintain ongoing/continued competency. Except as otherwise authorized by law, for purposes of section 338.010.1(4), RSMo, pharmacists may administer reformulated or updated versions of vaccines authorized by the U.S. Food and Drug Administration (FDA) after January 1, 2023, provided the initial vaccine was approved by the FDA prior to January 1, 2023.**

(2) **For vaccines administered by protocol,** *[T]***t**he authorizing physician is responsible for the oversight of, and accepts responsibility for, the vaccines administered by the pharmacist.

(3) Pharmacist Qualifications. Pharmacists administering vaccines *[by protocol]* as authorized by *[Chapter 338, RSMo]* **section 338.010.1, RSMo**, must first file a Notification of Intent (NOI) to administer vaccines with the Missouri Board of Pharmacy **via the Board of Pharmacy's website or on a form provided by the Board of Pharmacy**. To file a NOI, a pharmacist must –

(D) *[Notifications of Intent must be filed on the board's website or on a form approved by the board.]* **Prior to administering vaccines by a route of administration not included in the original certificate program, the pharmacist must first be trained in the techniques of that route of administration by a licensed health care practitioner who is authorized to administer medication. Documentation of the required training and training date(s) must be maintained and available to the board on request.**

(4) Pharmacist immunization activities must be safely and properly performed in accordance with the applicable standard of care.

(A) An adequate patient or medical history must be collected as deemed necessary or appropriate to allow the pharmacist to properly assess the patient.

(B) Prior to ordering or administering a vaccine authorized by Chapter 338, RSMo, the pharmacist shall use a screening procedure based on generally accepted clinical guidelines to identify appropriate patients for immunization. The pharmacist shall refer patients with a contraindication to the patient's primary care provider or an appropriate healthcare provider, as deemed necessary

or appropriate.

(C) Pharmacists ordering or administering a vaccine as authorized by section 338.010, RSMo, may create a prescription in the pharmacist's name or, if applicable, the name of the governing protocol physician. The prescription may be dispensed by a licensed pharmacy and must be maintained in the prescription records of the dispensing pharmacy as provided by the Board of Pharmacy's rules. In addition to this rule, pharmacists shall comply with all applicable provisions of Chapter 338, RSMo, and the rules of the Board of Pharmacy governing prescribing and record-keeping, including, but not limited to, 20 CSR 2220-2.018.

(D) For vaccines ordered by a pharmacist, the pharmacist must maintain a patient record of each vaccine ordered that includes:

1. The patient's name, address, and date of birth;

2. The name and dosage of any vaccine ordered;

3. The name and address of the patient's primary health care provider, as provided by the patient;

4. The identity of the ordering pharmacist;

5. Documentation of any patient screening; and

6. Any other pertinent medical or medication information/history.

*[(4)]***(5)** Protocol Requirements.

(A) *[In addition to filing a NOI, pharmacists administering vaccines under this rule must first enter]* **A Missouri licensed pharmacist may enter** into a written protocol with a Missouri licensed physician **to order and administer vaccines authorized by section 338.010.1(4), RSMo**. The written protocol may be valid for a time period not to exceed one (1) year. The protocol must be renewed annually and include the following:

1. The identity of the participating pharmacist and physician;

2. Time period of the protocol;

3. Authorized vaccines;

4. The patient or groups of patients authorized for vaccination;

5. Allowed routes and anatomic sites of administration;

6. If applicable, authorization to create a prescription for each administration under the physician's name;

7. Patient assessment or referral requirements, if applicable;

*[7.]***8.** Emergency response procedures, including, but not limited to, procedures for handling/addressing adverse reactions, anaphylactic reactions, and accidental needle sticks;

*[8.]***9.** The length of time the pharmacist must observe an individual for adverse events following an injection;

*[9.]***10.** Procedures for disposing of used and contaminated supplies;

*[10.]***11.** Authorization to administer vaccines at a non-pharmacy location, if applicable;

*[11.]***12.** Record-keeping requirements and any required notification procedures; and

*[12.]***13.** A provision allowing termination of the protocol at any time at the request of any party.

ime at the request of any party.

(B) The protocol, and any subsequent amendments or alterations, must be reviewed and manually or electronically signed and dated by the pharmacist and authorizing physician prior to its implementation, signifying that both are aware of its contents and agree to follow the terms of the protocol. A copy of the protocol must be maintained by both the pharmacist and the authorizing physician for a minimum of eight (8) years after termination of the protocol.

(C) Additional pharmacists or immunization locations may be added to an existing protocol if the amendment is signed and dated by the authorizing physician(s) and, if applicable, any newly added pharmacist(s). Existing pharmacists are not required to re-sign the protocol unless other protocol terms or provisions are changed.

(D) Within seventy-two (72) hours after a vaccine is administered, a prescription must be created in the ordering pharmacist's name for any vaccine dispensed. For vaccines provided pursuant to an immunization protocol with a Missouri licensed physician, the prescription must be obtained from the authorizing protocol physician for any vaccine dispensed or a prescription must be created in the protocol physician's name documenting the dispensing within seventy-two (72) hours as authorized by protocol.

*[(5)]***(6)** Record keeping.

(A) The pharmacist shall ensure a record is maintained for each vaccine administered *[by protocol]* **pursuant to section 338.010.1(4), RSMo,** that includes:

1. The patient's name, address, and date of birth;

2. The date, route, and anatomic site of the administration;

3. The vaccine's name, dose, manufacturer, lot number, and expiration date;

4. The name and address of the patient's primary health care provider, as provided by the patient;

5. The identity of the administering pharmacist or, if applicable, the identity of the administering intern pharmacist or qualified pharmacy technician and supervising pharmacist; *[and]*

6. Documentation of patient screening, if applicable;

*[6.]***7.** The nature of any adverse reaction and who was notified, if applicable*[.]***; and**

8. Any other pertinent medical or medication information/history.

(B) *[Within seventy-two (72) hours after a vaccine is administered, a prescription must be obtained from the authorizing physician for the drug dispensed or a prescription must be created in the physician's name documenting the dispensing as authorized by protocol.]* Notwithstanding any other provision of this rule, prescription records must be maintained as provided by Chapter 338, RSMo, and the rules of the board.

(C) The records required by this rule must be securely and confidentially maintained as follows:

1. If the vaccine is administered on behalf of a pharmacy, both the pharmacy and the *[administering]* pharmacist shall ensure the records required by subsection *[(5)]***(6)**(A) are promptly delivered to and maintained at the pharmacy separate from the pharmacy's prescription files;

2. If the vaccine is not being administered on behalf of a pharmacy, all records shall be maintained securely and confidentially by the *[administering]* pharmacist at an address *[that shall be]* identified in **advance by the pharmacist or, if applicable, identified in** the protocol *[prior to administering the vaccine]*;

3. Prescription records must be maintained as required by Chapter 338, RSMo, and the rules of the board; and

4. Records required by this rule must be maintained for two (2) years and made available for inspecting and copying by the State Board of Pharmacy or the State Board of Registration for the Healing Arts and/or their authorized representatives.

Records maintained at a pharmacy must be produced during an inspection by the board and/or their authorized representatives. Records not maintained at a pharmacy must be produced within three (3) business days after a request from the State Board of Pharmacy, the Board of Registration for the Healing Arts and/or their authorized representative. Failure to maintain or produce records as provided by this rule shall constitute grounds for discipline.

*[(6)]***(7)** Notification of Immunizations. Pharmacists immunizing *[by protocol]* **pursuant to section 338.010.1(4), RSMo,** must –

(A) Notify all persons or entities as required by state and federal law;

(B) Notify the protocol physician as required by the governing protocol**, if applicable**;

(C) Notify the patient's primary care provider as required by Chapter 338, RSMo; and

(D) Notify the patient's primary health care provider and, if different, the protocol physician, within twenty-four (24) hours after learning of any adverse event or reaction experienced by the patient. Adverse events or reactions must also be reported to the Vaccine Adverse Event Reporting System (VAERS) or its successor, within thirty (30) days.

(E) Unless otherwise provided by *[the]* **a** governing protocol, notification may be made via a common electronic medication record that is accessible to and shared by both the physician and pharmacist. Proof of notification must be maintained in the pharmacist's records as provided in subsection *[(5)]***(6)**(B) of this rule.

*[(7)]***(8)** Notification of Intent Renewal. A Notification of Intent (NOI) to immunize *[by protocol]* **as authorized by section 338.010.1(4), RSMo,** must be renewed biennially with the immunizing pharmacist's Missouri pharmacist license. To renew a NOI, pharmacists must –

(A) Have a current healthcare provider cardiopulmonary resuscitation (CPR) or basic life support (BLS) certification that complies with subsection (3)(B) of this rule; and

(B) Have completed a minimum of two (2) hours of continuing education (0.2 CEU) related to administering vaccines or CDC immunization guidelines in a course approved by the Board of Pharmacy or provided by an ACPE accredited continuing education provider within the applicable pharmacist biennial renewal period (November 1 to October 31 of the immediately preceding even numbered years).

(C) The required continuing education (CE) shall be governed by 20 CSR 2220-7.080 and may be used to satisfy the pharmacist's biennial continuing education requirements. The initial training program required by section (3) of this rule may be used to satisfy the CE requirements of this subsection if the training program was completed within the applicable pharmacist biennial renewal cycle.

*[(8)]***(9)** A qualified pharmacy technician immunizing pursuant to this rule must be supervised by a Missouri-licensed pharmacist who is authorized to immunize *[by protocol]* **pursuant to section 338.010, RSMo,** and who is physically present on-site when the vaccine is administered.

AUTHORITY: sections 338.010, 338.140, and 338.220, RSMo Supp. [2020] 2023. Emergency rule filed Oct. 24, 2007, effective Nov. 3, 2007, expired April 30, 2008. Original rule filed Oct. 24, 2007, effective May 30, 2008. For intervening history, please consult the ***Code of State Regulations****. Emergency amendment filed Aug. 14, 2023, effective Aug. 28, 2023, expires Feb. 23, 2024. A proposed amendment covering this same material is published in this issue of the* ***Missouri Register****.*

PUBLIC COST: This emergency amendment will not cost state agencies more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

EXECUTIVE ORDER
23-08

WHEREAS, I have been advised by the State Emergency Management Agency that the ongoing and forecasted severe storm systems have caused, or have the potential to cause, damage associated with tornados, straight-line winds, large hail, heavy rains, flooding, and flash flooding affecting communities throughout the State of Missouri; and

WHEREAS, interruptions of public services are occurring, or anticipated to occur, as a result of the severe weather and flooding event starting on July 29, 2023, and continuing; and

WHEREAS, the severe storm systems beginning on July 29, 2023, and continuing, have the potential to create a condition of distress and hazard to the safety, welfare, and property of the people of the State of Missouri beyond the capabilities of some local jurisdictions and other established agencies; and

WHEREAS, the State of Missouri will continue to be proactive where the health and safety of the people of Missouri are concerned; and

WHEREAS, the resources of the State of Missouri may be needed to assist affected jurisdictions and to help relieve the condition of distress and hazard to the safety and welfare of our fellow Missourians; and

WHEREAS, invoking the provisions of Sections 44.100 and 44.110, RSMo, is required to ensure the protection of the safety and welfare of the people of Missouri.

NOW, THEREFORE, I, MICHAEL L. PARSON, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and the laws of the State of Missouri, including Sections 44.100 and 44.110, RSMo, do hereby declare that a State of Emergency exists in the State of Missouri and direct the Missouri State Emergency Operations Plan be activated.

I further authorize and direct state agencies to provide assistance as needed.

This Order shall terminate on September 5, 2023, unless extended in whole or in part.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 5th day of August, 2023.

MICHAEL L. PARSON
GOVERNOR

ATTEST:

JOHN R. ASHCROFT
SECRETARY OF STATE

The text of proposed rules and changes will appear under this heading. A notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This explanation is set out in the PURPOSE section of each rule. A citation of the legal authority to make rules is also required, and appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbology under the heading of proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules that are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment, or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close-of-comments date will be used as the beginning day in the ninety- (90-) day count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice, file a new notice of proposed rulemaking, and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:
Boldface text indicates new matter.
[Bracketed text indicates matter being deleted.]

TITLE 9 – DEPARTMENT OF MENTAL HEALTH
Division 30 – Certification Standards
Chapter 3 – Substance Use Disorder Prevention and Treatment Programs

PROPOSED AMENDMENT

9 CSR 30-3.150 Comprehensive Substance Treatment and Rehabilitation (CSTAR). The department is amending section (1).

PURPOSE: This amendment removes the reference to the department's Trauma Initiative Core Competency Model, adds a clarifying statement regarding the provision of FDA-approved medications for opioid use and other substance use disorders, and updates the address for the American Society of Addiction Medicine.

(1) Program Requirements. In order to be certified by the department to provide CSTAR services the organization must –

(D) Incorporate evidence-based, best, and promising practices into its service array.

1. At a minimum, the organization shall employ or have a formal contract with the following:

A. Licensed and credentialed professionals with expertise and specialized training in the treatment of trauma-related disorders *[in an environment conducive of the department's 2019 Trauma Initiative Core Competency Model is hereby incorporated by reference and made a part of this rule available at https://dmh.mo.gov/media/pdf/trauma-initiative-core-competency-model or by contacting the department at 1706 E. Elm Street, PO Box 687, Jefferson City MO 65012, 573-751-4122 or 1-800-364-9687. This rule does not incorporate any subsequent amendments or additions to this publication]*;

B. Licensed and credentialed professionals with expertise and specialized training in the treatment of co-occurring disorders (substance use and mental illness);

C. Licensed prescribers to provide *[all]* FDA-approved medications which can be provided in an outpatient setting for the treatment of opioid use and other substance use disorders **(methadone must be provided by a certified opioid treatment program)**. Long-term medications shall be offered and prescribed, as medically appropriate;

D. Certified Peer Specialists who have completed department-approved training and credentialing;

E. Clinical staff who have completed department-approved training on smoking cessation;

F. Clinical staff who have completed department-approved training on suicide prevention; and

(E) Have clinical staff who are trained and qualified to utilize *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*, 2013, hereby incorporated by reference and made a part of this rule**,** published by and available from The American Society of Addiction Medicine, *[4601 N. Park Ave., Upper Arcade, Suite 101, Chevy Chase, MD 20815]* **11400 Rockville Pike, Suite 200, Rockville, MD 20852, (301) 656-3920**. This rule does not incorporate any subsequent amendments or additions to this publication.

AUTHORITY: sections 630.050, 630.655, and 631.010, RSMo 2016. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed March 25, 2021, effective Sept. 30, 2021. Amended: Filed Aug. 7, 2023.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Mental Health, Denise Thomas, PO Box 687, Jefferson City, MO 65102 or by email to denise.thomas@dmh.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

TITLE 9 – DEPARTMENT OF MENTAL HEALTH
Division 30 – Certification Standards
Chapter 3 – Substance Use Disorder Prevention and Treatment

PROPOSED RULE

9 CSR 30-3.151 Eligibility Determination, Assessment, and Treatment Planning in Comprehensive Substance Treatment and Rehabilitation (CSTAR) Programs

PURPOSE: This rule specifies the eligibility determination, assessment, treatment planning, and documentation requirements for Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Consent to Treatment. Each individual served or a parent/guardian must provide informed, written consent to treatment.

(A) A copy of the consent form, which must include the date of consent and signature of the individual served or a parent/guardian, shall be retained in the individual record.

(B) Consent to treat shall be updated annually, including the date of consent and signature of the individual served or a parent/guardian, and be maintained in the individual record.

(2) Eligibility Determination. Eligibility determination may be completed to expedite the admission process for individuals seeking services. Eligibility determination requires a diagnosis and placement in a level of care.

(A) A diagnosis shall be rendered in accordance with the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5-TR)*, 2022, hereby incorporated by reference and made a part of this rule, published by and available from the American Psychiatric Association, 800 Maine Avenue SW, Suite 900, Washington, DC 20024, (202) 559-3900. This rule does not incorporate any subsequent amendments or additions to this publication.

(B) The following licensed or provisionally licensed mental health professionals (LMHP) are approved to render diagnoses:

1. Physician (including psychiatrist);
2. Physician assistant;
3. Assistant physician;
4. Resident physician (including psychiatrist);
5. Advanced practice registered nurse (APRN);
6. Psychologist;
7. Professional counselor;
8. Marital and family therapist; and
9. Licensed clinical social worker.

A. Professionals possessing the credentials listed above are expected to provide services within their scope of practice in the area(s) in which they are adequately trained and should not practice beyond their individual level of competence.

(C) Individuals shall be placed in a level of care utilizing *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*, 2013, hereby incorporated by reference and made a part of this rule, developed by and available from the American Society of Addiction Medicine, Inc., 11400 Rockville Pike, Suite 200, Rockville, MD 20852, (301) 656-3920. This rule does not incorporate any subsequent amendments or additions to this publication.

(D) Eligibility determination shall be completed by qualified staff as follows:

1. An LMHP conducts a diagnostic assessment, including dated signature; or
2. A qualified addiction professional (QAP) or qualified mental health professional (QMHP) assists in obtaining information from the individual to complete the eligibility determination with finalization by an LMHP for completion of the diagnosis and clinical summary, including dated signature.

(E) Documentation of eligibility determination, with inclusion of *The ASAM Criteria* (abbreviated) as referenced in subsection (2)(C) of this rule, must include the following:

1. Presenting problem and referral source;
2. Brief history of previous substance use disorder/psychiatric treatment, including type of admission;
3. Current medications;
4. Current substance use supporting the diagnosis;
5. Current mental health symptoms;
6. Current medical conditions;
7. Diagnoses, including substance use, mental disorders, medical conditions, and notation for psychosocial and contextual factors;
8. Functional assessment using a department-approved instrument, if required;
9. Identification of urgent needs including suicide risk, personal safety, and risk to others;
10. Initial treatment recommendations;
11. Initial treatment goals to meet immediate needs within the first forty-five (45) days of service; and
12. Dated signature(s), title(s), and credential(s) of staff determining eligibility.

(3) Comprehensive Assessment. A comprehensive assessment shall be completed for each individual as follows:

(A) On the date of admission or within seven (7) days of the date of CSTAR eligibility determination, if completed, for individuals admitted to a residential level of care; or

(B) On the date of admission or within thirty (30) days of the date of CSTAR eligibility determination, if completed, for individuals admitted to an outpatient level of care;

(C) If a diagnosis was rendered through eligibility determination, other trained staff may assist in collecting assessment information from the individual with finalization by a QAP or QMHP, including development of treatment recommendations;

(D) If a diagnosis is rendered during the assessment process, finalization by an LMHP is required for completion of the diagnosis and clinical summary;

(E) *The ASAM Criteria* as referenced in subsection (2)(C) of this rule shall be utilized in completing the comprehensive assessment. Documentation of the comprehensive assessment shall include but is not limited to the following:

1. Basic information (demographics, age, language spoken);
2. Presenting concerns from the perspective of the individual, including reason for referral/referral source, what occurred to cause them to seek services;
3. Risk assessment for determining emergency, urgent, or routine need for services (suicide, safety, risk to others);
4. Trauma history (experienced and/or witnessed abuse,

neglect, violence, sexual assault);

5. Substance use treatment history and current use including alcohol, tobacco, and/or other drugs. For children/youth prenatal exposure to alcohol, tobacco, or other substances;

6. Mental status;

7. Mental health treatment history;

8. Medication information including current medications, medication allergies/adverse reactions, efficacy of current or previously used medications;

9. Physical health summary (health screen, current primary care, vision and dental, date of last examinations, current medical concerns, body mass index, tobacco use status, and exercise level. Immunizations for children/youth and medical concerns expressed by family members that may impact the child/youth;

10. Assessed needs based on functioning (challenges, problems in daily living, barriers, and obstacles);

11. Risk-taking behaviors, including child/youth risk behavior(s);

12. Living situation including living accommodations (where and with whom), financial situation, guardianship, need for assistive technology, and parental/guardian custodial status for children/youth;

13. Family, including cultural identity, current and past family life experiences. For family functioning/dynamics, relationships, current issues/concerns impacting children/youth;

14. Developmental information, including an evaluation of current areas of functioning such as motor development, sensory, speech, hearing and language, emotional, behavioral, intellectual functioning, and self-care abilities;

15. Spiritual beliefs/religious orientation;

16. Sexuality, including current sexual activity, safe sex practices, and sexual orientation;

17. Need for and availability of social, community, and natural supports/resources such as friends, pets, meaningful activities, leisure/recreation interests, self-help groups, resources from other agencies, interactions with peers including child/youth and family;

18. Legal involvement history;

19. Legal status such as guardianship, representative payee, conservatorship, and probation/ parole;

20. Education, including intellectual functioning, literacy level, learning impairments, attendance, and achievement;

21. Employment, including current work status, work history, interest in working, and work skills;

22. Status as a current or former member of the U.S. Armed Forces;

23. Clinical formulation, an interpretive summary including identification of co-occurring or co-morbid disorders and psychological/social adjustment to disabilities and/or disorders;

24. Diagnosis(es);

25. Individual's expression of service preferences;

26. Assessed needs/treatment recommendations such as life goals, strengths, preferences, abilities, and barriers; and

27. Dated signature(s), title(s), and credential(s) of staff completing the comprehensive assessment; and

(F) The date of the LMHP's signature on the eligibility determination or assessment, if eligibility determination is not completed, is the effective date of program eligibility, and is the date on which billing for CSTAR services may begin.

(4) Assessment Updates. Assessment updates shall be completed as clinically indicated by the treatment team and as specified in *The ASAM Criteria*, as referenced in subsection (2)(C) of this rule, to facilitate transition between levels and placement in the appropriate level of care.

(A) At a minimum, reassessment in outpatient levels of care shall take place every twelve (12) months.

(B) Documentation for assessment updates shall include –

1. A narrative summary of the individual's risk ratings in each of the six (6) ASAM dimensions;

2. The recommended level of care; and

3. Any recommended changes to the treatment plan based on the reassessment.

(C) Reassessment should not be conducted when an individual is intoxicated or experiencing withdrawal symptoms.

(5) Initial Treatment Plan. A treatment plan shall be developed for each individual admitted to CSTAR within forty-five (45) days of the date of admission with completion of a comprehensive assessment or eligibility determination with requirements met.

(A) The treatment plan shall be developed collaboratively with the individual and/or parent/guardian and members of the treatment team with input from family members/natural supports, as appropriate.

(B) Documentation for completion of the initial treatment plan must include, at a minimum –

1. Identifying information;

2. Goals as expressed by the individual served and family members/natural supports, as appropriate, that are measurable, achievable, time-specific with start date, strength/skill based and include supports/resources needed to meet goals and potential barriers to achieving goals;

3. Specific treatment objectives, including a start date, that are understandable to the individual served, sufficiently specific to assess progress, responsive to the disability or concern, and reflective of age, development, culture, and ethnicity;

4. Specific interventions and services including action steps, modalities, and services to be utilized, duration and frequency of interventions, who is responsible for the intervention, and action steps of the individual served and family members/natural supports, as appropriate;

5. Identification of other agency/community resources and supports including others providing services, plans for coordinating with other agencies, services needed beyond the scope of the CSTAR program to be addressed through referral/services with another organization;

6. Transfer, treatment, and discharge planning beginning at the point of admission and includes but is not limited to criteria for service conclusion, how the individual served and/or parent/guardian and treatment team will know treatment goals have been accomplished; and

7. Dated signature of the QAP or QMHP completing the plan with finalization by an LMHP. The LMHP's dated signature certifies that treatment is needed and services are appropriate as described in the treatment plan and does not recertify the diagnosis. The individual must also sign the plan unless there is a current signed consent to treatment included in the individual record.

(6) Treatment Plan Updates. Treatment plans shall be updated each time an individual is reassessed as specified in section (4) of this rule. A functional assessment may be utilized as the treatment plan update.

(A) At a minimum, treatment plans shall be reviewed and updated every ninety (90) days to determine the individual's

continued need for services and progress achieved during the past ninety (90) days. The occurrence of a crisis or significant clinical event may require a further review and modification of the treatment plan.

(B) The plan shall be updated collaboratively with the individual and/or parent/guardian and reflect the individual's current strengths, needs, abilities, and preferences in the goals and objectives that have been established or continued based on the review. Updates must be documented in the individual record with one (1) of the following:

A. A progress note which specifies updates made to the treatment plan; or

B. A treatment plan review conducted quarterly; or

C. An updated functional assessment score with a brief narrative.

(C) The dated signature(s), title(s), and credential(s) of staff completing the review must be included on the treatment plan update. The individual served shall also sign the plan unless there is a current signed consent to treatment included in the individual record.

(7) Crisis Prevention Plan. If a potential risk for suicide, violence, risk of relapse, overdose, or other at-risk behavior is identified during the assessment process, or any time during the individual's engagement in services, a crisis prevention plan shall be developed as specified in 9 CSR 10-7.030(3).

(A) Documentation for completion of the crisis prevention plan shall include, at a minimum –

1. Factors that may precipitate a crisis;

2. A hierarchical list of skills/strengths identified by the individual to regain a sense of control to return to their level of functioning before the crisis or emergency; and

3. A hierarchical list of staff interventions that may be used when a critical situation occurs.

(8) Service Transition, Transfer, and Discharge Planning. Transfer, transition, and discharge planning begins at admission. Decisions concerning continued service, transfer, or discharge involve review of the treatment plan and assessment of the individual's progress, with clearly defined and agreed-upon goals and outcomes, rather than the result of a preset program structure.

(9) Data. The CSTAR program shall provide data to the department, upon request, regarding characteristics of individuals served, services, costs, or other information in a format specified by the department.

(10) Availability of Records. All documentation must be made available to department staff and other authorized representatives for review/audit purposes. Documentation must be legible and made contemporaneously with the delivery of the service (at the time the service was provided or within five (5) business days of the time it was provided), and address individual specifics including, at a minimum, individualized statements that support the assessment or treatment encounter.

AUTHORITY: sections 630.050, 630.655, and 631.010, RSMo 2016. Original rule filed Aug. 7, 2023.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Department of Mental Health, Denise Thomas, PO Box 687, Jefferson City, MO 65102 or by email to denise.thomas@dmh.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

TITLE 9 – DEPARTMENT OF MENTAL HEALTH
Division 30 – Certification Standards
Chapter 3 – Substance Use Disorder Prevention and Treatment Programs

PROPOSED RULE

9 CSR 30-3.152 Comprehensive Substance Treatment and Rehabilitation (CSTAR) Utilizing the American Society of Addiction Medicine (ASAM) Criteria.

PURPOSE: This rule specifies the requirements for Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs providing services in accordance with ***The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions****.*

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) This regulation applies to CSTAR programs that have not been granted a temporary waiver as specified in 9 CSR 30-3.150(4).

(2) Policies and Procedures. In addition to the policies and procedures specified in 9 CSR 10-7.090(4), the organization shall have policies and procedures addressing the following:

(A) Drug screenings in accordance with *The ASAM Criteria*: *Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions,* 2013, 3rd Edition, hereby incorporated by reference and made a part of this rule, developed by and available from the American Society of Addiction Medicine, Inc., 11400 Rockville Pike, Suite 200, Rockville, MD 20852, (301) 656-3920. This rule does not incorporate any subsequent amendments or additions to this publication;

(B) Treatment of co-occurring disorders in accordance with *The ASAM Criteria* (abbreviated) as referenced above; and

(C) Staff training requirements in accordance with 9 CSR 30-3.155.

(3) Performance Improvement. In addition to the performance improvement requirements specified in 9 CSR 10-7.040, the organization shall have a performance improvement plan that addresses the clinical case review process via internal peer review in accordance with *The ASAM Criteria* as referenced in subsection (2)(A) of this rule.

(4) Levels of Care. Certification from the department is available for the following ASAM levels of care –

(A) Outpatient –

1. Level 0.5, early intervention;
2. Level 1, outpatient services; and
3. Level 1 OTP, opioid treatment services; and

(B) Intensive outpatient (team-based services) –

1. Level 1-WM, ambulatory withdrawal management without extended on-site monitoring;
2. Level 2-WM, ambulatory withdrawal management without extended on-site monitoring;
3. Level 2-WM-EM, ambulatory withdrawal management with extended on-site monitoring;
4. Level 2.1, intensive outpatient services; and
5. Level 2.5, partial hospitalization services; and

(C) Residential (team-based services) –

1. Level 3.1, clinically managed low intensity residential services;
2. Level 3.2-WM, clinically managed residential withdrawal management;
3. Level 3.3, clinically managed population specific high intensity residential services;
4. Level 3.5, clinically managed high intensity residential services;
5. Level 3.5, clinically managed high intensity residential services (women and children);
6. Level 3.5, clinically managed medium-intensity residential services (adolescents);
7. Level 3.7, medically monitored intensive inpatient services; and
8. Level 3.7-WM, medically monitored inpatient withdrawal management.

(5) Telemedicine. Telemedicine is considered a face-to-face service. Services in all levels of care may be provided via telemedicine, including individual services within residential levels of care such as medication services, individual counseling, and medication services support.

(6) Billing Requirements. No more than one (1) per diem treatment rate may be billed per day for team-based services (intensive outpatient and residential levels of care), with the exception of Level 1-WM and Level 2-WM.

(A) The minimum number of hours of services outlined in this rule for specific levels of care must be provided on a daily basis in order for the service provider to bill for a team-based service as supported by *The ASAM Criteria* and individual treatment plans. If a program does not provide the minimum number of hours specified, it is at risk of recoupment of funds by the department or other authorized representative(s).

1. Level 1-WM and Level 2-WM may be offered in conjunction with other outpatient levels of care (ASAM Levels 1, 2.1, and 2.5) with the expectation that if additional services are needed, the individual receives them in the appropriate level of care. Providers shall comply with the *ASAM Billing Overlap Guidance*, 2022, hereby incorporated by reference and made a part of this rule, developed by and available from the Department of Mental Health, 1706 E. Elm St., PO Box 687, Jefferson City MO 65101, (573) 751-4942, https://dmh.mo.gov/media/file/asam-billing-overlap-guidance. This rule does not incorporate any subsequent amendments or additions to this publication.

(7) Minimum Staffing Requirements. Providers shall comply with the *The ASAM Minimum Staffing Standards for Department of Mental Health*, 2022, hereby incorporated by reference and made a part of this rule, developed by and available from the Department of Mental Health, 1706 E. Elm St., PO Box 687, Jefferson City MO 65101, (573) 751-4942, https://dmh.mo.gov/media/pdf/dbh-asam-minimum-staffing-requirements. This rule does not incorporate any subsequent amendments or additions to this publication.

(8) Multidimensional Assessment. The ASAM multidimensional assessment shall be utilized as specified in 9 CSR 30-3.151 to assist in determining each individual's placement in a level of care that meets individual service needs.

(A) The six (6) dimensions include –

1. Dimension 1, acute intoxication and/or withdrawal potential – exploring an individual's past and current experiences of substance use and withdrawal;
2. Dimension 2, biomedical conditions/complications – exploring an individual's health history and current physical condition;
3. Dimension 3, emotional, behavioral, or cognitive conditions and complications – exploring an individual's thoughts, emotions, and mental health issues;
4. Dimension 4, readiness to change – exploring an individual's readiness and interest in changing;
5. Dimension 5, relapse, continued use, or continued problem potential – exploring an individual's unique relationship with relapse or continued use or problems; and
6. Dimension 6, recovery/living environment – exploring an individual's recovery or living situation, and the surrounding people, places, and things.

(B) All components of *The ASAM Criteria,* as referenced in subsection (2)(A) of this rule, must be considered when determining level of care placement for individuals served. The levels of care available in the CSTAR program are defined in this rule.

(C) The admission guidelines included in this rule do not constitute a comprehensive list of placement criteria for the levels of care. All dimensional admission criteria specified in *The ASAM Criteria* must be considered when determining level of care placement for individuals served.

(9) Level 0.5 Early Intervention. Services shall be designed to address problems or risk factors related to substance use and to help individuals recognize the harmful consequences of high-risk substance use.

(A) Level 0.5 services include –

1. Individual counseling;
2. Group counseling;
3. Group rehabilitative support;
4. Family therapy;
5. Community support; and
6. Screening, brief intervention, and referral to treatment (SBIRT).

(B) Individuals meeting diagnostic criteria for a substance use disorder shall be referred to ongoing treatment, as appropriate. Referral may also include medical, psychological, or psychiatric services, including assessment and community social services.

(C) Length of service shall vary based on factors such as the individual's ability to comprehend the information provided and use that information to make behavior changes and avoid problems related to substance use, or the appearance of new problems that require treatment at another level of care.

(D) Admission guidelines for Level 0.5 –

1. Acute intoxication and/or withdrawal potential – no signs or symptoms of withdrawal, or the individual's withdrawal can be safely managed in an outpatient setting;
2. Biomedical conditions and complications – none or very stable, any biomedical conditions and problems, if any,

are sufficiently stable to permit participation in outpatient treatment;

3. Emotional, behavioral, or cognitive conditions and complications – none or very stable or receiving concurrent mental health monitoring. Adolescents are not at risk of harm and experiencing minimal current difficulties with activities of daily living, but there is significant risk of deterioration;

4. Readiness to change – the individual is open to recovery or willing to explore their substance use disorder and/or mental health condition and is at least contemplating change. The individual may require monitoring and motivating strategies to engage in treatment and to progress through the stages of change;

5. Relapse, continued use, or continued problem potential – the individual is able to achieve or maintain non-use of alcohol and/or other drugs and pursue related recovery or motivational goals with minimal support; and

6. Recovery environment – family and environment can support recovery with limited assistance, or the individual has the skills to cope. Adolescents' risk of initiation of or progression in substance use and/or high-risk behaviors is increased by substance use or values about use. High-risk behaviors of family, peers, or others in the adolescent's social support system.

(10) Level 1 Outpatient Services. Level 1 outpatient services consist of professionally directed assessment, diagnosis, treatment, and recovery services provided in an organized outpatient treatment setting.

(A) Services shall include, but are not limited to –

1. Individual counseling;
2. Group counseling;
3. Family therapy;
4. Peer and family support;
5. Group rehabilitative support;
6. Medication services;
7. Medication services support;
8. Crisis intervention; and
9. Community support.

(B) For individuals with mental health conditions, issues of psychotropic medications, mental health treatment, and their relationship to substance use shall be addressed, as needed.

(C) Services shall vary in level of intensity based on individual needs and shall be fewer than nine (9) contact hours per week for adults age eighteen (18) and older, and fewer than six (6) contact hours per week for adolescents age nine (9) through eighteen (18).

(D) The duration of treatment shall vary based on the severity of the individual's illness and their response to treatment.

(E) Admission guidelines for Level 1 –

1. Acute intoxication and/or withdrawal potential – no signs or symptoms of withdrawal, or the individual's withdrawal can be safely managed in an outpatient setting;

2. Biomedical conditions and complications – any biomedical conditions and problems, if any, are sufficiently stable to permit participation in outpatient treatment;

3. Emotional, behavioral, or cognitive conditions and complications – none or very stable or receiving concurrent mental health monitoring. Adolescents are not at risk of harm and experiencing minimal current difficulties with activities of daily living, but there is significant risk of deterioration;

4. Readiness to change – the individual is open to recovery or willing to explore their substance use disorder and/or mental health condition and is at least contemplating change. The individual may require monitoring and motivating strategies to engage in treatment and to progress through the stages of change;

5. Relapse, continued use, or continued problem potential – the individual is able to achieve or maintain non-use of alcohol and/or other drugs and pursue related recovery or motivational goals with minimal support; and

6. Recovery environment – family and environment can support recovery with limited assistance, or the individual has the skills to cope.

(11) Level 1 Opioid Treatment Program (OTP). Level 1 OTPs provide community-based outpatient treatment for individuals with a diagnosed opioid use disorder. Medications shall be provided in conjunction with highly structured psychosocial programming that addresses major lifestyle, attitudinal, and behavioral issues that could undermine an individual's recovery-oriented goals.

(A) OTPs shall comply with the federal opioid treatment regulations set forth under 42 CFR 8.12 and 9 CSR 30-3.132.

(B) OTPs shall administer medications approved by the Food and Drug Administration (FDA) to treat opioid use disorder and alleviate the adverse medical, psychological, and physical side effects of opioid dependence.

(C) Interventions shall include, but are not limited to –

1. Nursing assessment at the time of admission which is reviewed by a physician to determine the need for opioid treatment services, eligibility, and appropriate level of care placement for admission and referral;

2. A fully documented physical examination by a program physician or an assistant physician (AP), physician assistant (PA), advanced practice registered nurse (APRN), or resident physician working under the supervision of the program physician. The full medical examination, including the results of serology and other tests, must be completed within fourteen (14) days following admission;

3. A pregnancy test for women, as deemed clinically appropriate; and

4. Referral and assistance, as needed, for the individual to gain access to other needed substance use disorder and/or mental health services.

(D) Admission guidelines for Level 1 OTP –

1. Acute intoxication and/or withdrawal potential – meets diagnostic criteria for an opioid use disorder;

2. Biomedical conditions and complications – meets biomedical criteria for opioid use disorder and may have a concurrent biomedical illness that can be treated on an outpatient basis;

3. Emotional, behavioral, or cognitive conditions and complications – none or stable or receiving concurrent mental health monitoring and/or treatment;

4. Readiness to change – requires a structured therapeutic and pharmacotherapy program to promote treatment progress and recovery;

5. Relapse, continued use, or continued problem potential – high risk of return to use of opioids or continued use without opioid pharmacotherapy, close outpatient monitoring, and structured support; and

6. Recovery environment – sufficiently supportive that outpatient treatment is feasible, or the individual does not have an adequate primary or social support system, but has demonstrated motivation and willingness to obtain such a support system.

(12) Level 1-WM Ambulatory Withdrawal Management Without Extended On-Site Monitoring. Organized outpatient services shall be delivered by trained clinicians who provide medically

supervised evaluation, withdrawal management, and referral services according to a predetermined schedule. Services shall be provided in regularly scheduled sessions under a defined set of policies and procedures or medical protocols.

(A) This level of care may be offered in conjunction with ASAM outpatient levels 1, 2.1, and 2.5 with the expectation that if additional services are needed, the individual receives them in the appropriate level of care.

(B) Services shall include, but are not limited to –

1. Assessment;

2. Medication or non-medication methods of withdrawal management;

3. Non-pharmacological clinical support;

4. Involvement of family members/natural supports in the withdrawal management process;

5. Physician and/or nurse monitoring, assessment, and management of signs and symptoms of intoxication and withdrawal; and

6. Referral for counseling and involvement in community recovery support groups and arrangements for counseling, medical, psychiatric, and continuing care.

(C) Individuals shall receive a minimum of thirty (30) minutes of services per day.

(D) Interventions shall include, but are not limited to –

1. A medical history and physical examination by a physician, AP, PA, resident physician, or APRN during the treatment episode or within twenty-four (24) hours of admission, whichever occurs sooner.

A. A physical examination not performed by a physician shall be dated and countersigned by a physician during the treatment episode or within seventy-two (72) hours, whichever occurs sooner, signifying their review of and concurrence with the findings;

2. Daily assessment of progress during withdrawal management and any treatment changes, or less frequent if the severity of withdrawal is sufficiently mild or stable;

3. Transfer, treatment, and discharge planning, beginning at the point of admission; and

4. Referral and assistance for the individual to gain access to other needed substance use disorder and/or mental health services.

(E) Individuals shall meet the diagnostic criteria for a substance withdrawal disorder and the ASAM dimensional criteria for admission to this level of care.

1. For individuals whose presenting alcohol or other substance use history is inadequate to substantiate such a diagnosis, information provided by collateral parties (such as family members/natural supports or a legal guardian) can indicate a high probability of such a diagnosis, subject to confirmation by further evaluation.

(F) Individuals shall remain in this level of care until –

1. Their withdrawal signs and symptoms are sufficiently resolved such that they can participate in self-directed recovery or ongoing treatment without the need for further medical or nursing withdrawal management monitoring; or

2. Their signs and symptoms of withdrawal have failed to respond to treatment and have intensified such that transfer to a more intensive level of withdrawal management service is indicated; or

3. They are unable to complete withdrawal management at Level 1-WM despite an adequate trial, for example, they are experiencing intense craving and evidence insufficient coping skills to prevent continued use concurrent with the withdrawal management medication, indicating a need for more intensive services.

(13) Level 2-WM Ambulatory Withdrawal Management Without Extended On-Site Monitoring. Organized outpatient services shall be provided by trained clinicians to treat the individual's level of clinical severity to achieve safe and comfortable withdrawal from mood-altering chemicals and to effectively facilitate their entry into ongoing treatment and recovery.

(A) This level of care can be offered in conjunction with ASAM outpatient levels 1, 2.1, and 2.5 with the expectation that if additional services are needed, the individual receives them in the appropriate level of care.

(B) Services shall include, but are not limited to –

1. Assessment;

2. Medication or non-medication methods of withdrawal management;

3. Non-pharmacological clinical support;

4. Involvement of family members/natural supports in the withdrawal management process;

5. Physician and/or nurse monitoring, assessment, and management of signs and symptoms of intoxication and withdrawal; and

6. Referral for counseling and involvement in community recovery support groups and arrangements for counseling, medical, psychiatric, and continuing care.

(C) Individuals shall receive a minimum of one hour and fifteen minutes (1.25 hours) of services per day.

(D) Interventions shall include, but are not limited to –

1. A medical history and physical examination by a physician, AP, PA, resident physician, or APRN during the treatment episode or within twenty-four (24) hours of admission, whichever occurs sooner.

A. A physical examination not performed by a physician shall be dated and countersigned by a physician during the treatment episode or within seventy-two (72) hours, whichever occurs sooner, signifying their review of and concurrence with the findings;

2. Daily assessment of progress during withdrawal management and any treatment changes;

3. Transfer, treatment, and discharge planning, beginning at the point of admission; and

4. Referral and assistance for the individual to gain access to other needed substance use disorder and/or mental health services.

(E) Individuals shall meet the diagnostic criteria for substance withdrawal disorder and the ASAM dimensional criteria for admission.

1. For individuals whose presenting alcohol or other substance use history is inadequate to substantiate such a diagnosis, information provided by collateral parties (such as family members/natural supports or a legal guardian) can indicate a high probability of such a diagnosis, subject to confirmation by further evaluation.

(F) Individuals shall remain in this level of care until –

1. Their withdrawal signs and symptoms are sufficiently resolved such that they can be safely managed in a less intensive level of care; or

2. Their signs and symptoms of withdrawal have failed to respond to treatment and have intensified (based on a standardized scoring system) such that transfer to a more intensive level of withdrawal management service is indicated; or

3. They are unable to complete withdrawal management at Level 2-WM despite an adequate trial; for example, they are experiencing intense craving and have insufficient coping skills to prevent continued alcohol or other drug use, indicating a need for more intensive services.

(14) Level 2-WM-EM Ambulatory Withdrawal Management with Extended On-Site Monitoring. Organized outpatient services shall be provided by trained clinicians who provide medically supervised evaluation, withdrawal management, and referral services. Services shall be designed to treat the individual's level of clinical severity to achieve safe and comfortable withdrawal from mood-altering chemicals and to effectively facilitate the individual's entry into ongoing treatment and recovery.

(A) This level of care can be offered in conjunction with ASAM outpatient levels 1, 2.1, and 2.5 with the expectation that if additional services are needed, the individual receives them in the appropriate level of care.

(B) Services shall include, but are not limited to –

1. Assessment;

2. Medication or non-medication methods of withdrawal management;

3. Non-pharmacological clinical support;

4. Involvement of family members/natural supports in the withdrawal management process; and

5. Physician and/or nurse monitoring, assessment, and management of signs and symptoms of intoxication and withdrawal.

(C) Individuals shall receive a minimum of two (2) hours of services per day.

(D) Services shall include up to twenty-three (23) hours of continuous observation, monitoring, and support in a supervised environment for the individual to achieve initial recovery from the effects of alcohol and/or other drugs and to be appropriately transitioned to the most appropriate level of care to continue the recovery process.

(E) Individuals must be discharged within twenty-three (23) hours of admission.

(F) Programs shall operate twenty-four (24) hours per day, seven (7) days per week. Staff shall be dressed and awake. Twenty-four- (24-) hour access to emergency medical consultation services shall be available.

(G) Interventions shall include, but are not limited to –

1. A medical history and physical examination by a physician, AP, PA, resident physician, or APRN during the treatment episode or within twenty-four (24) hours of admission, whichever occurs sooner.

A. A physical examination not performed by a physician shall be dated and countersigned by a physician during the treatment episode or within seventy-two (72) hours, whichever occurs sooner, signifying their review of and concurrence with the findings;

2. Daily assessment of progress during withdrawal management and any treatment changes;

3. Transfer, continuing recovery, and discharge planning beginning at the point of admission;

4. Conduct or arrange for appropriate laboratory and toxicology tests which can be point-of-care testing, as medically necessary; and

5. Referral and assistance for the individual to gain access to other needed substance use disorder and/or mental health services.

(H) Individuals shall meet the diagnostic criteria for substance withdrawal disorder and the ASAM dimensional criteria for admission.

1. For individuals whose presenting alcohol or other substance use history is inadequate to substantiate such a diagnosis, information provided by collateral parties (such as family members/natural supports or a legal guardian) can indicate a high probability of such a diagnosis, subject to confirmation by further evaluation.

(I) Individuals shall remain in this level of care until –

1. Their withdrawal signs and symptoms are sufficiently resolved such that the individual can be safely managed in a less intensive level of care; or

2. Their signs and symptoms of withdrawal have failed to respond to treatment and have intensified (based on a standardized scoring system) such that transfer to a more intensive level of withdrawal management service is indicated; or

3. They are unable to complete withdrawal management at Level 2-WM despite an adequate trial; for example, they are experiencing intense craving and have insufficient coping skills to prevent continued alcohol or other drug use, indicating a need for more intensive services.

(15) Level 2.1 Intensive Outpatient Treatment. This level of care shall include professionally directed assessment, diagnosis, treatment, and recovery services provided in an organized, non-residential treatment setting.

(A) Services shall include, but are not limited to –

1. Psychiatric, medical, and laboratory services, as needed;

2. Comprehensive bio-psychosocial assessments and individualized treatment, allowing for a valid assessment of dependency;

3. Frequent monitoring/management of the individual's medical and emotional concerns in order to avoid hospitalization;

4. Individual counseling, group counseling, family therapy, peer and family support, crisis intervention, and community support; and

5. Monitoring of substance use, medication services, medication services support, medical and psychiatric examinations, crisis intervention, and orientation and referral to community-based support groups.

(B) Timely access to additional support systems and services including medical, psychological, and toxicology shall be available through consultation or referral.

(C) Services shall vary in level of intensity and shall include nine (9) or more contact hours per week for adults, age eighteen (18) years and older, not to exceed nineteen (19) hours per week. Services for adolescents age nine (9) through seventeen (17) shall include six (6) or more contact hours per week, not to exceed nineteen (19) hours per week. The week starts on the individual's date of admission.

1. The duration of treatment shall vary based on the severity of the individual's illness and their response to treatment.

2. Individuals shall receive a minimum of one hour and thirty minutes (1.5) hours of services per day.

(D) Interventions shall include, but are not limited to –

1. Monitoring, including biomarkers and/or toxicology testing, as medically necessary;

2. Random drug screening, as medically necessary, to reinforce treatment gains, as appropriate to the individual treatment plan; and

3. Documented referral to more or less intensive services.

(E) Individuals shall meet diagnostic criteria for a substance use disorder and the ASAM dimensional criteria for admission. If the individual's presenting substance use history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information appropriately submitted or obtained from collateral parties such as family members, legal guardian, or natural supports. Additional admission guidelines include –

1. Acute intoxication and/or withdrawal potential – no signs or symptoms of withdrawal, or the individual's

withdrawal needs can be safely managed in an intensive outpatient setting. The adolescent who is appropriately placed in this level of care is likely to attend, engage, and participate in treatment as evidenced by being able to tolerate mild subacute withdrawal symptoms, has made a commitment to sustain treatment and follow treatment recommendations, and has external supports to promote engagement in treatment;

2. Biomedical conditions and complications – none or sufficiently stable to permit participation in outpatient treatment;

3. Emotional, behavioral, or cognitive conditions and complications – none to moderate. If present, the individual must receive appropriate co-occurring disorder services depending on their level of function, stability, and degree of impairment in this dimension;

4. Readiness to change – requires structured therapy and a programmatic milieu to promote treatment progress and recovery because motivational interventions at another level of care were unsuccessful. Adolescents admitted to this level of care may be only passively involved in treatment or demonstrate variable adherence with attendance at outpatient treatment sessions or self-help groups;

5. Relapse, continued use, or continued problem potential – experiencing an intensification of symptoms of the substance-related disorder and level of functioning is deteriorating despite modification of the treatment plan. Alternatively, there is a high likelihood of relapse, continued use, or continued problems without close monitoring and support several times a week as indicated by the individual's lack of awareness of relapse triggers, difficulty in coping or in postponing immediate gratification, or ambivalence toward treatment; and

6. Recovery environment–insufficiently supportive environment and the individual lacks the resources or skills necessary to maintain an adequate level of functioning without services in intensive outpatient treatment. Alternatively, the individual lacks social contacts, has unsupportive social contacts that jeopardize recovery, or has few friends or peers who do not use alcohol or other drugs.

(16) Level 2.5 Partial Hospitalization Services. A planned format of services shall be delivered on an individual and group basis to meet individual needs.

(A) Services shall include, but are not limited to –

1. Psychiatric, medical, and laboratory services, as needed;

2. Comprehensive bio-psychosocial assessments and individualized treatment, allowing for a valid assessment of dependency;

3. Frequent monitoring/management of the individual's medical and emotional concerns in order to avoid hospitalization;

4. Individual counseling, group counseling, family therapy, peer and family support, crisis intervention, and community support; and

5. Monitoring of substance use, medication services, medication services support, medical and psychiatric examinations, crisis intervention, and orientation to community-based support groups.

(B) A minimum of twenty (20) hours of clinically intensive programming shall be provided per week, based on individual treatment plans. The week starts on the individual's date of admission.

1. Individuals shall receive a minimum of two hours and twenty-four minutes (2.4 hours) of services per day.

(C) Interventions shall include, but are not limited to –

1. A physical examination based on the individual's medical condition. Such determinations are made according to established program protocols which include reliance on the individual's personal healthcare provider, when possible. Examinations are based on the staff's capabilities and the severity of the individual's symptoms, and are approved by a physician; and

2. Random drug screening, as medically necessary, to reinforce treatment gains, as appropriate to the individual treatment plan.

(D) Individuals must meet diagnostic criteria for a substance use disorder as well as the ASAM dimensional criteria for admission. If the individual's presenting substance use history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information appropriately submitted or obtained from collateral parties such as family members, legal guardian, or natural supports. Additional admission guidelines include –

1. Acute intoxication and/or withdrawal potential – no signs or symptoms of withdrawal, or the individual's withdrawal needs can be safely managed in a partial hospital setting;

2. Biomedical conditions and complications – none or not sufficient to interfere with treatment but are severe enough to distract from recovery efforts and require medical monitoring and/or medical management;

3. Emotional, behavioral, or cognitive conditions and complications – none to moderate. If present, the individual must receive appropriate co-occurring disorder services depending on the their level of function, stability, and degree of impairment in this dimension;

4. Readiness to change – the individual requires structured therapy and a programmatic milieu to promote treatment progress and recovery because motivational interventions at another level were unsuccessful;

5. Relapse, continued use, or continued problem potential – the individual is experiencing an intensification of symptoms related to their substance use disorder and their level of functioning is deteriorating despite modification of the treatment plan and active participation in a Level 1 or Level 2.1 program; and

6. Recovery environment – insufficiently supportive environment and the individual lacks the resources or skills necessary to maintain an adequate level of functioning without services in a partial hospitalization program. Alternatively, family members and/or other natural supports who live with the individual are not supportive of their recovery goals or are passively opposed to their treatment.

(17) Level 3.1 Clinically Managed Low-Intensity Residential Services. Programs shall provide a structured recovery environment which allows sufficient stability to prevent or minimize relapse or continued use and continued problem potential for individuals served.

(A) Treatment services are focused on improving the individual's readiness to change and/or functioning and coping skills. Services shall include, but are not limited to –

1. Individual counseling;
2. Group counseling;
3. Group rehabilitative support;
4. Family therapy;
5. Medication services;
6. Medication services support; and
7. Community support.

(B) Individuals shall participate in at least five (5) hours of services per week. The week starts on the individual's date of

admission. Mutual/self-help meetings shall not be included in the five (5) hours of treatment per week.

1. The target length of stay is one (1) to three (3) months, based on individual needs.

(C) Programs shall be staffed twenty-four (24) hours per day, seven (7) days per week. Staff shall be dressed and awake. Services shall be available seven (7) days per week.

(D) Interventions shall include, but are not limited to –

1. Tuberculosis screening and testing, provided directly or by referral. Pre- and post-test counseling shall be provided, as needed;

2. Random drug screening, as medically necessary, to reinforce treatment gains, as appropriate to the individual treatment plan;

3. Documented physical examination one (1) month prior to admission or a physical examination completed no later than five (5) days after admission. Any individual receiving uninterrupted treatment or care shall require only the documentation of the initial physical examination;

4. Referral and assistance, as needed, for the individual to gain access to other needed substance use disorder or mental health services;

5. Orientation and facilitated connections to recovery resources and community supports, including referrals to self-help programs for identified psychiatric, substance use, and co-occurring disorders, as appropriate and for the continuation of appropriate treatment; and

6. Specific and documented plans for community reintegration and transition to less intensive levels of residential and treatment support, including the aftercare to which the individual is being discharged.

(E) Individuals must meet diagnostic criteria for a substance use disorder as well as the ASAM dimensional criteria for admission. If the individual's presenting substance use history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information appropriately submitted or obtained from collateral parties such as family members, legal guardian, or natural supports. Additional admission guidelines include –

1. Acute intoxication and/or withdrawal potential – none, or minimal/stable withdrawal risk and can be safely managed in this level of care. The adolescent's status in this dimension is characterized by problems with intoxication or withdrawal (if any) that are being managed through concurrent placement at another level of care for withdrawal management (typically Level 1, 2.1, or 2.5);

2. Biomedical conditions and complications – biomedical problems, if any, are stable and do not require medical or nurse monitoring and the individual is capable of self-administering any prescribed medications. The adolescent's status in this dimension is characterized by a biomedical condition that distracts from recovery efforts and requires limited residential supervision to ensure adequate treatment and provide support to overcome the distraction, or continued substance use would place them at risk of serious damage to their physical health;

3. Emotional, behavioral, or cognitive conditions and complications – minimal problems in this area. The individual's mental status is assessed as sufficiently stable to allow them to participate in therapeutic interventions provided at this level of care and to benefit from treatment. The adolescent's status in this dimension is characterized by at least one (1) of the following:

A. Risk of dangerous consequences because of the lack of a stable environment;

B. Emotional, behavioral, or cognitive problems result in moderate impairment in social functioning;

C. Moderate impairment in their ability to manage the activities of daily living;

D. History and present situation suggests an emotional, behavioral, or cognitive condition would become unstable without twenty-four (24) hours supervision; or

E. Emotional, behavioral, or cognitive condition suggests the need for low-intensity and/or longer term reinforcement and practice of recovery skills in a controlled environment;

4. Readiness to change – open to recovery, but in need of a structured, therapeutic environment to promote treatment progress and recovery due to impaired ability to make behavior changes without the support of a structured environment;

5. Relapse, continued use, or continued problem potential – understands the risk of relapse, but lacks relapse prevention skills or requires a structured environment to continue to apply recovery and coping skills. The adolescent is at high risk of substance use or deteriorated mental functioning with dangerous emotional, behavioral, or cognitive consequences in the absence of twenty-four- (24-) hour structured support; and

6. Recovery environment – able to cope for limited periods of time outside of the twenty-four- (24-) hour structure, but the environment jeopardizes recovery. The adolescent's home environment is too chaotic or ineffective to support or sustain treatment goals such that recovery is assessed as unachievable without residential support.

(18) Level 3.2 Clinically Managed Residential Withdrawal Management. Services shall be provided in an organized, residential, non-medical setting and be delivered by appropriately trained staff who provide safe, twenty-four- (24-) hour supervision, observation, and support for individuals who are intoxicated or experiencing withdrawal.

(A) Programs may be staffed to supervise self-administered medications for management of withdrawal symptoms. All programs shall have established clinical protocols to identify individuals in need of medical services beyond the program's capacity and to arrange for transfer to an appropriate healthcare facility.

(B) Services shall include, but are not limited to –

1. Individual counseling;
2. Group counseling;
3. Group rehabilitation support;
4. Peer and family support;
5. Community support; and
6. Medical and medication services support.

(C) Target length of stay is one (1) to three (3) days.

(D) Programs shall be staffed twenty-four (24) hours per day, seven (7) days per week. Staff shall be dressed and awake. Services shall be available seven (7) days per week.

(E) Interventions shall include, but are not limited to –

1. Random drug screening, as medically necessary, to reinforce treatment gains, as appropriate to the individual's treatment plan;

2. A medical history and physical examination by a physician, AP, PA, resident physician, or APRN during the treatment episode or within twenty-four (24) hours of admission, whichever occurs sooner.

A. A physical examination that is not performed by a physician shall be dated and countersigned by a physician during the treatment episode or within seventy-two (72) hours, whichever occurs sooner, signifying their review of and concurrence with the findings;

3. A comprehensive nursing assessment at admission which includes a substance use history and assessment recommendations that are reviewed with a physician; and

4. Documented referral and assistance for the individual to gain access to other needed substance use disorder and/or mental health services.

(F) Individuals admitted to this level of care are experiencing signs and symptoms of withdrawal, or there is evidence (based on history of substance intake, age, gender, previous withdrawal history, present symptoms, physical condition and/or emotional, behavioral, or cognitive conditions) that withdrawal is imminent. The individual is assessed as not being at risk of severe withdrawal and moderate withdrawal is safely manageable at this level of service.

1. In addition, the individual may be assessed as not requiring medication to assist in managing withdrawal symptoms, but requires this level of service to complete withdrawal management and enter into continued treatment or self-help recovery because of inadequate home supervision or support structure, as evidenced by meeting one (1) of the following criteria:

A. The individual's recovery environment is not supportive of withdrawal management and entry into treatment, and they do not have sufficient coping skills to safely manage issues in the recovery environment; or

B. The individual has a recent history of withdrawal management at less intensive levels of service that is marked by inability to complete withdrawal management or to enter into continuing substance use disorder treatment, and continues to have insufficient skills to complete withdrawal management; or

C. The individual recently demonstrated an inability to complete withdrawal management at a less intensive level of service, as evidenced by continued use of non-prescribed drugs or other substances.

(19) Level 3.3 Clinically Managed, Population-Specific High Intensity Residential Services (Adult Criteria). Programs shall provide a structured recovery environment in combination with high-intensity clinical services to meet the individual's functional limitations and to support recovery from substance-related disorders.

(A) Length of stay is based on the individual's severity of illness, level of function, and progress in treatment.

(B) Individuals shall receive a minimum of twenty (20) hours of services per week. The week starts on the individual's date of admission.

1. At least ten (10) of the twenty (20) hours of services shall include a combination of individual counseling, group counseling, group rehabilitative support, family therapy, peer and family support, community support, medication services, and medication services support.

(C) Programs shall be staffed twenty-four (24) hours per day, seven (7) days per week. Staff shall be dressed and awake. Services shall be available seven (7) days per week.

(D) Interventions shall include, but are not limited to –

1. Tuberculosis screening and testing provided directly or by referral. Pre- and post-test counseling shall be provided, as needed;

2. Random drug screening, as medically necessary, to reinforce treatment gains, as appropriate to the individual's treatment plan;

3. Comprehensive nursing assessment completed within seventy-two (72) hours of admission, with consultation with a physician when necessary;

4. A documented physical examination one (1) month prior to admission or a physical examination completed no later than five (5) days after admission. Any individual receiving uninterrupted treatment or care shall require only the documentation of the initial physical examination;

5. Referral and assistance, as needed, for the individual to gain access to other needed substance use disorder and/or mental health services; and

6. Orientation and facilitated connections to recovery resources and community supports, including referrals to self-help programs for identified psychiatric, substance use, and co-occurring disorders as appropriate and for the continuation of appropriate treatment.

(E) Individuals admitted to this level of care must meet diagnostic criteria for a moderate or severe substance use disorder as well as the ASAM dimensional criteria for admission. If the individual's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties such as family members/natural supports and legal guardians. Additional guidelines include –

1. Acute intoxication and/or withdrawal potential – none, or minimal risk of withdrawal, or withdrawal needs can be safely managed at this level;

2. Biomedical conditions and complications – none or stable. Any biomedical problems do not require medical or nurse monitoring and the individual is capable of self-administering any prescribed medications;

3. Emotional, behavioral, or cognitive conditions and complications – the individual's mental status (including emotional stability and cognitive functioning) is assessed as sufficiently stable to permit them to participate in the therapeutic interventions provided at this level of care and to benefit from treatment;

4. Readiness to change – because of the intensity and chronicity of the substance use disorder or the individual's cognitive limitations, they have little awareness of the need for continuing care or the existence of their substance use or mental health problem and need for treatment and, therefore, has limited readiness to change;

5. Relapse, continued use, or continued problem potential – the individual has limited awareness of relapse triggers and is in imminent danger of relapse or continued substance use. The individual requires relapse prevention activities that are delivered at a slower pace, more concretely, and more repetitively within a twenty-four (24) hour structured environment; and

6. Recovery environment – the environment interferes with recovery and is characterized by moderately high risk of initiation or repetition of physical, sexual, or emotional abuse, or substance use is so prevalent the individual is unable to cope outside of a twenty-four- (24-) hour supervised setting.

(20) Level 3.5 Clinically Managed High-Intensity Residential Services (Adult Criteria). Programs shall be designed to serve individuals who, because of specific functional limitations, need a safe and stable environment in order to develop and/or demonstrate sufficient recovery skills so they do not immediately relapse or continue to use in an imminently dangerous manner upon transfer to a less intensive level of care. Individual needs are of such severity that treatment cannot be safely provided in a less intensive level of care.

(A) Length of stay is based on the individual's severity of illness, level of function, and progress in treatment.

(B) Individuals shall receive at least a twenty- (20-) hour combination of clinical and recovery services per week. The week starts on the individual's date of admission.

1. At least ten (10) of the twenty (20) hours shall include a combination of individual counseling, group counseling and rehabilitative support, family therapy, peer and family support, community support, crisis intervention, medication services, and/or medication services support.

(C) Programs shall be staffed twenty-four (24) hours per day, seven (7) days per week. Staff shall be dressed and awake. Services shall be available seven (7) days per week.

(D) Interventions shall include, but are not limited to –

1. Tuberculosis screening and testing provided directly or by referral. Pre- and post-test counseling are provided as needed;

2. Random drug screening, as medically necessary, to reinforce treatment gains, as appropriate to the individual treatment plan;

3. Comprehensive nursing assessment completed within seventy-two (72) hours of admission, with consultation with a physician when necessary;

4. A documented physical examination one (1) month prior to admission or a physical examination completed no later than five (5) days after admission. Any individual receiving uninterrupted treatment or care shall require only the documentation of the initial physical examination;

5. Modification to the treatment plan based on review of any positive drug screen(s) with the individual served, as applicable;

6. Referral and assistance as needed for the individual to gain access to other needed substance use disorder and/or mental health services;

7. Orientation and facilitated connections to recovery resources and community supports, including referrals to self-help programs for identified psychiatric, substance use, and co-occurring disorders as appropriate and for the continuation of appropriate treatment; and

8. Documented plans for community reintegration and transition to less intensive levels of residential and treatment support and services, including the aftercare to which the individual is being discharged.

(E) Individuals admitted to this level of care must meet diagnostic criteria for a substance use disorder of moderate to high severity, as well as the ASAM dimensional criteria for admission. If the individual's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties such as family members/natural supports, and legal guardians. Other admission guidelines include –

1 Acute intoxication and/or withdrawal potential – none, or withdrawal symptoms can be safely managed at this level;

2. Biomedical conditions and complications – none or stable and the individual can self-administer any prescribed medication or, if their condition is severe enough to distract from treatment and recovery, the individual can receive medical monitoring within the program or through another provider;

3. Emotional, behavioral, or cognitive conditions and complications – the individual's mental status (including emotional stability and cognitive functioning) is assessed as sufficiently stable to permit them to participate in the therapeutic interventions provided at this level of care and to benefit from treatment. Despite the individual's best efforts, they are unable to control their use of alcohol and/or other drugs, and their level of dysfunction is so severe they would not be successful in a less structured level of care;

4. Readiness to change – the individual has marked difficulty with or opposition to treatment, with dangerous consequences, and has limited insight and awareness of the need for continuing care or the existence of their substance use or mental health problem and need for treatment, thereby has limited readiness to change;

5. Relapse, continued use, or continued problem potential – the individual is unable to recognize relapse triggers and has no recognition of the skills needed to prevent continued use, with limited ability to initiate or sustain ongoing recovery in a less structured environment; and

6. Recovery environment – the individual lives in an environment with moderately high risk of neglect, initiation, or repetition of physical, sexual, or emotional abuse, or is in a culture highly invested in substance use. The individual lacks skills to cope with challenges to recovery outside of a highly structured twenty-four- (24-) hour setting.

(21) Level 3.5, Clinically Managed Medium Intensity Residential Services (Adolescent Criteria). This is a residential program offering a twenty-four- (24-) hour supportive treatment environment. Adolescents placed in this level of care typically have impaired functioning across a broad range of psychosocial domains. These impairments may be expressed as disruptive behaviors, delinquency and juvenile justice involvement, educational difficulties, family conflicts and chaotic home situations, developmental immaturity, and psychological problems.

(A) Length of stay shall be based on the individual's severity of illness, level of function, and progress in treatment.

(B) Individuals shall receive at least a twenty- (20-) hour combination of clinical and recovery services per week. The week starts on the individual's date of admission.

1. At least ten (10) of the twenty (20) hours shall include a combination of individual counseling, group counseling and rehabilitative support, family therapy, peer and family support, community support, medication services, and/or medication services support.

(C) Programs shall be staffed twenty-four (24) hours per day, seven (7) days per week. Staff shall be dressed and awake. Services shall be available seven (7) days per week.

(D) Interventions shall include, but are not limited to –

1. Tuberculosis screening and testing provided directly or by referral. Pre- and post-test counseling are provided as needed

2. Random drug screening, as medically necessary, to reinforce treatment gains, as appropriate to the individual treatment plan;

3. Comprehensive nursing assessment completed within seventy-two (72) hours of admission, with consultation with a physician when necessary;

4. A documented physical examination one (1) month prior to admission or a physical examination completed no later than five (5) days after admission. Any individual receiving uninterrupted treatment or care shall require only the documentation of the initial physical examination;

5. Modification to the treatment plan based on review of any positive drug screen(s) with the individual served, as applicable;

6. Referral and assistance, as needed, for the individual to gain access to other needed medical, substance use disorder, and/or mental health services;

7. Orientation and facilitated connections to recovery resources and community supports, including referrals to self-help programs for identified psychiatric, substance use, and

co-occurring disorders as appropriate and for the continuation of appropriate treatment;

8. Documented plans for community reintegration and transition to less intensive levels of residential and treatment support and services, including the aftercare to which the individual is being discharged; and

9. Educational services provided in accordance with state regulations, including opportunities to address deficits in the education level of adolescents who have fallen behind because of their involvement with alcohol and or other drugs.

(E) Adolescents admitted to this level of care must meet diagnostic criteria for a substance use disorder of moderate to high severity, as well as the ASAM dimensional criteria for admission. If the adolescent's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by family members/natural supports and legal guardians. Additional admission guidelines include –

1. Acute intoxication and/or withdrawal potential – at risk of or experiencing acute or subacute intoxication or withdrawal, with mild to moderate symptoms. Needs secure placement and increased treatment intensity to support engagement in treatment, ability to tolerate withdrawal, and prevention of immediate continued use. Alternatively, the adolescent has a history of unsuccessful treatment at the same or a less intensive level of care;

2. Biomedical conditions and complications – biomedical conditions distract from recovery efforts and require residential supervision (that is unavailable in a less intensive level of care) to ensure adequate treatment, or the adolescent requires medium-intensity residential treatment to provide support to overcome the distraction. Continued substance use would place the adolescent at risk of serious damage to their physical health because of a biomedical condition (such as pregnancy or HIV) or an imminently dangerous pattern of high-risk use;

3. Emotional, behavioral, or cognitive conditions and complications – the adolescent is at moderate but stable risk of imminent harm to self or others and needs medium intensity, twenty-four- (24-) hour monitoring and/or treatment for protection and safety, however, does not require access to medical or nursing services. Their recovery efforts are negatively impacted by their emotional, behavioral, or cognitive problems in significant and distracting ways;

4. Readiness to change – because of the intensity and chronicity of their substance use disorder and/or mental health problems, the adolescent has limited insight into and little awareness of the need for continuing care or the existence of their substance use disorder or mental health issues and has limited readiness to change. The individual has marked difficulty in understanding the relationship between their substance use disorder, mental health, or life problems and their impaired coping skills and level of functioning, often blaming others for their problems;

5. Relapse, continued use, or continued problem potential – the adolescent does not recognize relapse triggers and lacks insight into the benefits of continuing care, and is therefore, not committed to treatment. Their continued use of substances poses an imminent danger of harm to self or others in the absence of twenty-four- (24-) hour monitoring and structured support; and

6. Recovery environment – living and social environments have a high risk of neglect or initiation or repetition of physical, sexual, or severe emotional abuse, such that the adolescent is assessed as being unable to achieve or maintain recovery without residential treatment.

(22) Level 3.5 Clinically Managed High-Intensity Residential Services (Women and Children). Programs shall provide a twenty-four- (24-) hour supportive treatment environment specializing in services for women who are pregnant, postpartum, and/or have children. Programs shall arrange for gender-specific substance use disorder treatment and other therapeutic interventions for women and comply with child supervision and other requirements specified in 9 CSR 30-3.190.

(A) Length of stay shall be based on the individual's severity of illness, level of function, and progress in treatment.

(B) Individuals shall receive at least a twenty- (20-) hour combination of clinical and recovery services per week. The week starts on the individual's date of admission.

1. At least ten (10) of the twenty (20) hours shall include a combination of individual counseling, group counseling and rehabilitative support, family therapy, peer and family support, crisis intervention, community support, medication services, and/or medication services support.

(C) Programs shall be staffed twenty-four (24) hours per day, seven (7) days per week. Staff shall be dressed and awake. Services shall be available seven (7) days per week.

(D) Interventions shall include, but are not limited to –

1. Tuberculosis screening and testing provided directly or by referral. Pre- and post-test counseling shall be provided, as needed;

2. Random drug screening, as medically necessary, to reinforce treatment gains, as appropriate to the individual treatment plan;

3. Comprehensive nursing assessment completed within seventy-two (72) hours of admission, with consultation with a physician when necessary;

4. A documented physical examination one (1) month prior to admission or a physical examination completed no later than five (5) days after admission. Any individual receiving uninterrupted treatment or care shall require only the documentation of the initial physical examination;

5. Children accompanying their mother to services shall receive a screening by a qualified mental health professional (QMHP) or qualified addiction professional (QAP) to determine the appropriateness and need for services.

A. If services are determined to be a need for the child(ren), a licensed diagnostician shall complete an assessment with diagnosis;

6. Modification to the treatment plan based on review of any positive drug screen(s) with the individual served, as applicable;

7. Referral and assistance as needed for the individual to gain access to other needed substance use disorder and/or mental health services;

8. Orientation to and facilitated connections to recovery resources and community supports, including referrals to self-help programs for identified psychiatric, substance use and co-occurring disorders as appropriate and for the continuation of appropriate treatment;

9. Documented plans for community reintegration and transition to less intensive levels of residential and treatment support and services, including the aftercare to which the individual is being discharged.

(E) Individuals who are admitted to this level of care must meet diagnostic criteria for a substance use disorder of moderate to high severity, as well as the ASAM dimensional criteria for admission. If the individual's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information

submitted by collateral parties such as family members, legal guardians, and significant others.

(F) Priority shall be given to women who are pregnant, postpartum, or have children in their physical care and custody. Additional admission guidelines include –

1. Acute intoxication and/or withdrawal potential – none, or withdrawal symptoms can be safely managed at this level;

2. Biomedical conditions and complications – none or stable and the individual can self-administer any prescribed medication, or if the condition is severe enough to distract from treatment and recovery, the individual can receive medical monitoring within the program or through another provider;

3. Emotional, behavioral, or cognitive conditions and complications – mental status (including emotional stability and cognitive functioning) is assessed as sufficiently stable to permit them to participate in the therapeutic interventions provided at this level of care and to benefit from treatment;

4. Readiness to change – significant difficulty with treatment, with negative consequences, and may have significant limitations in the areas of readiness to change. Recovery may be perceived as providing a lesser return for the effort;

5. Relapse, continued use, or continued problem potential – needs skills to prevent continued use and may have relapse, continued use, or continued problem potential; and

6. Recovery environment – the individual lives in an environment with moderately high risk of neglect, initiation, or repetition of physical, sexual, or emotional abuse, or is in a culture highly invested in substance use. The individual lacks skills to cope with challenges to recovery outside of a highly structured twenty-four- (24-) hour setting. These social influences may represent a sense of hopelessness or an acceptance of deviance as normative.

(23) Level 3.7 Medically Monitored Intensive Inpatient Services (Adult Criteria). Programs shall provide a planned and structured regimen of twenty-four- (24-) hour professionally directed evaluation, observation, medical monitoring, and substance use disorder treatment in a residential setting. Individuals in this level of care may have co-occurring substance use and mental health disorders that need to be stabilized. The target population includes individuals with a high risk of withdrawal symptoms and moderate co-occurring psychiatric and/or medical problems that are of sufficient severity to require twenty-four- (24-) hour treatment.

(A) Length of stay shall be based on the individual's severity of illness, level of function, and progress in treatment.

(B) Individuals shall receive thirty (30) hours of structured treatment per week. The week starts on the individual's date of admission.

1. At least ten (10) of the thirty (30) hours shall include a combination of individual counseling, group counseling, group rehabilitative support, family therapy, peer and family support, crisis intervention, community support, medication services, and/or medication services support.

(C) Programs shall be staffed twenty-four (24) hours per day, seven (7) days per week. Staff shall be dressed and awake. Services shall be available seven (7) days per week.

(D) Interventions shall include, but are not limited to –

1. Tuberculosis screening and testing provided directly or by referral. Pre- and post-test counseling are provided as needed;

2. Random drug screening, as medically necessary, to reinforce treatment gains, as appropriate to the individual treatment plan;

3. Nursing assessment at time of admission by an RN (or APRN, physician, resident physician, assistant physician, physician assistant in the absence of an RN);

4. A physician or AP, PA, APRN, or resident physician assesses the individual within twenty-four (24) hours of admission or, within twenty-four (24) hours of admission, a physician reviews and updates the record of a physical examination that was conducted no more than seven (7) days prior to admission. A physician must be available to assess the individual thereafter, as medically necessary;

5. Additional medical specialty consultation, psychological, laboratory, and toxicology services are available onsite, through consultation, or referral;

6. Referral and assistance, as needed, for the individual to gain access to other needed substance use disorder and/or mental health services; and

7. Orientation and facilitated connections to recovery resources and community supports, including referrals to self-help programs for identified psychiatric, substance use and co-occurring disorders as appropriate and for the continuation of appropriate treatment.

(E) Individuals admitted to this level of care must meet diagnostic criteria for a moderate or severe substance use disorder, as well as the ASAM dimensional criteria for admission. If the individual's presenting history is conflicting or inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information provided by family members/natural supports and legal guardians. Additional admission criteria includes –

1. Acute intoxication and/or withdrawal potential – high risk of withdrawal symptoms that can be managed in a Level 3.7 program;

2. Biomedical conditions and complications – moderate to severe conditions which require twenty-four- (24-) hour nursing and medical monitoring or active treatment but not the full resources of an acute care hospital;

3. Emotional, behavioral, or cognitive conditions and complications – moderate to severe conditions and complications (such as diagnosable co-morbid mental disorders or symptoms). These symptoms may not be severe enough to meet diagnostic criteria but interfere or distract from recovery efforts (for example, anxiety/hypomanic or depression and/or cognitive symptoms) and may include compulsive behaviors, suicidal or homicidal ideation with a recent history of attempts but no specific plan, or hallucinations and delusions without acute risk to self or others. Psychiatric symptoms are interfering with abstinence, recovery, and stability to such a degree that the individual needs a structured twenty-four- (24-) hour, medically monitored (but not medically managed) environment to address recovery efforts;

4. Readiness to change – the individual is unable to acknowledge the relationship between the substance use disorder and mental health and/or medical issues, or is in need of intensive motivating strategies, activities, and processes available only in a twenty-four- (24-) hour structured medically monitored setting (but not medically managed);

5. Relapse, continued use, or continued problem potential – the individual is experiencing an escalation of relapse behaviors and/or acute psychiatric crisis and/or reemergence of acute symptoms and is in need of twenty-four- (24-) hour monitoring and structured support; and

6. Recovery environment – the environment or current living arrangement is characterized by a high risk of initiation

or repetition of physical, sexual, or emotional abuse or substance use so prevalent that the individual is assessed as unable to achieve or maintain recovery at a less intensive level of care.

(24) Level 3.7 Medically Monitored Intensive Inpatient Services (Adolescent Criteria). Programs shall provide a planned and structured regimen of twenty-four- (24-) hour professionally directed evaluation, observation, medical monitoring, and substance use disorder treatment. For adolescents, this level of treatment is often necessary to orient the individual to the structure of daily life. Services must be provided in accordance with 9 CSR 30-3.192.

(A) Length of stay shall be based on the individual's severity of illness, level of function, and progress in treatment.

(B) Individuals shall receive at least thirty (30) hours of structured treatment per week. The week starts on the individual's date of admission.

1. At least ten (10) of the thirty (30) hours shall include a combination of individual counseling, group counseling, group rehabilitative support, family therapy, peer and family support, community support, medication services, and/or medication services support.

(C) Elements of the assessment and treatment plan review in this level of care for adolescents shall include –

1. An initial withdrawal assessment within twenty-four (24) hours of admission, or earlier if clinically warranted;

2. Daily nursing withdrawal monitoring assessments and continuous availability of nursing evaluation; and

3. Daily availability of medical evaluation, with continuous on-call coverage.

(D) Programs shall be staffed twenty-four (24) hours per day, seven (7) days per week. Staff shall be dressed and awake. Services shall be available seven (7) days per week.

(E) Interventions shall include, but are not limited to –

1. Tuberculosis screening and testing provided directly or by referral. Pre- and post-test counseling are provided as needed;

2. Random drug screening, as medically necessary, to reinforce treatment gains, as appropriate to the individual treatment plan;

3. Nursing assessment at the time of admission by an RN (or APRN, physician, resident physician, assistant physician, physician assistant in the absence of an RN);

4. A physician or AP, PA, APRN, or resident physician assesses the individual within twenty-four (24) hours of admission or, within twenty-four (24) hours of admission, a physician reviews and updates the record of a physical examination that was conducted no more than seven (7) days prior to admission. A physician must be available to assess the individual thereafter, as medically necessary;

5. Additional medical specialty consultation, psychological, laboratory, and toxicology services are available onsite, through consultation or referral;

6. Referral and assistance, as needed, for the individual to gain access to other needed substance use disorder and/or mental health services;

7. Orientation and facilitated connections to recovery resources and community supports, including referrals to self-help programs for identified psychiatric, substance use and co-occurring disorders, as appropriate, and for the continuation of appropriate treatment; and

8. Educational services provided in accordance with state regulations, including opportunities to address deficits in the educational level of adolescents who have fallen behind because of their involvement with alcohol and/or other drugs.

(F) Adolescents admitted to this level of care must meet diagnostic criteria for a moderate or severe substance use disorder, as well as ASAM dimensional criteria for admission. If the adolescent's presenting history is conflicting or inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information provided by collateral parties such as parent/guardian, family members, or other natural supports. Additional admission guidelines include –

1. Acute Intoxication and/or withdrawal potential – experiencing or at risk of acute or subacute intoxication or withdrawal with moderate to severe signs and symptoms. The individual needs twenty-four- (24-) hour treatment services including the availability of active medical and nurse monitoring to manage withdrawal, support engagement in treatment, and prevent immediate continued use;

2. Biomedical conditions and complications – significant risk of serious damage to physical health or concomitant biomedical conditions, or a biomedical condition requires twenty-four- (24-) hour nursing and medical monitoring or active treatment, but not the full resources of an acute care hospital;

3. Emotional, behavioral, or cognitive conditions and complications – moderate and possibly unpredictable risk of imminent harm to self or others and needs twenty-four- (24-) hour monitoring and/or treatment in a high-intensity programmatic environment for safety;

4. Readiness to change – despite experiencing serious consequences or effects of the substance use disorder and/or behavioral health problem, does not accept or relate the disorder to the severity of the presenting problem. The individual is in need of intensive monitoring strategies, activities, and processes available in a twenty-four- (24-) hour setting;

5. Relapse, continued use, or continued problem potential – experiencing an acute psychiatric or substance use crisis, marked by intensification of symptoms of the substance use or mental disorder such as poor impulse control or drug-seeking behavior; and

6. Recovery environment – has been living in an environment in which supports that might otherwise have enabled treatment at a less intensive level of care are unavailable, or the family is unable to sustain treatment attendance at a less intensive level of care.

(25) Level 3.7 Medically Monitored Inpatient Withdrawal Management (Adult Criteria). Services shall be provided by medical and nursing professionals who provide medically supervised evaluation under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols.

(A) Twenty-four- (24-) hour observation, monitoring, and treatment shall be provided by an interdisciplinary team of trained staff.

(B) Individuals remain in this level of care until withdrawal signs and symptoms are sufficiently resolved such that they can be safely managed at a less intensive level of care, or their signs and symptoms of withdrawal have failed to respond to treatment and have intensified (as confirmed by higher scores on a standardized scoring system).

(C) Services shall include assessment, individual and group counseling, group rehabilitative support, peer/family support, community support, medication services, crisis intervention, and medication services support.

(D) Admissions shall be accepted twenty-four (24) hours per day, seven (7) days per week. Staff shall be dressed and awake.

Services shall be available seven (7) days per week. The week starts on the individual's date of admission.

(E) Interventions shall include, but are not limited to –

1. Random drug screening, as medically necessary, to reinforce treatment gains, as appropriate to the individual treatment plan;

2. A nursing assessment by an RN at admission (or APRN, resident physician, assistant physician, physician assistant in the absence of an RN) that is reviewed with a physician;

3. A physician or AP, PA, APRN, or resident physician assessment within twenty-four (24) hours of admission or, within twenty-four (24) hours of admission, a physician reviews and updates the record of a physical examination that was conducted no more than seven (7) days prior to admission. A physician must be available to assess the individual thereafter, as medically necessary;

4. Daily assessment of the individual's progress through withdrawal management and any treatment changes;

5. For individuals new to the program, it is recommended that an assessment be completed within twenty-four (24) hours of admission which substantiates appropriate level of care placement; and

6. Referral and assistance for the individual to gain access to other needed substance use disorder and/or mental health services.

AUTHORITY: sections 630.050, 630.655, and 631.010, RSMo 2016. Original rule filed Aug. 7, 2023.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Department of Mental Health, Denise Thomas, PO Box 687, Jefferson City, MO 65102 or by email to denise.thomas@dmh.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

TITLE 9 – DEPARTMENT OF MENTAL HEALTH
Division 30 – Certification Standards
Chapter 3 – Substance Use Disorder Prevention and Treatment Programs

PROPOSED AMENDMENT

9 CSR 30-3.155 Staff Requirements for Comprehensive Substance Treatment and Rehabilitation (CSTAR) Programs. The department is amending the purpose, removing subsection (4)(H)–(I), and adding new subsections (4)(H)–(J).

PURPOSE: This amendment adds training requirements for CSTAR programs providing services in accordance with The American Society of Addiction Medicine (ASAM) Criteria.

PURPOSE: This rule describes requirements for caseload size, clinical privileging, ***training,*** *and core competencies for staff working in CSTAR programs.*

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(4) Training and Staff Competencies. Direct care staff and staff providing supervision to direct care staff shall complete training in the service competency areas listed below.

[(H) Documentation of all orientation, training, job shadowing, and supervision activities must be maintained and available for review by department staff or other authorized representatives.

(I) Documentation of training must include the topic, date(s) and length, skills targeted/objective of skill, certification/continuing education units (as applicable), location, and name, title, and credentials of instructor(s).]

(H) CSTAR programs providing services in accordance with *The ASAM Criteria* shall ensure the following training requirements are met:

1. All direct care staff are trained on utilization of *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*, 2013, 3rd edition, hereby incorporated by reference and made a part of this rule, developed by and available from the American Society of Addiction Medicine (ASAM), Inc., 11400 Rockville Pike, Suite 200, Rockville, MD 20852, (301) 656-3920. This rule does not incorporate any subsequent amendments or additions to this publication. Training must be provided by an entity with permission from ASAM to deliver the training;

2. All direct care staff participate in fifty (50) hours of annual training including, but not limited to –

A. Treatment of co-occurring disorders;

B. Suicide prevention (best-practice or evidence-based), as specified in the organization's Zero Suicide Plan;

C. Trauma-informed care, must align with the agency's trauma-informed assessment and implementation plan;

3. Annual training applies to the requirement specified in subsection (4)(G) of this rule; and

4. Ongoing training based on staff roles and responsibilities including, but not limited to –

A. Peer support, provided by the Missouri Credentialing Board;

B. Family support, provided by the Missouri Credentialing Board;

C. Smoking cessation, approved by the department; and

D. *The ASAM Criteria* advanced training (must be provided by an entity with permission from ASAM to deliver the training).

(I) Documentation of all orientation, training, job shadowing, and supervision activities must be maintained and available for review by department staff or other authorized representatives.

(J) Documentation of training must include the topic, date(s) and length, skills targeted/objective of skill, certification/continuing education units (as applicable), location, and name, title, and credentials of instructor(s).

AUTHORITY: sections 630.050, 630.655, and 631.010, RSMo 2016. Original rule filed May 28, 2021, effective Dec. 30, 2021. Amended: Filed Aug. 7, 2023.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Mental Health, Denise Thomas, PO Box 687, Jefferson City, MO 65102 or by email to denise.thomas@dmh.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

TITLE 9 – DEPARTMENT OF MENTAL HEALTH
Division 45 – Division of Developmental Disabilities
Chapter 5 – Standards for Community-Based Services

PROPOSED RESCISSION

9 CSR 45-5.010 Certification of Medicaid Agencies Serving Persons with Developmental Disabilities. This rule defined terms, established principles, and set out the process by which Medicaid agencies providing residential habilitation, day habilitation, supported employment, or individualized supported living services attain certification.

PURPOSE: The department is rescinding this rule because it is outdated. The updated terms, principles, and process to attain certification will be readopted under the same rule number, 9 CSR 45-5.010, Certification of Home and Community-Based Providers Serving Persons with Intellectual and Developmental Disabilities.

AUTHORITY: section 630.655, RSMo 1994. This rule originally filed as 9 CSR 30-5.050. Original rule filed July 25, 1994, effective March 30, 1995. For intervening history, please consult the ***Code of State Regulations****. Rescinded: Filed Aug. 2, 2023.*

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Department of Mental Health, Denise Thomas, PO Box 687, Jefferson City, MO 65102 or by email to denise.thomas@dmh.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

TITLE 9 – DEPARTMENT OF MENTAL HEALTH
Division 45 – Division of Developmental Disabilities
Chapter 5 – Standards for Community-Based Services

PROPOSED RULE

9 CSR 45-5.010 Certification of Home and Community-Based Providers Serving Persons with Intellectual and Developmental Disabilities

PURPOSE: This rule defines terms, establishes principles, and sets out the process by which agencies providing individualized supported living (ISL), group home, shared living, day habilitation, individualized skills development, community networking, out-of-home respite, intensive therapeutic residential habilitation, and employment services to individuals with intellectual and developmental disabilities through the Medicaid Home and Community-Based Waiver (HCBS) attain certification.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) The Division of Developmental Disabilities (division) establishes procedures under which a provider of Medicaid home and community-based waiver services to individuals with intellectual or developmental disabilities attains certification. In establishing those procedures, the division makes the following assumptions:

(A) An individual with an intellectual or developmental disability and the individual's family can best determine the services the individual wants and needs;

(B) The division and the provider collaborate to provide quality services and supports that effectively and efficiently meet needs of individuals with intellectual or developmental disabilities within the contexts of the individual's expressed needs;

(C) Through ongoing monitoring, individuals with intellectual or developmental disabilities and their families are best positioned to determine the quality of the individual's services and supports and the effectiveness of the services and supports in meeting their needs;

(D) The certification process is flexible and person-centered and serves three (3) critical purposes –

1. To determine how well providers fulfill their responsibilities to individuals with intellectual or developmental disabilities;

2. To determine systems changes and practices needed so that the provider will be more responsive to the individual's needs; and

3. To enhance inclusion and self-determination of individuals with intellectual or developmental disabilities as valued members of their communities;

(E) Providers shall subscribe to and meet all principles in this rule. The division shall enforce those principles; and

(F) A residential or day program that attains certification from the division to deliver Medicaid Home and Community-Based Waiver services is not subject to the requirements of 9 CSR 40-1 Licensing Rules.

(2) Terms defined in sections 630.005 and 633.005, RSMo, are incorporated by reference for use in this rule. As used in this rule, unless the context clearly indicates otherwise, the following terms also mean –

(A) Department – unless otherwise specified, the Department of Mental Health (DMH);

(B) Individual – a person who has been found eligible for services with the Division of Developmental Disabilities; and

(C) Provider – any entity or person under contract or applying for a contract with the Department of Mental Health (DMH) to serve individuals with intellectual or developmental

disabilities funded by general revenue or through home and community-based waivers administered by DMH.

(3) Providers certified under this rule shall comply with 42 CFR 441.301, January 2014, hereby incorporated by reference and made a part of this rule as published by and available in the *Code of Federal Regulations*, Office of Federal Register, National Archives and Records Administration, 7 G Street NW, Suite A-734, Washington, DC 20401, (201) 741-6000. 42 CFR 441. 301 ensures individuals served have full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS. This rule does not incorporate any subsequent amendments or additions to this publication.

(4) This section prescribes eight (8) sets of principles for providers serving participants of any HCBS waiver operated by DMH.

(A) Individuals are integrated in and have access to the greater community.

1. Individual's decisions are respected.

2. Individuals are supported in being active participants in the community.

3. Individuals have knowledge of or access to information regarding age-appropriate activities reflective of their interests, needs, and preferences.

4. Individuals are supported in participating in non-disability-specific activities/functions that are not limited to individuals with disabilities.

5. Individuals are supported in participating in cultural and ethnic activities that reflect their interests and preferences.

6. Individuals are supported in learning to use and have ready access to public transportation, if available in their community.

7. Individuals are supported in attending religious services and worshiping as they choose.

8. Individuals are supported in regularly receiving and visiting family, friends, or other community members.

9. Individuals are supported by persons who are knowledgeable and respectful of their wants, needs, and preferences.

10. Individuals are able to come and go in the community in accordance with their wants, needs, and preferences.

11. Individuals are supported in their efforts to further their education and skill development, in the area and manner of their choice.

(B) Individuals are provided with opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.

1. Individuals are supported in participating in competitive integrated employment opportunities of their choice within the community.

2. Individuals are assisted in obtaining employment in a setting that is non-disability-specific and fully integrated into the community.

3. Individuals are supported in obtaining employment in a setting that is located among other private businesses and facilitates integration with the greater community.

4. Individuals are supported in obtaining employment in a setting which encourages interaction with the public.

5. Individuals who work in provider owned and controlled employment settings have knowledge of or access to information regarding competitive work outside of the setting.

6. Individuals are supported in obtaining employment in settings physically accessible and which do not limit individuals' mobility or freedom of movement in the workplace, including access to bathrooms and break rooms.

7. Individuals are supported in self-advocacy activities in the workplace.

8. Individuals are supported in making decisions and exercising autonomy to the greatest extent possible. Individual's decisions are respected.

9. Individuals are supported in obtaining employment with wages and benefits, including but not limited to medical benefits, annual leave, sick leave, and retirement programs, to the same extent as individuals not receiving Medicaid-funded HCBS.

10. Individuals seeking employment services are given informed choice of available providers and setting options from which to choose.

11. Employment services are provided in a manner and setting that reflects the individual's wants, assessed needs, and preferences, taking into account the individual's skills, capabilities, and aptitudes.

12. Individuals are supported in developing and maintaining relationships with coworkers.

13. Individuals are supported by staff who are knowledgeable about the individual's capabilities, interests, preferences, and needs related to employment.

14. Individuals are supported in making a budget, which takes into account the individual's financial goals.

15. Individuals are supported in making informed choices related to working, earning, spending, and saving.

16. Individuals are supported in controlling their personal finances/resources.

17. Individuals are supported in becoming financially independent.

(C) Individuals receive services in the community to the same degree of access as individuals not receiving Medicaid-funded HCBS.

1. Individuals who receive specialized supports receive them in a place or manner typical for all other community members.

2. Individuals are supported in living, working, and participating in activities located in settings that are integrated into the community and consistent with their interests.

3. Individuals are provided community options in order to make informed choices of how and where they receive their services and their choices are honored.

4. Individuals are supported in finding living arrangements that are non-disability-specific and fully integrated into the community, which they can afford with their own income.

5. Individuals are supported in learning transportation skills and are transported safely.

6. Individuals' environments are secure, stable, and physically accessible to the individual.

(D) The residence is selected by the individual from among setting options including non-disability specific settings.

1. Individuals are supported and given informed choice in selecting settings to receive Medicaid Waiver services that are reflective of the individual's wants, needs, and preferences.

2. Individuals are given the opportunity and choice to reside in community settings with individuals not receiving Medicaid Home and Community-Based Services.

3. The setting is physically accessible without obstructions that limit individual mobility in the setting.

4. Individuals own, rent, or occupy, under a legally enforceable agreement, their own specific unit/dwelling.

A copy of the lease, residency agreement, or other written agreement is maintained.

5. Individuals' residences are located among other residences that facilitate integration with the greater community.

6. Individuals' residences are indistinguishable from other residences, for example the use of yard signs or other advertisement should not be used which distinguish the setting as disability specific.

7. Individuals are supported in opening their homes to interact with community members of their choice.

8. Individuals have freedom to move about inside and outside of their residence and are not restricted to or from any areas or rooms within their residence.

9. Individuals have full access to the typical facilities in a home such as a kitchen, dining area, laundry, bathroom, and living room.

10. Individuals have choice with whom they live and how to furnish and decorate their home.

(E) Individuals are assured the right of privacy, respect, and freedom from coercion and restraint.

1. Individuals' right to personal privacy, dignity, and respect is ensured and supported.

2. Provider policy, procedure, and practices shall protect and promote the rights of each individual.

3. Each individual's privacy is respected in their sleeping or living unit, as determined by the individual.

4. In provider owned and/or controlled residential settings, the following applies:

A. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors; and

B. Individuals sharing units have a choice of housemates in that setting.

5. Individuals are informed both orally and in writing, in a manner that the individual understands, of their rights in accordance with sections 630.110 and 630.115, RSMo, and 9 CSR 45-3.030, and responsibilities and advocacy resources, documented in writing and signed by the individual or guardian, as applicable. Notification is made prior to or upon receiving services and annually thereafter. Receipt is acknowledged in writing.

6. Individuals are supported by staff who are knowledgeable and trained annually, with documentation of the training, on individual rights in accordance with sections 630.110 and 630.115, RSMo, and 9 CSR 45-3.030.

7. Annually, individuals shall be given information written or communicated in a format understood by the individual on how to file a grievance with the provider or complaint with the department.

8. Individuals are supported by not having limitations imposed on their rights without due process, as required by 9 CSR 45-3.030.

9. Individuals are supported in an environment where they are free to communicate privately with whom they choose.

10. Individuals have access to telephones appropriate to their needs and accessible at all times. Individuals are able to make and receive calls privately.

11. Individuals who are unable to open or read their own mail are supported by staff to whom they have given consent.

12. Individuals are supported by staff who are trained annually in identifying, preventing, detecting, and reporting abuse and neglect.

13. Abuse and neglect are prohibited by provider policy and procedures. Providers follow their policies and procedures and ensure action is taken to protect individuals who report abuse or neglect.

14. Individuals are supported in planning and participating in discussions regarding their lives.

15. Individuals are supported by staff who are knowledgeable of the provider policies on confidentiality and the Privacy Rule of Health Insurance Portability and Accountability Act of 1996 (HIPAA) Health Information Protection. Staff shall maintain all information about individuals in confidence and shall not share information about individuals without consent.

16. Individuals have access to their records and are supported in maintaining their records where they choose. Staff shall assist them as needed in reviewing records and answering questions.

17. Individuals are supported in environments that support their dignity. Signs shall not be posted in easily visible areas describing information about the individual that is private or confidential.

18. Individuals are supported in their activities of daily living in a manner that is dignified and respectful;

19. Individuals are supported in making decisions and not persuaded through the use of intimidation, force, or threats;

20. Individuals are not treated differently or retaliated against for exercising his/her rights.

21. Individuals are free from mechanical, physical, and chemical restraints.

(F) Individual initiative, autonomy, and independence are optimized in making life choices.

1. Individuals' needs and preferences are honored. Individuals' right to choice and self-determination are respected.

2. Individuals are supported in a manner that meets the individual's expressed wants, needs, and preferences.

3. Individuals determine the quality and the effectiveness of the services and supports in meeting their needs.

4. Individuals are supported in their efforts to be active members of the community.

5. Individuals are encouraged to interact with members of the community both inside and outside their home.

6. Individuals are supported in dressing and grooming consistent with personal preferences.

7. Individuals are supported in carrying out activities of daily living, including dressing, eating, and grooming, in a manner that enhances their self-esteem and self-worth.

8. Individuals receive supports in a manner that promotes positive involvement in the community.

9. Individuals have the option to participate in political activities of their choice in the community.

10. Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.

11. Individuals are supported, and assistance provided as needed, to furnish and decorate their sleeping and living units as they choose.

12. Individuals are encouraged and supported in developing and sustaining friendships and family relationships.

13. Individuals are supported in developing intimate relationships of their choice.

14. Individuals are supported in their efforts to have social contact with the same people and have repeated opportunities for social contact with the same people or groups of people.

15. Individuals are supported in their efforts to be involved in activities at times which take into consideration their wants, needs, and preferences.

16. Individuals are supported by staff who emphasize to others their abilities and interests.

17. Individuals are able to have visitors of their choosing at any time.

18. Individuals have the option to join and be supported in assuming roles in community organizations.

19. Individuals have the option to join and be supported in assuming roles in religious organizations.

20. Individuals have the option to and are supported in volunteering and helping in the community.

21. Individuals are informed and assisted in determining how they would like to make decisions about their health care, and whether or not they would like anyone else to be involved in those decisions.

22. Individuals with limited ability to communicate are supported by persons knowledgeable of how they communicate physical needs, how they communicate emotional and psychological needs.

23. Individuals are supported in an environment where individuals engage in positive, acceptable interactions.

24. Individuals are self-aware and use personal competencies; and

25. Individuals are offered training and ongoing support in developing their self-advocacy skills.

(G) Individuals are supported in making choices regarding services and supports and who provides them.

1. Individuals choose the services and supports they want and need.

2. Individuals are provided options in a manner that allows informed choice in selecting who their provider of services will be and their choices are honored.

3. Individuals are provided options in manner that allows informed choice in selecting settings to receive Medicaid waiver services that are reflective of the individual's wants, needs, and preferences, and their choices are honored.

4. Individuals have choice in selecting their own health care providers to meet their needs.

5. Individuals participate in making decisions about their health care and their decisions are recognized and supported.

6. Individuals' personal preferences are supported.

(H) Individuals are assured their basic needs will be met.

1. Individuals are supported by staff who are knowledgeable of, have access to, and who provide services in accordance with their current Individualized Support Plan (ISP).

2. Individuals have the right to receive physical, emotional, and mental health care from the practitioner of their choice.

3. Individuals obtain routine medical and preventative medical care at intervals typical for the individual's gender, age, and condition.

4. Individuals obtain dental, hearing, and vision exams, and follow-up treatment as recommended by their practitioner.

5. Individuals requiring specialized medical services have access to specialists.

6. Individuals are supported in accessing their physician or medical care consistent with their wants, needs, and preferences.

7. Individuals are supported in eating a diet which honors individual choice and meets nutritional needs.

8. Individuals who have a specialized diet, prescribed to meet identified healthcare needs of the individual, are informed of the reason for the diet and consent to the diet. Orders for specialized diets are reviewed at least annually by a registered dietician, the individual's physician, physician assistant, or advanced practical nurse (APN). Direct care staff shall be trained by either a dietician or registered nurse in the preparation and implementation of the diet prior to providing independent direct care services. Individual choice shall be honored. Providers may elect to have management staff trained as a trainer for non-nurse delegated diets.

9. Individuals are educated about and supported in choosing to participate in wellness activities and fitness programs, both in their home and in their community.

10. Individuals' health is protected through measures typically taken to prevent communicable diseases for persons with similar health status. Individuals shall be supported by persons who are knowledgeable of infection control practices through annual training.

11. Individuals are educated about the purpose, benefits, risks, and side effects of all prescribed medications and treatments, to assist them in making informed choices about their health care. Individuals are respected in their decision to refuse medication and treatment.

12. Individuals are supported in taking medications, receiving treatments, and utilizing adaptive equipment as prescribed.

13. Individuals are encouraged and supported in learning to safely manage and self-administer their medications as reflected in their ISP.

14. Individuals' medications are reviewed annually by their physician to determine their continued effectiveness. The provider shall develop an effective system of medication administration, including monthly review of the medication system by a registered nurse.

15. Staff who assist in the system of medication administration shall be certified as a DD Medication Aide or be a licensed nurse or pharmacist. Individuals and staff shall be knowledgeable of the individuals' medical conditions and possible side effects of medication.

16. Individuals receive the necessary services, supports, and degree of supervision consistent with the personal abilities of the individual and in accordance with their ISP.

17. Individuals' homes and other environments are clean, safe, and well maintained.

18. Individuals are supported in obtaining living arrangements that are safe and take into account their physical abilities.

19. Individuals' homes and environments are modified and/or adapted to meet identified needs as described in ISPs and are based upon assessments to ensure safety and mobility.

20. Individuals' homes and other environments comply with federal, state, and local building and environmental codes.

21. Individuals' safety is assured through preventive maintenance of vehicles, equipment, and buildings.

22. Individuals have the opportunity to assist in maintaining their home.

23. The temperature of individuals' homes is determined by the individuals who live there. Homes shall have heating and air conditioning equipment capable of maintaining temperatures within a comfortable range for the individual.

24. In situations in which individuals do not have the ability to regulate water temperatures or have a physical or health condition that makes self-regulation unsafe, water temperatures are not to exceed 120 degrees Fahrenheit at the point of use.

25. Individuals are supported in responding to emergencies in a safe manner.

26. Individuals are supported by staff knowledgeable about emergency procedures, as included in the provider's written procedures and any additional expectations as indicated in the individual's ISP.

27. Individuals participate in emergency drills (tornado, earthquake, intruder) occurring during daytime, evening,

and sleep hours at least four (4) times annually. Individuals participate in fire drills at least four (4) times annually, including one during sleep hours. Documentation of drills shall be maintained.

28. Individuals shall have access to adequate evacuation exits which are appropriate to their abilities and an unobstructed path of egress to safety.

29. Individuals shall have access to at least one (1) fire extinguisher on each floor of the home. At least one (1) fire extinguisher shall be accessible in or near the kitchen area. All fire extinguishers shall have an expiration date or maintenance tag/documentation and indicator of charge. The fire extinguisher shall have directions for use on the equipment and shall be within the expiration date.

30. Individuals' homes shall have operable smoke detectors on each level of the home, including basements. Detectors shall be located in or near each bedroom and in proximity to the area where an individual or staff sleep. Smoke detectors shall be placed in the home according to manufacturer's recommendations.

31. Individuals have adaptive emergency alarm systems based upon need.

32. Individuals' homes which utilize gas appliances and/or have an attached garage shall have operable carbon monoxide detectors on each level of the home, including basements.

33. Individuals have the option to take first aid and cardiopulmonary resuscitation training and have access to basic first aid supplies.

34. Staff shall maintain current first aid and cardiopulmonary resuscitation (CPR) certification for healthcare providers through training using curricula that is comparable to National Safety Council, American Red Cross, or American Heart Association. Training shall include hands-on practice and in-person skills assessment. Online-only certification is not acceptable. Individuals are provided first aid and cardiopulmonary resuscitation by knowledgeable staff, in accordance with their written advance directive.

35. Each provider shall have written policies and procedures approved by the department regarding medical emergencies. Such policies and procedures shall include –

A. Protocol for initiating 911 emergency call;

B. Protocol for use of CPR and first aid;

C. Instructions for staff and individuals on how to respond to an incapacitated person; and

D. A system for ensuring emergency response drills on the emergency protocol are conducted at least every six (6) months for all staff.

36. Individuals experiencing events that meet reportable event criteria shall have those events reported to the department, per 9 CSR 10-5.206.

37. Individuals and staff who support them have access to current contact information for family, guardians, or other interested parties identified by the individual.

38. Storage of materials necessary for household maintenance should be stored according to safety standards for the item itself as well as according to supports specified in the ISP. If there are restrictions, the individual shall be given due process.

39. Staff use and individuals are supported to use safe and sanitary practices in food storage, preparation, and cleanup.

40. Individuals who need assistance to eat are provided needed supports and adaptations, as identified in the ISP.

41. Individuals use mechanical supports only as prescribed. Individuals are supported by staff who are knowledgeable of use of the supports as addressed in the ISP.

42. Individuals are supported in the use and maintenance of adaptive, corrective, mobility, orthotic, and prosthetic equipment, as addressed in the ISP. Individuals and staff are trained in purpose, use, and maintenance of the equipment.

(5) Every two (2) years, all agencies shall seek certification under this section except that agencies accredited by nationally recognized accrediting bodies approved by the division shall not be required to seek certification. The division director shall issue two- (2-) year certificates to agencies successfully completing the process and requirements.

AUTHORITY: section 630.655, RSMo 1994. This rule originally filed as 9 CSR 30-5.050. Original rule filed July 25, 1994, effective March 30, 1995. For intervening history, please consult the ***Code of State Regulations****. Rescinded and readopted: Aug. 2, 2023.*

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

*PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggre*gate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Department of Mental Health, Denise Thomas, PO Box 687, Jefferson City, MO 65102 or by email to denise.thomas@dmh.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

TITLE 10 – DEPARTMENT OF NATURAL RESOURCES
Division 140 – Division of Energy
Chapter 8 – Certification of Renewable Energy and Renewable Energy Standard Compliance Account

PROPOSED AMENDMENT

10 CSR 140-8.010 Certification of Renewable Energy and Renewable Energy Standard Compliance Account. The Missouri Department of Natural Resources is amending section (2).

PURPOSE: This amendment clarifies that black liquor is not an eligible renewable energy resource under Missouri's Renewable Energy Standard (section 393.1025, RSMo, et seq.) unless used as an input for the thermal depolymerization or pyrolysis of waste material.

(2) Eligible Renewable Energy Resources.

(A) *[Eligible Renewable Energy Resources.]* The electricity must be derived from one (1) of the following types of renewable energy resources or technologies, as defined in section 393.1025(5), RSMo:

1. Wind;

2. Solar thermal sources or solar photovoltaic cells and panels;

3. Dedicated crops grown for energy production – herbaceous and woody crops that are harvested specifically for energy production in a sustainable manner;

4. Cellulosic agricultural residues – organic matter remaining after the harvesting and processing of agricultural crops. They include –

A. Field residues*[, which are]*–organic materials left on

agricultural lands after the crops have been harvested, such as stalks, stubble, leaves, and seed pods; and

B. Process residues*[, which are]*–organic materials left after the crops have been processed into a usable resource, such as husks, seeds, and roots;

5. Plant residues – the residues of plants that would be converted into energy, that otherwise would be waste material;

6. Clean and untreated wood – non-hazardous wood 1) that has not been chemically treated with chemical preservatives such as creosote, pentachlorophenol, or chromated copper arsenate; and 2) that does not contain resins, glues, laminates, paints, preservatives, or other treatments that would combust or off-gas, or mixed with any other material that would burn, melt, or create other residue aside from wood ash.

A. Eligible clean and untreated wood may include*[,]* but is not necessarily limited to*[,]* the following sources:

(I) Forest-related resources, such as pre-commercial thinnings waste, slash (tree tops, branches, bark, or other residue left on the ground after logging or other forestry operations), brush, shrubs, stumps, lumber ends, trimmings, yard waste, dead and downed forest products, and small diameter forest thinnings (twelve inches (12") in diameter or less);

(II) Non-chemically treated wood and paper manufacturing waste, such as bark, trim slabs, scrap, shavings, sawdust, sander dust, and pulverized scraps;

(III) Vegetation waste, such as landscape waste or right-of-way trimmings;

(IV) Wood chips, pellets, or briquettes derived from non-toxic and unadulterated wood wastes or woody energy crops;

(V) Municipal solid waste, construction and demolition waste, urban wood waste, and other similar sources only if wood wastes are segregated from other solid wastes or inorganic wastes; and

(VI) Other miscellaneous waste, such as waste pellets, pallets, crates, dunnage, scrap wood, tree debris left after a natural catastrophe, and recycled paper fibers that are no longer suitable for recycled paper production.

B. Ineligible clean and untreated wood may include*[,]* but is not necessarily limited to*[,]* the following sources:

(I) Post-consumer wastepaper;

(II) Wood from old growth forests (one hundred fifty (150) years old or older);*[and]*

(III) Unsegregated solid waste; **or**

(IV) Black liquor, unless used as an input consistent with paragraph (2)(A)10. of this rule;

7. Methane from landfills, wastewater treatment, or agricultural operations. Agricultural operations are defined as 1) the growing or harvesting of aquatic plants or agricultural crops grown in soil; or 2) the raising of animals for the purpose of making a profit, providing a livelihood, or conducting agricultural research or instruction. Wastewater treatment is defined as physical, chemical, biological, and mechanical procedures applied to an industrial or municipal discharge or to any other sources of contaminated water to remove, reduce, or neutralize contaminants;

8. Hydropower, not including pumped storage, that does not require a new diversion or impoundment of water and that each generator has a nameplate rating of ten megawatts (10 MW) or less. If an improvement to an existing hydropower facility does not require a new diversion or impoundment of water and incrementally increases the nameplate rating of each generator, up to ten megawatts (10 MW) per generator, the improvement qualifies as an eligible renewable energy resource;

9. Fuel cells using hydrogen produced by one (1) of the above-named renewable energy resources. RECs based on generating electricity in fuel cells from hydrogen derived from an eligible energy resource are eligible for compliance purposes only to the extent that the energy used to generate the hydrogen did not create RECs;

10. Products from thermal depolymerization or pyrolysis of waste material. Waste materials are specifically segregated materials from a waste stream for the purpose of producing energy or that are capable of producing energy. Pyrolysis is a thermochemical process through which organic matters are decomposed at elevated temperatures in an oxygen-deficient atmosphere into useful energy forms. Thermal depolymerization is the thermal decomposition (hydrous pyrolysis process) of organic compounds heated to high temperatures in the presence of water resulting in liquid oil; or

11. Other sources of energy, not including nuclear, that may become available after November 4, 2008, and are certified as eligible renewable energy resources as provided in section (3) of this rule.

*AUTHORITY: section 393.1030, RSMo Supp. **[2011] 2023**. This rule originally filed as 10 CSR 140-8.010 and 4 CSR 340-8.010. Original rule filed June 14, 2010, effective Jan. 30, 2011. Amended: Filed Feb. 29, 2012, effective Aug. 30, 2012. Moved to 4 CSR 340-8.010, effective Aug. 28, 2013. Moved to 10 CSR 140-8.010, effective Jan. 15, 2020. Amended: Filed Aug. 9, 2023.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Natural Resources' Division of Energy, PO Box 176, Jefferson City, MO 65102, by fax at (573) 751-6860, or via email at energy@dnr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

TITLE 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 2 – Income Tax

PROPOSED RESCISSION

12 CSR 10-2.130 Allocation of Taxable Social Security Benefits Between Spouses. This rule explained the proper method of determining and reporting the taxable portion of Social Security benefits in cases where both spouses have income.

PURPOSE: This rule is being rescinded because its language is being combined in 12 CSR 10-2.010.

AUTHORITY: sections 143.031, 143.111, and 143.181, RSMo 1994. Original rule filed Jan. 15, 1985, effective June 13, 1985. Rescinded: Filed Aug. 15, 2023.

PUBLIC COST: The proposed rescission will not cost state agencies

or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Department of Revenue, Legislative Office, 301 W. High St., Room 218, Jefferson City, MO 65109-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

TITLE 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 2 – Income Tax

PROPOSED AMENDMENT

12 CSR 10-2.226 Withholding of Tax by Nonresident Professional Entertainers. The director is amending sections (1), (3), and (4), and adding new section (5).

PURPOSE: This amendment adds clarifying language regarding who is required to pay nonresident professional entertainers tax.

(1) Nonresident Professional Entertainers Defined.

(A) Nonresident professional entertainer means a corporation registered outside this state, or a person who is not a resident of Missouri as defined by section 143.101, RSMo, who, for compensation paid to an individual or other entity, performs any vocal, instrumental, musical, comedy, dramatic, dance**,** or other performance in Missouri before a live audience. Nonresident professional entertainer also includes any person traveling with the entertainer and performing services on behalf of the nonresident entertainer. For purposes of this definition, a "performance" does not include a presentation for educational purposes for which no admission fee, cover charge, purchase minimum**,** or other fee for admission is charged.

(3) Any nonresident entertainer outside of Missouri that does not comply with section 143.183.2., RSMo, shall be considered transient employers as defined in section 285.230, RSMo**,** and shall be required to file a financial assurance instrument pursuant to section 285.230, RSMo**,** and 12 CSR 10-2.017.

(4) Withholding and Reporting Obligations.

(A) Any individual or entity who pays **annual** compensation **in excess of three hundred dollars ($300)** to a nonresident professional entertainer(s) is required to withhold Missouri income taxes, as a prepayment of tax, an amount equal to two percent (2%) of the total compensation paid to the nonresident entertainer for entertainment performed in Missouri, as set forth in sections 143.183 and 285.230, RSMo. **This requirement does not apply if the person making the payment is exempt from taxation under 26 U.S.C. Section 501(c)(3), as amended, and that pays an amount to the nonresident entertainer for the entertainer's appearance but receives no benefit from the entertainer's appearance other than the entertainer's performance.**

(5) The Department of Revenue forms mentioned in this rule can be found at www.dor.mo.gov or at the Harry S Truman State Office Building, 301 W. High Street, Jefferson City, MO 65105.

*AUTHORITY: section**[s]** 143.183 **[and 285.230],** RSMo Supp. **[1998] 2023, and section 285.230, RSMo 2016**. Emergency rule filed Aug. 18, 1994, effective Aug. 28, 1994, expired Dec. 25, 1994. Emergency rule filed Dec. 9, 1994, effective Dec. 26, 1994, expired April 24, 1995. Original rule filed Aug. 18, 1994, effective Feb. 26, 1995. Amended: Filed Dec. 30, 1998, effective July 30, 1999. Amended: Filed Aug. 7, 2023.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Revenue, Legislative Office, 301 W. High Street, Room 218, Jefferson City, MO 65105-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

TITLE 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
[Chapter 3—State Sales Tax]
Chapter 102—Sales/Use Tax—Taxpayer Rights

PROPOSED AMENDMENT

12 CSR 10-*[3.552]102.110* Protest Payments*, Protest Overpayments, and Protest Payment Returns*. The director is moving the rule, amending the purpose statement and section (1), removing section (2), renumbering as necessary, and adding new sections (3)–(5).

PURPOSE: This amendment moves the rule, makes grammatical corrections throughout, updates form information, and incorporates new language on protest overpayments and protest payment returns to allow two (2) other rules to be rescinded making things more clear and concise.

*PURPOSE: This rule interprets the sales tax law as it applies to protest payments**, protest overpayments, and protest payment returns**.*

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) If the taxpayer in good faith believes that *[s/he is]* **they are** not subject to the sales tax under the Missouri sales tax act, *[s/he]* **they**, upon payment of the required amount of tax**,** and denoting the payment as a protest payment when made, may file a protest payment affidavit, in which *[s/he]* **they** specifically shall set out why *[s/he is]* **they are** protesting

payment of the tax and give supporting information. The protest claim shall be made **by filing a Form 163, Sales Tax Protest Payment Affidavit,** under oath and submitted within thirty (30) days after the protest payment. Failure to denote the payment as made under protest**,** or to make a protest claim within the time required**,** and under the conditions specified will void the protest claim.

[(2) Protest payment forms (DOR-163) are available from the director of revenue upon request. Written request should be sent to Business Taxes Bureau, Technical Support Section, P.O. Box 840, Jefferson City, MO 65105.]

*[(3)]***(2)** If a protest payment is not made by the required due date, interest and additions to tax should be included in the payment to properly perfect the protest.

(3) Overpayments resulting from clerical, mathematical, or similar errors should be recovered by following the refund procedures outlined in section 144.695, RSMo. If any taxpayer, in good faith, and for just cause, feels the imposition of Missouri use tax has been improperly charged against them, they, when making their payment, may denote the payment as a protest payment, and execute a protest payment using a Sales or Use Tax Protest affidavit, Form 163B, specifically stating the grounds upon which the protest is being made. The claim must be made under oath within thirty (30) days after payment. If this procedure is not followed, all payments will be accepted by the director as proper payments.

(4) A taxpayer filing a protest payment return must submit a notarized protest payment affidavit with the return, reflecting the specific amount of tax being paid under protest. Separate checks need not be submitted for the state and local sales taxes being protested.

(5) Form 163, Sales Tax Protest Payment Affidavit, and Form 163B, Sales or Use Tax Protest Affidavit, revised March 2020, are incorporated by reference and are published by and can be obtained from the Missouri Department of Revenue at www.dor.mo.gov or at the Harry S Truman State Office Building, 301 W. High Street, Jefferson City, MO 65101. These forms do not include any amendments, or additions since the revision dates noted.

*AUTHORITY: section**s** 144.270 **and 144.705**, RSMo **[**1994**] 2016**. S.T. regulation 240-3 was last filed Oct. 28, 1975, effective Nov. 7, 1975. Refiled March 30, 1976. Amended: Filed Aug. 13, 1980, effective Jan. 1, 1981. Amended: Filed Sept. 7, 1984, effective Jan. 12, 1985. Amended: Filed Aug. 7, 2023.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Revenue, Legislative Office, 301 W. High Street, Room 218, Jefferson City, MO 65109-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

TITLE 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 4 – State Use Tax

PROPOSED RESCISSION

12 CSR 10-4.230 Protest Payment. This rule clarified the procedure and requirements where a taxpayer desires to protest the payment of tax assessed against the taxpayer and interprets and applies section 144.700, RSMo.

PURPOSE: This rule is being rescinded because its content was updated and added to 12 CSR 10-3.552.

AUTHORITY: section 144.705, RSMo 1994. U.T. regulation 680-2 originally filed Oct. 28, 1975, effective Nov. 7, 1975. Refiled March 30, 1976. Rescinded: Filed Aug. 15, 2023.

PUBLIC COST: The proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Department of Revenue, Legislative Office, 301 W. High St., Room 218, Jefferson City, MO 65109-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

TITLE 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 4 – State Use Tax

PROPOSED RESCISSION

12 CSR 10-4.280 Filing Protest Payment Returns. This rule prescribed the requirements of a protest payment return and interpreted and applied section 144.700, RSMo.

PURPOSE: This rule is being rescinded because its content was updated and added to 12 CSR 10-102.110.

AUTHORITY: section 144.705, RSMo 1994. U.T. regulation 700-1 originally filed Dec. 31, 1975, effective Jan. 10, 1976. Refiled March 30, 1976. Rescinded: Filed Aug. 15, 2023.

PUBLIC COST: The proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Department of Revenue, Legislative Office, 301 W. High St., Room 218, Jefferson City, MO 65109-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

TITLE 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 16 – Cigarette Tax

PROPOSED AMENDMENT

12 CSR 10-16.090 Purchase on Deferred Payment Basis. The director is amending the purpose statement and section (3) and adding new section (5).

PURPOSE: This amendment updates the purpose statement, updates form names, and incorporates those forms by reference.

PURPOSE: This rule clarifies the reporting requirements, surety bond requirements, and the approval necessary for purchases of tax stamps [or meter units] on the deferred payment basis.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(3) The surety bond required under section 149.025, RSMo, to purchase stamps on the deferred payment basis may be in cash, certificate of deposit, **using Assignment of Certificate of Deposit, Form 4172,** irrevocable letter of credit, **using Irrevocable Letter of Credit, Form 2879**, or surety bond, *[A surety bond must be issued by an authorized corporate surety company on a bond form approved by the director]* **using Surety Bond, Form 331**. Any surety on a bond furnished by a cigarette wholesaler shall be released and discharged from any and all prospective liability to the state occurring after the expiration of ninety (90) days from the date upon which the surety shall have lodged with the director a written request to be released and discharged, but this provision shall not operate to relieve, release, or discharge the surety from any liability already accrued or which shall accrue before the expiration of the ninety- (90-)*[-]* day period. The director, promptly upon receiving any request, shall notify the cigarette wholesaler who furnished the bond, and unless the wholesaler shall file, on or before the expiration of the ninety- (90-)*[-]*day period, with the director a new bond fully complying with the provisions of section 149.025, RSMo, the director shall forthwith revoke all credit privileges and notify the wholesaler that all purchases must be made in cash.

(5) The Assignment of Certificate of Deposit, Form 4172, revised April 2021, Irrevocable Letter of Credit, Form 2879, revised April 2021, and the Surety Bond, Form 331, revised September 2022, are incorporated by reference, are published by the Missouri Department of Revenue, and can be found at www.dor.mo.gov or the Harry S Truman State Office Building, 301 West High Street, Jefferson City, MO 65105. This rule does not incorporate any subsequent amendments or additions.

*AUTHORITY: sections 66.380, 136.030, 136.120, **149.015,** 149.021 and 210.320, [RSMo 2000 and 149.015,] RSMo [Supp. 2005] **2016**. Cigarette Tax Regulation 5 was last filed Dec. 31, 1975, effective Jan. 10, 1976. Amended: Filed Feb. 18, 1983, effective June 11, 1983. Amended: Filed Jan. 31, 1994, effective July 30, 1994. Amended: Filed Sept. 30, 2005, effective April 30, 2006. Amended: Filed Aug. 7, 2023.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Revenue, Legislative Office, 301 W. High Street, Room 218, Jefferson City, MO 65109-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

TITLE 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 24 – Driver License Bureau Rules

PROPOSED AMENDMENT

12 CSR 10-24.130 Horizontal Peripheral Vision Screening Temporal Requirements. The director is adding 302.301, RSMo, to the authority and making minor grammatical corrections in the purpose statement as well as sections (1)–(5).

PURPOSE: This amendment adds 302.301, RSMo, to the authority and makes minor grammatical corrections in the purpose statement and sections (1)–(5).

*PURPOSE: This rule establishes the horizontal peripheral vision requirements necessary to receive a Missouri driver**[s]** license.*

(1) In addition to the visual acuity standards required by Missouri statutes and rules, as stated in 12 CSR 10-24.090, the director shall require any person applying for a driver*[s]* license to submit to a screening of *[his/her]* **their** horizontal peripheral field of vision by an objective quantitative visual field instrument.

(2) If an applicant has a fifty-five degree (55°) or better temporal horizontal peripheral vision in each eye, *[s/he]* **they** shall receive a license with no additional restrictions.

(3) If an applicant has less than fifty-five degree (55°) temporal horizontal peripheral vision in one (1) eye and at least eighty-five degree (85°) temporal horizontal peripheral vision in the other eye, *[s/he]* **they** shall receive a license with the following restriction:

(4) If an applicant has less than fifty-five degree (55°) temporal horizontal peripheral vision in one (1) eye and less than eighty-five degree (85°) temporal horizontal peripheral vision in the other eye, *[s/he]* **they** shall be referred to an eye doctor or physician of *[his/her]* **their** choice for screening of *[his/her]* **the applicant's** horizontal peripheral vision by an objective quantitative visual field instrument and shall receive a conditional license with the following restrictions:

(B) Restricted to forty-five miles per hour (45 mph).

1. At the discretion of the department, either of the two (2) restrictions listed in subsections (4)(A) and (B) may be removed or waived from the driver*[s]* license if an eye doctor

or physician recommends removal.

2. A specific driving radius may be required if a registered optometrist or physician recommends this restriction.

(5) Any applicant with a combined horizontal peripheral vision reading of less than seventy degree (70°) shall be denied a Missouri driver*[s]* license.

*AUTHORITY: section**s** 302.175 **and 302.301**, RSMo **[1994] 2016**. Original rule filed Oct. 1, 1987, effective March 11, 1988. Amended: Filed Dec. 11, 1991, effective April 9, 1992. Amended: Filed Dec. 15, 1998, effective June 30, 1999. Amended: Filed Aug. 15, 2023.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Revenue, Legislative Office, 301 W. High Street, Room 218, Jefferson City, MO 65109-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

TITLE 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 110 – Sales/Use Tax-Exemptions

PROPOSED AMENDMENT

12 CSR 10-110.400 Newspapers and Other Publications. The director is amending the purpose statement and sections (3) and (4).

PURPOSE: This amendment corrects RSMo reference in the purpose statement, updates section (3)(E), and updates examples (4)(B) and (4)(C).

*PURPOSE: This rule explains the application of sales and use tax law to the publication and sale of newspapers and other publications. Additionally, section 144.030**[.2(8)]**, RSMo**,** exempts from taxation newsprint, ink, computers, photosensitive paper and film, toner, printing plates, and other machinery, equipment, replacement parts**,** and supplies used in producing newspapers published for dissemination of news to the general public. This rule explains what elements must be met in order to qualify for this exemption. The sale of publications that are not in tangible form is not subject to tax and is not addressed in this rule.*

(3) Basic Application of Exemption.

(E) *[If the purchaser is required to pay for delivery, handling, postage costs or similar service charges as part of the sale price of the publication, the entire sale price is subject to tax. If the purchaser is not required to pay the service charge as part of the sale price of the publication, the amount paid for the service is not subject to tax if the charge for such service is separately stated. If the charge for the service is not separately stated, the entire sale price is subject to tax]* **If delivery or if the charge for delivery or similar service is not separately stated, the entire sale price is subject to tax**.

(4) Examples.

(B) An individual in Missouri subscribes to an out-of-state newspaper by contracting with a Missouri newspaper carrier, which is the only way to obtain this newspaper in Missouri. The carrier bears the risk that the individual will not pay for the subscription. The carrier is the seller and must collect and remit sales tax, including local sales tax at the rate in effect at the carrier's place of business. Tax is imposed on the entire *[sale]* price **of only the newspaper**, *[including]* **excluding** delivery charges, because *[the]* delivery charges *[must be paid to receive the newspaper]* **are not subject to tax**.

(C) An individual in Missouri subscribes to an out-of-state newspaper by contracting with the out-of-state publisher that has nexus with Missouri. The publisher delivers the newspaper by mail, which is the only way to obtain the newspaper in Missouri. The publisher does not have a place of business in Missouri. The publisher is the seller and must collect and remit use tax, including local use tax at the rate in effect where the newspaper is delivered. Tax is imposed on the *[entire]* sale price **of only the newspaper**, *[including]* **excluding separately stated** postage and handling charges.

*AUTHORITY: sections 144.270 and 144.705, RSMo **[2000] 2016**. Original rule filed Dec. 1, 2004, effective July 30, 2005. Amended: Filed Aug. 8, 2023.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Revenue, Legislative Office, 301 W. High Street, Room 218, Jefferson City, MO 65109-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

TITLE 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 117 – Sales/Use Tax-Local Taxes

PROPOSED AMENDMENT

12 CSR 10-117.100 Determining the Applicable Local Sales or Use Tax. The director is amending sections (2)–(4).

PURPOSE: This amendment makes minor grammatical corrections and adds clarifying language.

(2) Definition of Term.

(A) Place of business – a place where business is transacted in Missouri and that is maintained, occupied**,** or used, directly or indirectly, by a seller or agent of the seller. A place that is temporarily maintained, occupied**,** or used may be a place of business if all orders **that are** received at the temporary location are immediately filled from that location.

(3) Basic Application of Taxes.

(A) Sales Tax.

1. All sales of tangible personal property subject to state sales tax in *[for]* which the order is taken at a Missouri place of

business are subject to the local sales tax in effect at that place of business.

2. If an outside sales employee or agent who works out of a Missouri place of business takes an order for a sale of tangible personal property subject to state sales tax, the sale is subject to the local sales tax in effect at the place of business from which the employee or agent works.

3. If an outside sales employee or agent who does not work out of a Missouri place of business takes an order in Missouri for a sale of tangible personal property subject to sales tax, the sale is subject to the local sales tax in effect where the order is taken.

4. If the order is taken outside Missouri for a sale of tangible personal property subject to Missouri sales tax, the sale is subject to the local sales tax in effect where title to the item transfers to the purchaser. **An exception would exist if the merchandise is shipped from one (1) of the seller's Missouri locations to the Missouri customer. In that instance, the sale is subject to the local sales tax at the location of the Missouri seller from where the merchandise was shipped.**

5. A sale of services subject to state sales tax is subject to the local sales tax in effect where the service is rendered or delivered.

6. Metered sales (e.g., natural gas and utilities) subject to state sales tax are subject to the local sales tax in effect where the meter is located.

7. Sales made entirely at a temporary location, such as a food truck, will be subject to the local sales tax in effect at that location.

(C) Both Sales and Use Tax.

1. Sales of metered water services, electricity, electrical current**,** and natural, artificial**,** and propane gas, wood, coal**,** or home heating oil for domestic use may be subject to local tax at the meter's location even though they are exempt from state tax. **This would apply if the local government has imposed a local sales tax.**

2. When goods otherwise subject to state sales or use tax are purchased under a resale exemption certificate and later withdrawn from inventory for the purchaser's own use, the goods are subject to the local sales or use tax that would have been due if the original purchase had not been exempt. If the goods are commingled so that the purchaser cannot determine where the goods withdrawn from inventory were originally purchased, the goods are subject to the local sales tax in effect at the location of the purchaser.

3. All provisions of the state sales and use tax law apply to local tax. The tax permits, exemption certificates, and retail licenses required for the administration and collection of state sales and use tax also satisfy the requirements for local sales and use tax.

(4) Examples.

(F) A lumberyard purchases lumber exempt from tax because the lumber is purchased for resale. The lumberyard removes lumber from its inventory to build a storage shed at the lumberyard. The lumberyard should accrue tax on the lumber removed from inventory based on the type (sales*[/]* **or** use) and rate of tax that would have been paid if the original purchase had not been exempt. If the lumber is commingled with lumber from other suppliers so that the lumberyard cannot determine where the lumber used was purchased, the lumber is subject to the local sales tax in effect at the lumberyard.

AUTHORITY: sections 144.270 and 144.705, RSMo ***[2000] 2016****. Original rule filed Jan. 10, 2002, effective July 30, 2002. Amended: Filed Aug. 7, 2023.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Revenue, Legislative Office, 301 W. High Street, Room 218, Jefferson City, MO 65105-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

TITLE 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 400 – Individual Income Tax

PROPOSED RESCISSION

12 CSR 10-400.250 Computation of an Individual's Missouri Adjusted Gross Income on a Combined Income Tax Return. This rule explained how the combined Missouri adjusted gross income is computed on a combined return for purposes of computing each spouse's separate income tax liability.

PURPOSE: This rule is being rescinded because it is now covered in 12 CSR 10-2.010.

AUTHORITY: section 143.961, RSMo 2000, and section 135.647, RSMo Supp. 2007. Original rule filed Dec. 1, 2004, effective July 30, 2005. Amended: Filed Aug. 14, 2007, effective Feb. 29, 2008. Rescinded: Filed Aug. 15, 2023.

PUBLIC COST: The proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Department of Revenue, Legislative Office, 301 W. High St., Room 218, Jefferson City, MO 65109-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2150 – State Board of Registration for the Healing Arts
Chapter 5 – General Rules

PROPOSED AMENDMENT

20 CSR 2150-5.025 Administration of Vaccines *[Per Protocol]*. The State Board of Registration for the Healing Arts is amending the title, purpose, and sections (1)-(8), adding a new

section (4), and renumbering as necessary.

PURPOSE: This amendment implements 2023 legislative revisions to section 338.010, RSMo, and establishes pharmacist immunization procedures under revised section 338.010.1(4), RSMo.

PURPOSE: This rule establishes [the] procedures for pharmacists [to administer vaccines per written protocol with a physician] ***administering vaccines as authorized by section 338.010.1, RSMo****.*

(1) *[A pharmacist may administer vaccines authorized by Chapter 338, RSMo, pursuant to a written protocol with a Missouri licensed physician who is actively engaged in the practice of medicine. Unless otherwise restricted by the governing protocol, vaccines may be administered at any Missouri licensed pharmacy or at any non-pharmacy location as allowed in the governing protocol.]* **A Missouri licensed pharmacist may order and administer vaccines as authorized by section 338.010.1, RSMo. Pharmacists must be competent to perform the services provided and maintain ongoing/continued competency. Except as otherwise authorized by law, for purposes of section 338.010.1(4), RSMo, pharmacists may administer reformulated or updated versions of vaccines authorized by the U.S. Food and Drug Administration (FDA) after January 1, 2023, provided the initial vaccine was approved by the FDA prior to January 1, 2023**.

(2) **For vaccines administered by protocol,** *[T]***t**he authorizing physician is responsible for the oversight of, and accepts responsibility for, the vaccines administered by the pharmacist.

(3) Pharmacist Qualifications. Pharmacists administering vaccines *[by protocol]* as authorized by *[Chapter 338, RSMo]* **section 338.010.1, RSMo**, must first file a Notification of Intent (NOI) to administer vaccines with the Missouri Board of Pharmacy **via the Board of Pharmacy's website or on a form provided by the Board of Pharmacy**. To file a NOI, a pharmacist must –

(D) *[Notifications of Intent must be filed on the board's website or on a form approved by the board.]* **Prior to administering vaccines by a route of administration not included in the original certificate program, the pharmacist must first be trained in the techniques of that route of administration by a licensed health care practitioner who is authorized to administer medication. Documentation of the required training and training date(s) must be maintained and available to the board on request**.

(4) Pharmacist immunization activities must be safely and properly performed in accordance with the applicable standard of care.

(A) An adequate patient or medical history must be collected as deemed necessary or appropriate to allow the pharmacist to properly assess the patient.

(B) Prior to ordering or administering a vaccine authorized by Chapter 338, RSMo, the pharmacist shall use a screening procedure based on generally accepted clinical guidelines to identify appropriate patients for immunization. The pharmacist shall refer patients with a contraindication to the patient's primary care provider or an appropriate health care provider, as deemed necessary or appropriate.

(C) Pharmacists ordering or administering a vaccine as authorized by section 338.010, RSMo, may create a prescription in the pharmacist's name or, if applicable, the name of the governing protocol physician. The prescription may be dispensed by a licensed pharmacy and must be maintained in the prescription records of the dispensing pharmacy as provided by the Board of Pharmacy's rules. In addition to this rule, pharmacists shall comply with all applicable provisions of Chapter 338, RSMo, and the rules of the Board of Pharmacy governing prescribing and record-keeping, including but not limited to 20 CSR 2220-2.018.

(D) For vaccines ordered by a pharmacist, the pharmacist must maintain a patient record of each vaccine ordered that includes –

1. The patient's name, address, and date of birth;

2. The name and dosage of any vaccine ordered;

3. The name and address of the patient's primary health care provider, as provided by the patient;

4. The identity of the ordering pharmacist;

5. Documentation of any patient screening; and

6. Any other pertinent medical or medication information/history.

*[(4)]***(5)** Protocol Requirements.

(A) *[In addition to filing a NOI, pharmacists administering vaccines under this rule must first]* **A Missouri licensed pharmacist may** enter into a written protocol with a Missouri licensed physician **to order and administer vaccines authorized by section 338.010.1(4), RSMo**. The written protocol may be valid for a time period not to exceed one (1) year. The protocol must be renewed annually and include the following:

1. The identity of the participating pharmacist and physician;

2. Time period of the protocol;

3. Authorized vaccines;

4. The patient or groups of patients authorized for vaccination;

5. Allowed routes and anatomic sites of administration;

6. If applicable, authorization to create a prescription for each administration under the physician's name;

7. Patient assessment or referral requirements, if applicable;

*[7.]***8.** Emergency response procedures, including, but not limited to, procedures for handling/addressing adverse reactions, anaphylactic reactions, and accidental needle sticks;

*[8.]***9.** The length of time the pharmacist must observe an individual for adverse events following an injection;

*[9.]***10.** Procedures for disposing of used and contaminated supplies;

*[10.]***11.** Authorization to administer vaccines at a non-pharmacy location, if applicable;

*[11.]***12.** Record-keeping requirements and any required notification procedures; and

*[12.]***13.** A provision allowing termination of the protocol at any time at the request of any party.

(B) The protocol, and any subsequent amendments or alterations, must be reviewed and manually or electronically signed and dated by the pharmacist and authorizing physician prior to its implementation, signifying that both are aware of its contents and agree to follow the terms of the protocol. A copy of the protocol must be maintained by both the pharmacist and the authorizing physician for a minimum of eight (8) years after termination of the protocol.

(C) Additional pharmacists or immunization locations may

be added to an existing protocol if the amendment is signed and dated by the authorizing physician(s) and, if applicable, any newly added pharmacist(s). Existing pharmacists are not required to re-sign the protocol unless other protocol terms or provisions are changed.

(D) Within seventy-two (72) hours after a vaccine is administered, a prescription must be created in the ordering pharmacist's name for any vaccine dispensed. For vaccines provided pursuant to an immunization protocol with a Missouri licensed physician, the prescription must be obtained from the authorizing protocol physician for any vaccine dispensed or a prescription must be created in the protocol physician's name, documenting the dispensing within seventy-two (72) hours as authorized by protocol.

*[(5)]***(6)** Record *[k]***K**eeping.

(A) The pharmacist shall ensure a record is maintained for each vaccine administered *[by protocol]* **pursuant to section 338.010.1(4), RSMo,** that includes –

1. The patient's name, address, and date of birth;

2. The date, route, and anatomic site of the administration;

3. The vaccine's name, dose, manufacturer, lot number, and expiration date;

4. The name and address of the patient's primary health care provider, as provided by the patient;

5. The identity of the administering pharmacist or, if applicable, the identity of the administering intern pharmacist or qualified pharmacy technician and supervising pharmacist; *[and]*

6. Documentation of patient screening, if applicable;

*[6.]***7.** The nature of any adverse reaction and who was notified, if applicable*[.]***; and**

8. Any other pertinent medical or medication information/history.

(B) *[Within seventy-two (72) hours after a vaccine is administered, a prescription must be obtained from the authorizing physician for the drug dispensed or a prescription must be created in the physician's name documenting the dispensing as authorized by protocol.]* Notwithstanding any other provision of this rule, prescription records must be maintained as provided by Chapter 338, RSMo, and the rules of the board.

(C) The records required by this rule must be securely and confidentially maintained as follows:

1. If the vaccine is administered on behalf of a pharmacy, both the pharmacy and the *[administering]* pharmacist shall ensure the records required by subsection *[(5)]***(6)**(A) are promptly delivered to and maintained at the pharmacy separate from the pharmacy's prescription files;

2. If the vaccine is not being administered on behalf of a pharmacy, all records shall be maintained securely and confidentially by the *[administering]* pharmacist at an address *[that shall be]* identified in **advance by the pharmacist or, if applicable, identified in** the protocol *[prior to administering the vaccine]*;

3. Prescription records must be maintained as required by Chapter 338, RSMo, and the rules of the board; and

4. Records required by this rule must be maintained for two (2) years and made available for inspecting and copying by the State Board of Pharmacy or the State Board of Registration for the Healing Arts and/or their authorized representatives. Records maintained at a pharmacy must be produced during an inspection by the board and/or their authorized representatives. Records not maintained at a pharmacy must be produced within three (3) business days after a request from the State Board of Pharmacy, the Board of Registration for the Healing Arts**,** and/or their authorized representative. Failure to maintain or produce records as provided by this rule shall constitute grounds for discipline.

*[(6)]***(7)** Notification of Immunizations. Pharmacists immunizing *[by protocol]* **pursuant to section 338.010.1(4), RSMo,** must –

(A) Notify all persons or entities as required by state and federal law;

(B) Notify the protocol physician as required by the governing protocol**, if applicable**;

(C) Notify the patient's primary care provider as required by Chapter 338, RSMo; and

(D) Notify the patient's primary health care provider and, if different, the protocol physician, within twenty-four (24) hours after learning of any adverse event or reaction experienced by the patient. Adverse events or reactions must also be reported to the Vaccine Adverse Event Reporting System (VAERS) or its successor, within thirty (30) days.

(E) Unless otherwise provided by *[the]***a** governing protocol, notification may be made via a common electronic medication record that is accessible to and shared by both the physician and pharmacist. Proof of notification must be maintained in the pharmacist's records as provided in subsection *[(5)]***(6)**(B) of this rule.

*[(7)]***(8)** Notification of Intent Renewal. A Notification of Intent (NOI) to immunize *[by protocol]* **as authorized by section 338.010.1(4), RSMo,** must be renewed biennially with the immunizing pharmacist's Missouri pharmacist license. To renew a NOI, pharmacists must –

(A) Have a current healthcare provider cardiopulmonary resuscitation (CPR) or basic life support (BLS) certification that complies with subsection (3)(B) of this rule; and

(B) Have completed a minimum of two (2) hours of continuing education (0.2 CEU) related to administering vaccines or CDC immunization guidelines in a course approved by the Board of Pharmacy or provided by an ACPE accredited continuing education provider within the applicable pharmacist biennial renewal period (November 1 to October 31 of the immediately preceding even numbered years).

(C) The required continuing education (CE) shall be governed by 20 CSR 2220-7.080 and may be used to satisfy the pharmacist's biennial continuing education requirements. The initial training program required by section (3) of this rule may be used to satisfy the CE requirements of this subsection if the training program was completed within the applicable pharmacist biennial renewal cycle.

*[(8)]***(9)** A qualified pharmacy technician immunizing pursuant to this rule must be supervised by a Missouri-licensed pharmacist who is authorized to immunize *[by protocol]* **pursuant to section 338.010, RSMo** and who is physically present on-site when the vaccine is administered.

AUTHORITY: section 334.125, RSMo 2016, and sections 338.010 and 338.220, RSMo Supp. ***[2020] 2023****. Emergency rule filed Oct. 24, 2007, effective Nov. 3, 2007, expired April 30, 2008. Original rule filed Oct. 24, 2007, effective May 30, 2008. For intervening history, please consult the* ***Code of State Regulations****. Emergency amendment Aug. 14, 2023, effective Aug. 28, 2023, expires Feb. 23, 2024. Amended: Filed Aug. 14, 2023.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2220 – State Board of Pharmacy
Chapter 6 – Pharmaceutical Care Standards

PROPOSED AMENDMENT

20 CSR 2220-6.050 Administration of Vaccines *[Per Protocol]*. The Board of Pharmacy is amending the title, purpose, adding a new section (4) and renumbering as necessary, and amending sections (1)-(8).

PURPOSE: This amendment implements 2023 legislative revisions to section 338.010, RSMo, and establishes pharmacist immunization procedures under revised section 338.010.1(4), RSMo.

PURPOSE: This rule establishes [the] procedures for pharmacists [to administer vaccines per written protocol with a physician] ***administering vaccines as authorized by section 338.010.1, RSMo.***

(1) *[A pharmacist may administer vaccines authorized by Chapter 338, RSMo, pursuant to a written protocol with a Missouri licensed physician who is actively engaged in the practice of medicine. Unless otherwise restricted by the governing protocol, vaccines may be administered at any Missouri licensed pharmacy or at any non-pharmacy location as allowed in the governing protocol.]* **A Missouri licensed pharmacist may order and administer vaccines as authorized by section 338.010.1, RSMo. Pharmacists must be competent to perform the services provided and maintain ongoing/continued competency. Except as otherwise authorized by law, for purposes of section 338.010.1(4), RSMo, pharmacists may administer reformulated or updated versions of vaccines authorized by the U.S. Food and Drug Administration (FDA) after January 1, 2023, provided the initial vaccine was approved by the FDA prior to January 1, 2023.**

(2) **For vaccines administered by protocol,** *[T]***t**he authorizing physician is responsible for the oversight of, and accepts responsibility for, the vaccines administered by the pharmacist.

(3) Pharmacist Qualifications. Pharmacists administering vaccines *[by protocol]* as authorized by *[Chapter 338, RSMo]* **section 338.010.1, RSMo,** must first file a Notification of Intent (NOI) to administer vaccines with the Missouri Board of Pharmacy **via the Board of Pharmacy's website or on a form provided by the Board of Pharmacy**. To file a NOI, a pharmacist must –

(D) *[Notifications of Intent must be filed on the board's website or on a form approved by the board.]* **Prior to administering vaccines by a route of administration not included in the original certificate program, the pharmacist must first be trained in the techniques of that route of administration by a licensed health care practitioner who is authorized to administer medication. Documentation of the required training and training date(s) must be maintained and available to the board on request.**

(4) Pharmacist immunization activities must be safely and properly performed in accordance with the applicable standard of care.

(A) An adequate patient or medical history must be collected as deemed necessary or appropriate to allow the pharmacist to properly assess the patient.

(B) Prior to ordering or administering a vaccine authorized by Chapter 338, RSMo, the pharmacist shall use a screening procedure based on generally accepted clinical guidelines to identify appropriate patients for immunization. The pharmacist shall refer patients with a contraindication to the patient's primary care provider or an appropriate health care provider, as deemed necessary or appropriate.

(C) Pharmacists ordering or administering a vaccine as authorized by section 338.010, RSMo, may create a prescription in the pharmacist's name or, if applicable, the name of the governing protocol physician. The prescription may be dispensed by a licensed pharmacy and must be maintained in the prescription records of the dispensing pharmacy as provided by the Board of Pharmacy's rules. In addition to this rule, pharmacists shall comply with all applicable provisions of Chapter 338, RSMo, and the rules of the Board of Pharmacy governing prescribing and record-keeping, including but not limited to 20 CSR 2220-2.018.

(D) For vaccines ordered by a pharmacist, the pharmacist must maintain a patient record of each vaccine ordered that includes –

1. The patient's name, address, and date of birth;

2. The name and dosage of any vaccine ordered;

3. The name and address of the patient's primary health care provider, as provided by the patient;

4. The identity of the ordering pharmacist;

5. Documentation of any patient screening; and

6. Any other pertinent medical or medication information/history.

*[(4)]***(5)** Protocol Requirements.

(A) *[In addition to filing a NOI, pharmacists administering vaccines under this rule must first]* **A Missouri licensed pharmacist may** enter into a written protocol with a Missouri licensed physician **to order and administer vaccines authorized by section 338.010.1(4), RSMo**. The written protocol may be valid for a time period not to exceed one (1) year. The protocol must be renewed annually and include the following:

1. The identity of the participating pharmacist and physician;

2. Time period of the protocol;

3. Authorized vaccines;

4. The patient or groups of patients authorized for vaccination;

5. Allowed routes and anatomic sites of administration;

6. If applicable, authorization to create a prescription for each administration under the physician's name;

7. Patient assessment or referral requirements, if applicable;

*[7.]***8.** Emergency response procedures, including, but

not limited to, procedures for handling/addressing adverse reactions, anaphylactic reactions, and accidental needle sticks;

*[8.]***9.** The length of time the pharmacist must observe an individual for adverse events following an injection;

*[9.]***10.** Procedures for disposing of used and contaminated supplies;

*[10.]***11.** Authorization to administer vaccines at a non-pharmacy location, if applicable;

*[11.]***12.** Record-keeping requirements and any required notification procedures; and

*[12.]***13.** A provision allowing termination of the protocol at any time at the request of any party.

(B) The protocol, and any subsequent amendments or alterations, must be reviewed and manually or electronically signed and dated by the pharmacist and authorizing physician prior to its implementation, signifying that both are aware of its contents and agree to follow the terms of the protocol. A copy of the protocol must be maintained by both the pharmacist and the authorizing physician for a minimum of eight (8) years after termination of the protocol.

(C) Additional pharmacists or immunization locations may be added to an existing protocol if the amendment is signed and dated by the authorizing physician(s) and, if applicable, any newly added pharmacist(s). Existing pharmacists are not required to re-sign the protocol unless other protocol terms or provisions are changed.

(D) Within seventy-two (72) hours after a vaccine is administered, a prescription must be created in the ordering pharmacist's name for any vaccine dispensed. For vaccines provided pursuant to an immunization protocol with a Missouri licensed physician, the prescription must be obtained from the authorizing protocol physician for any vaccine dispensed or a prescription must be created in the protocol physician's name, documenting the dispensing within seventy-two (72) hours as authorized by protocol.

*[(5)]***(6)** Record *[k]***K**eeping.

(A) The pharmacist shall ensure a record is maintained for each vaccine administered *[by protocol]* **pursuant to section 338.010.1(4), RSMo,** that includes –

1. The patient's name, address, and date of birth;

2. The date, route, and anatomic site of the administration;

3. The vaccine's name, dose, manufacturer, lot number, and expiration date;

4. The name and address of the patient's primary health care provider, as provided by the patient;

5. The identity of the administering pharmacist or, if applicable, the identity of the administering intern pharmacist or qualified pharmacy technician and supervising pharmacist; *[and]*

6. Documentation of patient screening, if applicable;

*[6.]***7.** The nature of any adverse reaction and who was notified, if applicable*[.]***; and**

8. Any other pertinent medical or medication information/history.

(B) *[Within seventy-two (72) hours after a vaccine is administered, a prescription must be obtained from the authorizing physician for the drug dispensed or a prescription must be created in the physician's name documenting the dispensing as authorized by protocol.]* Notwithstanding any other provision of this rule, prescription records must be maintained as provided by Chapter 338, RSMo, and the rules of the board.

(C) The records required by this rule must be securely and confidentially maintained as follows:

1. If the vaccine is administered on behalf of a pharmacy, both the pharmacy and the *[administering]* pharmacist shall ensure the records required by subsection *[(5)]***(6)**(A) are promptly delivered to and maintained at the pharmacy separate from the pharmacy's prescription files;

2. If the vaccine is not being administered on behalf of a pharmacy, all records shall be maintained securely and confidentially by the *[administering]* pharmacist at an address *[that shall be]* identified in **advance by the pharmacist or, if applicable, identified in** the protocol *[prior to administering the vaccine]*;

3. Prescription records must be maintained as required by Chapter 338, RSMo, and the rules of the board; and

4. Records required by this rule must be maintained for two (2) years and made available for inspecting and copying by the State Board of Pharmacy or the State Board of Registration for the Healing Arts and/or their authorized representatives. Records maintained at a pharmacy must be produced during an inspection by the board and/or their authorized representatives. Records not maintained at a pharmacy must be produced within three (3) business days after a request from the State Board of Pharmacy, the Board of Registration for the Healing Arts**,** and/or their authorized representative. Failure to maintain or produce records as provided by this rule shall constitute grounds for discipline.

*[(6)]***(7)** Notification of Immunizations. Pharmacists immunizing *[by protocol]* **pursuant to section 338.010.1(4), RSMo,** must –

(A) Notify all persons or entities as required by state and federal law;

(B) Notify the protocol physician as required by the governing protocol**, if applicable**;

(C) Notify the patient's primary care provider as required by Chapter 338, RSMo; and

(D) Notify the patient's primary health care provider and, if different, the protocol physician, within twenty-four (24) hours after learning of any adverse event or reaction experienced by the patient. Adverse events or reactions must also be reported to the Vaccine Adverse Event Reporting System (VAERS) or its successor, within thirty (30) days.

(E) Unless otherwise provided by *[the]* **a** governing protocol, notification may be made via a common electronic medication record that is accessible to and shared by both the physician and pharmacist. Proof of notification must be maintained in the pharmacist's records as provided in subsection *[(5)]***(6)**(B) of this rule.

*[(7)]***(8)** Notification of Intent Renewal. A Notification of Intent (NOI) to immunize *[by protocol]* **as authorized by section 338.010.1(4), RSMo,** must be renewed biennially with the immunizing pharmacist's Missouri pharmacist license. To renew a NOI, pharmacists must –

(A) Have a current healthcare provider cardiopulmonary resuscitation (CPR) or basic life support (BLS) certification that complies with subsection (3)(B) of this rule; and

(B) Have completed a minimum of two (2) hours of continuing education (0.2 CEU) related to administering vaccines or CDC immunization guidelines in a course approved by the Board of Pharmacy or provided by an ACPE accredited continuing education provider within the applicable pharmacist biennial renewal period (November 1 to October 31 of the immediately preceding even numbered years).

(C) The required continuing education (CE) shall be governed by 20 CSR 2220-7.080 and may be used to satisfy the

pharmacist's biennial continuing education requirements. The initial training program required by section (3) of this rule may be used to satisfy the CE requirements of this subsection if the training program was completed within the applicable pharmacist biennial renewal cycle.

*[(8)]***(9)** A qualified pharmacy technician immunizing pursuant to this rule must be supervised by a Missouri-licensed pharmacist who is authorized to immunize *[by protocol]* **pursuant to section 338.010, RSMo,** and who is physically present on-site when the vaccine is administered.

*AUTHORITY: sections 338.010, 338.140, and 338.220, RSMo Supp. [2020] **2023**. Emergency rule filed Oct. 24, 2007, effective Nov. 3, 2007, expired April 30, 2008. Original rule filed Oct. 24, 2007, effective May 30, 2008. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Aug. 14, 2023, effective Aug. 28, 2023, expires Feb. 23, 2024. Amended: Filed Aug. 14, 2023.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board of Pharmacy, PO Box 625, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 526-3464, or via email at pharmacy@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order or rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted that has been changed from the text contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments that are opposed in whole or in part to the proposed rule. The ninety-(90-) day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

TITLE 10 – DEPARTMENT OF NATURAL RESOURCES
Division 20 – Clean Water Commission
Chapter 7 – Water Quality

ORDER OF RULEMAKING

By the authority vested in the Clean Water Commission under section 644.026, RSMo 2016, the commission amends a rule as follows:

10 CSR 20-7.015 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 3, 2023 (48 MoReg 692-701). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: A public hearing on this proposed amendment was held on May 4, 2023, and the public comment period ended May 15, 2023. At the public hearing, department staff presented the proposed amendment to thirty-seven (37) attendees and one (1) comment was made. Seven (7) entities submitted comments electronically and department staff identified one (1) error for correction for a total of 16 (sixteen) comments.

COMMENT #1: Missouri Coalition for the Environment and the Missouri Confluence Waterkeeper submitted comments stating that the proposed amendment lacks language specific to the nutrient trading program, causing the program to not be transparent and causing permittees to not understand requirements. The commenters state that the proposed amendment lacks language that establishes important aspects of the rule such as enforcement mechanisms, language detailing the approvals of trades, trading applications and plans, language detailing how trades will be reported to and tracked by the department, language detailing what successful trading plans should include and the department's procedures regarding the review of trading applications and plans, language detailing implementation guidelines, trading targets and mechanisms, pollution credits, language detailing credit ratios, what the ratios are and how they are calculated, credit lifespans, credit generation, credit measuring, credit tracking and verification, language detailing specific definitions, language detailing trading zones and their designated areas, and how credits and ratios are calculated and implemented. Additionally, comments state that documents created by the department as part of the Missouri Nutrient Trading Program should be included in rule to make those documents enforceable. These documents should include Nonpoint Source Credit Generation Plan requirements, Point Source Trade Plans, and Aggregated Assessment Applications. Furthermore, the Missouri Coalition for the Environment submitted comments stating the department should incorporate provisions and frameworks created through the James River Watershed total nitrogen permitting framework into the proposed amendment.

RESPONSE: The department has created documents outlining the Missouri Nutrient Trading Program under the Missouri Nutrient Reduction Strategy framework. These documents define nutrient trading and other aspects of the trading program, while outlining specific information and guidance on the program for members of the public and regulated community. Drafts of these documents can be found on Missouri's Nutrient Loss Reduction strategy webpage at https://dnr.mo.gov/water/what-were-doing/water-planning/nutrient-loss-reduction-strategy. These documents allow permittees to view examples of what will be expected and needed as part of their permitting process to acquire, transfer, and use nutrient credits. While these documents alone are not enforceable, the program is enforceable through the permitting process. All permit conditions associated with nutrient credits are established through the regulatory permitting process, which includes a significant public participation component. Nutrient credit generation and usage at a specific site are open for public review, comment, participation, hearings, and appeal through the permitting process. The Nutrient Trading Program will provide the framework for preparing submittals of applications and the department's review of those submittals; however, all final decisions are incorporated into an enforceable permit through a robust public participation process. For permits involving nutrient credit use, the permit will act as a binding document that outlines trade ratios, credit values, credit generation practices, credit life cycles, and more in accordance with the framework developed under the Missouri Nutrient Loss Reduction Strategy. Missouri State Operating Permits, including those utilizing credits to meet limits, are subject to a public notice period creating transparency, and providing the public an opportunity to review and comment on aspects of specific trades. The department believes that incorporating the entire robust framework into the proposed amendment is burdensome and unnecessary, as the permitting process provides legal authority, while also allowing the trading framework to

remain flexible and adaptive as the program develops. No changes were made to the rule as a result of this comment.

COMMENT #2: The Regulatory Environmental Group for Missouri and Missouri Confluence Waterkeeper submitted comments regarding the use of an overall reduction from annual load or from influent to effluent of seventy-five percent (75%). The Regulatory Environmental Group for Missouri requested the department incorporate an overall reduction of total phosphorus from influent to effluent of seventy percent (70%) rather than seventy-five percent (75%). Similarly, the commenter requested the department incorporate an overall reduction of the annual load of total phosphorus discharged to seventy percent (70%) rather than seventy-five percent (75%). The commenter cited the logistical and financial burdens on affected industries as the reason for this requested change. Missouri Confluence Waterkeeper requested the department use an eighty percent (80%) reduction from influent to effluent as was included in previous draft iterations of this amendment.

RESPONSE: The department provides affected permittees four (4) options to meet total phosphorus target reduction levels. These options include a total phosphorus target reduction level of one milligram per liter (1 mg/L) as an annual average, a total phosphorus annual mass loading target equal to one milligram per liter (1 mg/L) based on the design flow of the facility, an overall reduction of total phosphorus from influent to effluent by seventy-five percent (75%) using two (2) years of representative data, and an overall reduction of annual total phosphorus of seventy-five percent (75%) using representative data. This variety of options is intended to provide flexibility into the rule to allow facilities to choose the best and most financially achievable option for them. During the rulemaking process the department evaluated a range of different percent reduction values and found that a seventy-five percent (75%) reduction allows the department to reach the Hypoxia Task Force goal of a forty-five percent (45%) reduction of total phosphorus by 2035 relative to the 1980 to 1996 total phosphorus statewide baseline. Additionally, this seventy-five percent (75%) reduction also equates to an "equitable reduction," as it was determined through literature review that domestic wastewater facilities on average have a typical pollutant concentration of four milligrams per liter (4 mg/L) of total phosphorus. A reduction from four milligrams per liter (4 mg/L) to one milligram per liter (1mg/L) aligns itself with an equitable seventy-five percent (75%) reduction. No changes were made to the rule as a result of this comment.

COMMENT #3: The Regulatory Environmental Group for Missouri and Missouri Public Utility Alliance submitted comments in support of the amendment citing the department's extensive stakeholder involvement process, flexibility, and the inclusion of multiple implementation methods and implementation dates that provide affected facilities ample flexibility and time to obtain compliance with total phosphorus target reduction levels.

RESPONSE: The department appreciates the comments in support of the rulemaking from the Regulatory Environmental Group for Missouri and the Missouri Public Utility Alliance. No changes were made to the rule as a result of this comment.

COMMENT #4: Multiple comments and questions were received regarding the definition of nutrient credit. The City of Springfield commented requesting the definition to explicitly state point sources. Brundage Environmental and Ag Law LLC submitted questions asking for clarification regarding the definition of nutrient credit, specifically clarification on the wording "actual credit," the wording "greater than," and if credits generated via multiple sources can be used together.

RESPONSE AND EXPLANATION OF CHANGE: The department appreciates the comments regarding the definition of nutrient credit. In response to comments received, the department has updated the rule language accordingly to better define the term nutrient credit.

Several questions were received asking for clarification regarding the definition of a term, but did not suggest any actual changes to the proposed amendment language. The department believes the updated language in response to comments received has significantly enhanced clarity. The definition of nutrient credit refers to what a credit is and how they are generated. The definition does not explicitly state how a credit should be used. The department refers to 10 CSR 20-7.015(9)(B)2.E. of the proposed amendment language and other trading guidance documents for those with questions on how a nutrient credit can be used.

COMMENT #5: Brundage Environmental and Ag Law LLC submitted a question asking for clarification on the term "one-(1-) time calculation."

RESPONSE: The term "one- (1-) time calculation" as found in (9)(B)2.A. of the proposed amendment states that an overall reduction of total phosphorus from influent to effluent of seventy-five percent (75%) will be based on a one- (1-) time calculation. This one- (1-) time calculation reviews the representative data from the facility and establishes a reduction based on the historical nutrient load. This method provides a single approach to historical data that is representative and prevents a facility from recalculating their historical nutrient load to constantly modify permitted reduction values which may not be representative of a facility's historical practices. This calculation must be submitted before issuance of a permit that implements the seventy-five percent (75%) reduction approach. The term is used to establish that the seventy-five percent (75%) target reduction level is only calculated once, when the facility's total phosphorus (TP) target reduction level is established, and not that the permittee must reduce total phosphorus by seventy-five percent (75%) at each new permit cycle.

This question asked for clarification of terms in the rule language without providing a suggested change; as such, no change was made to the proposed amendment in response to this question.

COMMENT #6: Brundage Environmental and Ag Law LLC comments that the rule should not reference total nitrogen in (9)(B)2.C. since the subparagraph 2.B. reserves Total Nitrogen. Additionally, the commenter asks questions and comments on the inclusion of total nitrogen in permits. Specifically, if total nitrogen will be added to a facility's permit if the facility proposes a total nitrogen target value, if total nitrogen will be added into a permit if a facility begins treating for nitrogen in the absence of a permit limit, and requests clarification on permit limits after the department adopts a total nitrogen reduction target.

RESPONSE: The department has reserved total nitrogen at subparagraph (9)(B)2.B. for a future rulemaking. Subparagraph (9)(B)2.C. states that permittees may choose to treat for total nitrogen, and propose a target reduction for total nitrogen to be added to their permit, in order to request an alternative implementation date for compliance with this proposed amendment. This amendment does not establish any total nitrogen target reduction levels, and only outlines the process to request an alternative implementation date. Currently, the department has not created any guidelines or draft rulemaking documents on a potential total nitrogen target reduction level

at (9)(B)2.B. This subparagraph has been reserved for a future rulemaking, and any comments on future rulemakings under this subparagraph are beyond the scope of this rulemaking. No changes were made to the rule as a result of this comment.

COMMENT #7: Missouri Confluence Waterkeeper submitted a comment on the amendment's alternative implementation dates. Specifically, how the department will determine when an undue financial burden is met.

RESPONSE: The department allows for alternative implementation dates to be requested for a variety of reasons, including an undue financial burden to a facility or its indirect dischargers. The proposed amendments are not water quality standards, and thus are not eligible for a schedule of compliance; however, the department is aware that the implementation of the proposed total phosphorus target reduction levels may be difficult for some facilities to implement and established alternative implementation dates as an option similar to schedules of compliance. As such, the department will follow the existing framework for schedules of compliance when establishing alternative implementation dates under this rule. For example, permit writers could consider 10 CSR 20-7.031(11) and the "Schedule of Compliance, Policy for Staff Drafting Operating Permits" when considering a possible request for alternative implementation dates. The final alternative implementation date would be established within a permit, which will be open for public notice and comment, allowing an opportunity to review each alternative implementation date decision. No changes were made to the rule as a result of this comment.

COMMENT #8: The Missouri Coalition for the Environment submitted comments asking if credit banking will be permitted, and how long these credits can be banked.

RESPONSE: The department, at this time, has not included any reference to a credit bank in rule. The department has created guidance materials outlining the Missouri Nutrient Trading Program under the Missouri Nutrient Reduction Strategy Framework. These documents will detail how credits can be accrued, how long credits can be accrued before use within a trading zone, and more. The department refers commenters to RESPONSE #1 for more information. No changes were made to the rule as a result of this comment.

COMMENT #9: The Missouri Coalition for the Environment and Missouri Confluence Waterkeeper submitted comments that trading zones should not be larger than the watersheds the trades are in, and trades should not occur through the use of credits generated upstream of a discharger utilizing credits.

RESPONSE: The department has created documents outlining the Missouri Nutrient Trading Program under the Missouri Nutrient Reduction Strategy framework. These documents define and outline specific information and guidance on the program for members of the public and regulated community. Included in this guidance is information regarding trading zones. Trading zones are designated, and subject to approval, by the department's Water Protection Program and are identified in permits. These permits will be available for public comment and review. In accordance with this guidance, the department will implement restricted trading zones as needed in response to the existence of a Total Maximum Daily Load or other water quality requirement within watersheds. These restricted trading zones have the potential to restrict who permittees can acquire nutrient credits from, how soon these credits expire, and how nonpoint source best management practices can generate credits. Areas not within a restricted trading zone have the ability to trade with sources across the state (identified as being in an unrestricted trading zone). The use of an unrestricted trading zone is consistent with the department's goal of creating a statewide reduction of total phosphorus in accordance with the Missouri Nutrient Loss Reduction Strategy. Other mechanisms may be used and considered when addressing water quality issues or concerns within a specific waterbody or watershed. No changes were made to the rule as a result of this comment.

COMMENT #10: Missouri Confluence Waterkeeper submitted comments stating that the nutrient trading aspect of this rule will provide subsidies and profits for polluters that are responsible for historical nutrient pollution, and that the department should examine the use of nutrient allocation frameworks to improve nonpoint source nutrient loads.

RESPONSE: The intent of the nutrient trading option is to provide an additional compliance tool for point sources to use in order to meet their nutrient target reduction levels. Nutrient trading is not anticipated to be the primary source of compliance for permitted facilities. Rather, it is anticipated that trading will act as an interim step facilities may utilize while they optimize or upgrade their facilities to reach target levels. Additionally, the department has developed trade ratios for nonpoint sources wishing to generate credits through the adoption of best management practices. These trade ratios manage uncertainty with the implementation of nonpoint source best management practices. Furthermore, the department anticipates that trading may spur early adoption of technological upgrades, optimization, point and nonpoint source best management practices, and other nutrient removal practices within a watershed or trading zone due to a participant's potential to recover costs by selling nutrient credits from newly achieved reductions. The department also continues to support numerous programs, efforts, and grants to support and encourage nonpoint source nutrient reductions. No changes were made to the rule as a result of this comment.

COMMENT #11: The City of Springfield submitted a comment regarding trading provisions found in the proposed amendment, specifically at paragraph (9)(A)7., that were inconsistent with other aspects of the proposed rule such as subparagraph (9)(B)2.E.

RESPONSE AND EXPLANATION OF CHANGE: The department has reviewed the City of Springfield's comment and has updated the rule language accordingly.

COMMENT #12: The City of Springfield submitted a comment regarding losing stream provisions of the proposed amendment. The City of Springfield commented that the department should revise the proposed amendment to change the referenced distance from one (1) mile to two (2) miles to create consistency with 10 CSR 20-7.015(1)(B)3.

RESPONSE AND EXPLANATION OF CHANGE: The department has reviewed the City of Springfield's comments on the proposed amendment and has updated the language accordingly to create consistency with other provisions found in 10 CSR 20-7.015.

COMMENT #13: Missouri Confluence Waterkeeper submitted a comment stating that the proposed amendment located at part (9)(B)2.A.(II) is unneeded.

RESPONSE: The amendment located at part (9)(B)2.E.(II) states that nutrient credits may be generated through the early compliance with nutrient target reduction levels established in the same paragraph. This provision allows facilities that surpass their targeted nutrient level to accrue credits before

the targeted nutrient level is placed into their permit in accordance with subparagraph (9)(B)2.D. This accruement allows facilities to gather and store credits for future use in accordance with the Missouri Nutrient Trading Program. No changes were made to the rule as a result of this comment.

COMMENT #14: Missouri Coalition for the Environment submitted a comment stating that the department must retain regulatory authority to approve or disapprove trades.

RESPONSE: The department refers the commenter to amendments located at part (9)(B)2.E.(II) and the Missouri Nutrient Trading Program for more information on approvals of trades. No changes were made to the rule as a result of this comment.

COMMENT #15: U.S. Environmental Protection Agency staff submitted a comment, with a subsequent discussion, noting that there appeared to be an omission of language referencing other water quality standards and effluent limitations requirements.

RESPONSE AND EXPLANATION OF CHANGE: While the referenced section (9) is implementable without the cross-reference, the addition of a reference to the requirements outlined in section (9) provides clarity and prevents confusion or ambiguity. The change is also consistent with language in subsection (A) of the same section. As such, the department has updated the language as provided below in paragraph (3)(C)3.

COMMENT#16: Department staff identified a typographical error in the proposed amendment in subparagraph (3)(C)3.A. The error is a double entry of the word "of."

RESPONSE AND EXPLANATION OF CHANGE: The department has updated the rule language accordingly.

10 CSR 20-7.015 Effluent Regulations

(1) Designations of Waters of the State.

(A) Definitions.

1. Acute Toxicity Test – a test used to determine the concentration of an effluent that causes an adverse effect (usually death) in a group of test organisms during a short-term exposure.

2. Allowable Effluent Concentration – the concentration of a toxicant or the parameter toxicity in the receiving water after mixing, sometimes referred to as the receiving water concentration or the in-stream waste concentration.

3. Chronic Toxicity Test – a short-term test, usually ninety-six (96) hours or longer in duration, in which sublethal effects such as reduced growth or reproduction rates are measured in addition to lethality.

4. Nutrient Credits are reductions that can be generated and used to achieve compliance with nutrient target reduction levels or other nutrient limitations, as follows:

A. For point sources, a reduction in discharges of nutrients in pounds that is greater than the reduction required by law or permit conditions or aggregate assessment for facilities under common ownership or operational control; or

B. For nonpoint sources with established load allocations, an actual reduction in discharge of nutrients in pounds that is greater than the reduction necessitated by the load allocation; or

C. For other nonpoint sources, an actual reduction in discharges of nutrients, for example a nonpoint source installing best management practices.

5. Representative Sample – a small quantity whose characteristics represent the nature and volume of the whole as described in 40 CFR Part 122.48, September 26, 1984, as published by the Office of the Federal Register, National Archives and Records Administration, 700 Pennsylvania Avenue, Washington, DC 20408, which is hereby incorporated by reference and does not include later amendments or additions.

6. Toxic Unit – a measure of effluent toxicity generally expressed as acute toxicity unit or chronic toxicity unit. The larger the toxicity unit, the greater the toxicity.

7. Toxic Unit-Acute – one-hundred (100) times the reciprocal of the effluent concentration that causes fifty percent (50%) of the organisms to die in an acute toxicity test.

8. Toxic Unit-Chronic – one hundred (100) divided by either the highest effluent concentration that causes no observable effect on the test organisms or the inhibition concentration (IC25) causing a twenty-five percent (25%) or more reduction in the reproduction or growth of the test organisms in a chronic toxicity test.

(3) Effluent Limitations for the Lakes and Reservoirs.

(C) For lakes designated in 10 CSR 20-7.031 as L1, which are primarily used for public drinking water supplies, there will be no discharge into the watersheds above these lakes from domestic or industrial wastewater sources regulated by these rules.

1. Discharges from potable water treatment plants, such as filter wash, may be permitted.

2. Separate storm sewers will be permitted, but only for the transmission of storm water.

3. Discharges directly to L1 lakes for the purposes of water reuse and drought mitigation may be permitted if effluent quality does not exceed the following limitations:

A. Ten milligrams per liter (10 mg/L) as a monthly average and fifteen milligrams per liter (15 mg/L) as a daily maximum of BOD_5;

B. Fifteen milligrams per liter (15 mg/L) as a monthly average and twenty milligrams per liter (20 mg/L) as a daily maximum of TSS;

C. pH shall be maintained in the range from six to nine (6.0–9.0) standard units;

D. One hundred twenty-six (126) colony forming units per one hundred (100) ml (year round) of *E.coli*;

E. Eight milligrams per liter (8 mg/L) as an annual average of total nitrogen;

F. Five-tenths milligrams per liter (0.5 mg/L) as an annual average of total phosphorus; and

G. In addition to the requirements of section (9) of this rule, domestic and industrial point source discharges must ensure that toxic and bioaccumulative pollutants are not discharged at levels above the drinking water supply (DWS) criteria found in Table A1 of 10 CSR 20-7.031.

4. Discharges permitted prior to the effective date of this requirement may continue to discharge so long as the discharge remains in compliance with its operating permit.

(4) Losing Stream Determinations and Effluent Limitations for Losing Streams.

(C) For purposes of applying for any permit or other approval, any stream segment within two (2) miles upstream of a known losing stream segment is presumed to be also losing unless rebutted by a specific geologic evaluation that concludes the stream segment is not losing.

(D) Existing facilities operating under a state operating permit and new facilities being constructed under a construction permit within two (2) miles upstream of a known stream segment subsequently determined to be losing will be allowed to continue in operation at permitted or approved effluent limits for a period of time not to exceed the design life of the facility or twenty (20) years from the original

construction completion, whichever is less, provided the facility is in compliance with its effluent limits and remains in compliance with those limits, and if neither of the following conditions is present:

1. The discharge from such a facility can be eliminated by connection to a locally available facility, in which case the facility shall connect and eliminate its discharge within three (3) years of the losing stream determination. A local facility shall be considered available if that facility or an interceptor has capacity to accept the additional flow and is within two thousand (2,000) feet or a distance deemed feasible by the department; and

2. The discharge from such a facility is shown to cause pollution of groundwater, in which case the facility shall be upgraded to appropriate effluent standards within three (3) years.

(9) General Conditions.

(A) Establishing Effluent Limitations. Unless a formal variance from water quality standards has been approved by the Clean Water Commission and the U.S. Environmental Protection Agency, operating permits issued under 10 CSR 20-6.010(7) shall include, if applicable, the most protective limits set forth as follows:

1. Technology-based effluent limits and standards based on specific requirements under sections (2) through (8) of this rule;

2. Water quality-based effluent limits based on a waste load allocation in accordance with federal regulations (40 CFR 122.44(d)(1)), which would address pollutants that have a reasonable potential to cause or contribute to an excursion above Water Quality Standards established in 10 CSR 20-7.031.

A. Local effluent and receiving water data may be used to develop site-specific effluent limits provided the department determines that this data is representative and 10 CSR 20-7.031 provides for their development.

B. Water quality-based effluent limitations incorporating mixing zones and zones of initial dilution as provided for in 10 CSR 20-7.031(5)(A)4.B. may be based on stream flows other than critical low-flow conditions, if the following conditions are met:

(I) The limits are protective of critical low-flow conditions, as well as higher flow conditions; and

(II) The permit shall require in-stream flow measurements and methods to determine compliance;

3. Effluent limit guidelines or standards that have been federally promulgated under Sections 301, 304, 306, 307, 318, and 405 of the Clean Water Act and case-by-case determinations of technology-based effluent limitations under section 402(a)(1) of the Clean Water Act;

4. Effluent limits for discharges subject to a total maximum daily load (TMDL) necessary to achieve water quality standards, including permit limits in lieu of a TMDL. Permit limitations consistent with the requirements and assumptions of an approved waste load allocation within a TMDL shall be placed in permits as needed. Permits may include schedules of compliance and, if developed, follow TMDL implementation plans, adaptive management approaches, or other flexibilities so long as they are allowed by federal regulation. The department may reopen existing permits to implement TMDL requirements;

5. Effluent limits that are developed through the antidegradation review process, provided there is reasonable potential to exceed these limits;

6. Effluent limits that are required as a result of legal agreements between dischargers and the department or the Clean Water Commission, or as otherwise required or allowed by law; and

7. Compliance with permit limits established in accordance with subsections (3)(E) and (3)(F) or paragraphs (9)(A)4. and 5. of this rule can be achieved though total phosphorus and total nitrogen nutrient credit trading conducted in accordance with subparagraph (9)(B)2.E.

TITLE 12–DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 2 – Income Tax

ORDER OF RULEMAKING

By the authority vested in the director of revenue under sections 136.120, 143.191.3(1), 143.511, and 143.961, RSMo 2016, the director rescinds a rule as follows:

12 CSR 10-2.019 Determination of Withholding for Work Performed at Temporary Work Location **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on May 15, 2023 (48 MoReg 920). No changes have been made to the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 16 – Cigarette Tax

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 66.351, RSMo 2016, the director amends a rule as follows:

12 CSR 10-16.170 Adjustments to the Distribution of St. Louis County Cigarette Tax Funds Pursuant to the Federal Decennial Census **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2023 (48 MoReg 920). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 70 – Therapy Program

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.153, 208.201, and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 70-70.010 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 17, 2023 (48 MoReg 734-735). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Social Services, MO HealthNet Division (MHD), received one (1) comment on the proposed amendment.

COMMENT #1: Brian Kinkade, Vice President of Children's Health and Medicaid Advocacy, Missouri Hospital Association, requested that we clarify other practitioners of healing arts to include Advance Practice Registered Nurses (APRNs).

RESPONSE AND EXPLANATION OF CHANGE: The MHD updated sections (1), (2), and (4) to include APRNs.

13 CSR 70-70.010 Therapy Program

(1) Administration. The MO HealthNet therapy program shall be administered by the Department of Social Services, MO HealthNet Division. The therapy services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the MO HealthNet Division and shall be included in the *Therapy Provider Manual*, which is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at http://manuals.momed.com/collections/collection_the/print.pdf, January 31, 2023. This rule does not incorporate any subsequent amendments or additions. Therapy services shall include only those which are clearly shown to be medically necessary as determined by the physician, advanced practice registered nurse, or other practitioner of the healing arts. The division reserves the right to effect changes in services, limitations, and fees with notification to therapy providers by amending this rule.

(2) Participants Eligible. Medically necessary therapy services as determined by the physician, advanced practice registered nurse, or other practitioner of the healing arts are covered for individuals under the age of twenty-one (21). The Healthy Children and Youth (HCY) Program (also known as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)) ensures a comprehensive, preventive health care program for MO HealthNet eligible children under the age of twenty-one (21) years. The Omnibus Budget Reconciliation Act of 1989 (OBRA-89) mandated that MO HealthNet-covered services be provided, based on medical necessity as identified in a HCY (EPSDT) well-visit and interperiodic screening. These services include physical, occupational, and speech/language therapy services. The participant must be eligible on the date the service is furnished. Participants may have specific limitations to therapy program services according to the type of assistance for which they have been determined eligible. It is the provider's responsibility to determine the coverage benefits for a participant based on their type of assistance as outlined in the *Therapy Provider Manual*. The provider shall ascertain the patient's MO HealthNet status before any service is performed. The participant's eligibility shall be verified in accordance with methodology outlined in the therapy provider program manual.

(4) Covered Services. The participant shall have a referral for speech therapy services from a MO HealthNet-enrolled physician, advanced practice registered nurse, or other practitioner of the healing arts. The participant shall have a prescription for occupational and physical therapy services from a MO HealthNet-enrolled physician, advanced practice registered nurse, or other practitioner of the healing arts.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2245 – Real Estate Appraisers
Chapter 6 – Educational Requirements

ORDER OF RULEMAKING

By the authority vested in the Real Estate Appraisers Commission under section 339.509, RSMo 2016, the commission amends a rule as follows:

20 CSR 2245-6.017 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2023 (48 MoReg 924-926). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The commission received one (1) comment on the proposed amendment.

COMMENT #1: The Appraisal Institute (Institute) supports the proposed amendment and the Practical Applications of Real Estate Appraisal (PAREA) language added to subsections (2)(F) and (3)(G). The Institute requested language be added to section (4) of the regulation which would allow someone who successfully completes PAREA to receive experience credit towards the state certified general real estate appraiser experience requirements.

RESPONSE AND EXPLANATION OF CHANGE: The commission agrees and the rule will be amended to add new subsection (4)(F).

20 CSR 2245-6.017 AQB 2018 Licensure Criteria

(4) State Certified General Real Estate Appraiser.

(F) An applicant seeking to obtain licensure as a state certified general real estate appraiser shall receive credit towards the experience required by 20 CSR 2245-6.017(4)(E) for having successfully completed a Licensed Residential PAREA program or a Certified Residential PAREA program of the Real Property Appraisal Qualifications Criteria as implemented by The Appraisal Foundation's Appraiser Qualifications Board, and shall submit a certificate of completion.

(G) Appraisers holding a valid trainee appraiser license may satisfy the educational requirements for certified general real estate appraiser by successfully completing the following additional educational hours:

1. General Appraiser Market Analysis and Highest and Best Use	30 Hours
2. Statistics, Modeling, or Finance	15 Hours
3. General Appraiser Sales Comparison Approach	30 Hours
4. General Appraiser Site Valuation and Cost Approach	30 Hours
5. General Appraiser Income Approach	60 Hours
6. General Appraiser Report Writing and Case Studies	30 Hours
7. Appraisal Subject Matter Electives	30 Hours

225 Total Hours

(H) Appraisers holding a valid state license real estate appraiser license may satisfy the education requirements for the certified general real estate appraiser license by successfully completing the following additional educational hours:

1. General Appraiser Market Analysis and Highest and Best Use	15 Hours
2. General Appraiser Site Valuation and Cost Approach	15 Hours
3. General Sales Comparison	15 Hours
4. General Appraiser Income Approach	45 Hours
5. Statistics, Modeling, or Finance	15 Hours
6. General Appraiser Report Writing and Case Studies	15 Hours
7. Appraisal Subject Matter Electives	30 Hours
	50 Total Hours

(I) Appraisers holding a valid certified residential real estate appraiser license may satisfy the educational requirements for the certified general real estate appraiser license by successfully completing the following additional educational hours:

1. General Appraiser Market Analysis and Highest and Best Use	15 Hours
2. General Appraiser Sales Comparison	15 Hours
3. General Appraiser Site Valuation and Cost Approach	15 Hours
4. General Appraiser Income Approach	45 Hours
5. General Appraiser Report Writing and Case Studies	10 Hours
	100 Total Hours

(J) Trainee appraisers, state licensed real estate appraisers, and state certified residential real estate appraisers wishing to upgrade to certified general real estate appraiser must also satisfy the requirements in subsections (4)(A) and (4)(B) above.

This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs, and other items required to be published in the *Missouri Register* by law.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 35 – Children's Division
Chapter 31 – Child Abuse

STATEMENT OF ACTUAL COST

13 CSR 35-31.025 Child Abuse and Neglect Review Process

The original estimated cost and fiscal note for the public cost of this rule was published in the *Missouri Register* on May 17, 2021 (46 MoReg 855-859). The cost to state agencies and political subdivisions has exceeded the cost estimate by more than ten percent (10%). Therefore, pursuant to section 536.200.3, RSMo, it is necessary to publish the cost estimate together with the actual cost of the first full fiscal year. The estimated cost was less than five hundred dollars ($500) in the aggregate and, at the end of the first full fiscal year, the actual cost to state agencies and political subdivisions was fifty-four thousand dollars ($54,000).

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 10 – Nursing Home Program

STATEMENT OF ACTUAL COST

13 CSR 70-10.015 Prospective Reimbursement Plan for Nursing Facility Services

The original estimated cost and fiscal note for the public cost of this rule was published in the *Missouri Register* on April 1, 2021 (46 MoReg 612-622). The cost to state agencies and political subdivisions has exceeded the cost estimate by more than ten percent (10%). Therefore, pursuant to section 536.200.3, RSMo, it is necessary to publish the cost estimate together with the actual cost of the first full fiscal year. The estimated cost was $2,152,033 total cost ($750,349 state share / $1,401,684 federal share) and, at the end of the first full fiscal year, the actual cost to state agencies and political subdivisions was $2,779,759 total cost ($969,219 state share / $1,810,540 federal share).

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 60 – Missouri Health Facilities
Chapter 50 – Certificate of Need Program

NOTIFICATION OF REVIEW: APPLICATION REVIEW SCHEDULE

The Missouri Health Facilities Review Committee has initiated review of the CON applications listed below. A decision is tentatively scheduled for November 6, 2023. These applications are available for public inspection at the address shown below.

Date Filed

Project Number: Project Name
City (County)
Cost, Description

8/25/2023

#6013 HS: North Kansas City Hospital
Kansas City (Clay County)
$1,774,838, Acquire additional CT scanner

#6014 HS: North Oak Medical Imaging Center
Kansas City (Clay County)
$2,071,161 Acquire additional MRI

Any person wishing to request a public hearing for the purpose of commenting on these applications must submit a written request to this effect, which must be received by September 27, 2023. All written requests and comments should be sent to:

Chairman
Missouri Health Facilities Review Committee
c/o Certificate of Need Program
3418 Knipp Drive, Suite F
PO Box 570
Jefferson City, MO 65102

For additional information, contact Alison Dorge at alison.dorge@health.mo.gov.

The Secretary of State is required by sections 347.141 and 359.481, RSMo, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to adrules.dissolutions@sos.mo.gov.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST HBM-CAM, LLC

On August 4, 2023, HBM-CAM, LLC, a Missouri limited liability company, filed its Notice of Winding Up with the Missouri Secretary of State.

Said corporation requests that all persons and organizations who have claims against it present them immediately by letter to the corporation c/o Polsinelli PC, ATTN: Adam Randle, 100 S. Fourth Street, Suite 1000, St. Louis, MO 63102.

All claims must include: the name and address of the claimant; the amount claimed; the basis for the claim; the date(s) on which the event(s) on which the claim is based occurred.

NOTICE: Due to the dissolution of HBM-CAM, LLC, any and all claims against it will be barred unless a proceeding to enforce the claim is commenced within three years after the publication date of the two notices authorized by statute, whichever is published last.

NOTICE OF DISSOLUTION TO ALL CREDITORS AND CLAIMANTS AGAINST RIDE KC DEVELOPMENT CORPORATION

Ride KC Development Corporation, a Missouri nonprofit corporation (the "Corporation"), filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State, effective on July 25, 2023. Any and all claims against the Corporation may be sent to:

Spencer Fane LLP, Attn: Elizabeth Felker
1 N. Brentwood Blvd., Suite 1200
St. Louis, MO 63105

Each claim must include name, address and telephone number of the claimant; the amount of the claim; the date on which the event occurred on which the claim is based; the basis for the claim; and documentation of the claim. All claims against the Corporation will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the date of this publication.

NOTICE OF DISSOLUTION OF THE DALE AND HANCOCK CENTER, LLC

On August 10, 2023, The Dale and Hancock Center, LLC filed its Notice of Winding Up with the Missouri Secretary of State. You are hereby notified that if you believe you have a claim against The Dale and Hancock Center, LLC you must submit a summary in writing of the circumstances surrounding your claim to The Dale and Hancock Center, LLC at the following mailing address: c/o Samuel Hancock, 29 Schonoff Lane, Cape Girardeau, Missouri 63703. The summary of your claim must include the following information:

1. The name, address and telephone number of the claimant;
2. The amount of the claim;
3. The date on which the claim arose;
4. A brief description of the nature of the debt or the basis for the claim; and
5. Any documentation for the claim.

All claims against The Dale and Hancock Center, LLC will be barred unless the claim is received by The Dale and Hancock Center, LLC three years from the date of this notice

NOTICE OF WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST INGEX, LLC

On June 22, 2023, InGex, LLC (the "Company") filed a Notice of Winding Up with the Missouri Secretary of State. Claims against the Company may be mailed to InGex, LLC, 1328 Ashby Road, St. Louis, Missouri 63132, Attn: Dr. Paul Gold. All claims must be presented in writing, in accordance with this notice, and must include: (a) the name and address of the claimant, (b) the amount claimed, (c) the basis for the claim, (d) the date(s) on which the event(s) on which the claim is based occurred, and (e) any documentation of the claim.

NOTICE: A claim against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication date of this notice.

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*. Citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year – 47 (2022) and 48 (2023). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
	OFFICE OF ADMINISTRATION				
1 CSR 10	State Officials' Salary Compensation Schedule				47 MoReg 1457
1 CSR 10-8.010	Commissioner of Administration		48 MoReg 557	48 MoReg 1552	
1 CSR 10-11.010	Commissioner of Administration	48 MoReg 789	48 MoReg 796	48 MoReg 1552	
1 CSR 20-3.070	Personnel Advisory Board and Division of Personnel		48 MoReg 558	48 MoReg 1552	
1 CSR 20-4.020	Personnel Advisory Board and Division of Personnel		48 MoReg 558	48 MoReg 1552	
1 CSR 35-2.060	Division of Facilities Management		48 MoReg 691	48 MoReg 1451	
1 CSR 60-1.010	Registration for Prescription Drug Monitoring Program		48 MoReg 559	48 MoReg 1310	
	DEPARTMENT OF AGRICULTURE				
2 CSR 30-1.010	Animal Health		48 MoReg 1596		
2 CSR 30-1.020	Animal Health		48 MoReg 560	48 MoReg 1451	
2 CSR 30-2.004	Animal Health		48 MoReg 987		
2 CSR 30-2.010	Animal Health		48 MoReg 989		
2 CSR 30-2.020	Animal Health		48 MoReg 995		
2 CSR 30-2.040	Animal Health		48 MoReg 1000		
2 CSR 30-9.100	Animal Health		48 MoReg 1180R		
2 CSR 30-9.110	Animal Health		48 MoReg 1180R		
2 CSR 90	Propane Safety Commission Annual Budget				48 MoReg 1461
2 CSR 90-20.040	Weights, Measures and Consumer Protection		48 MoReg 1009		
2 CSR 90-21.010	Weights, Measures and Consumer Protection		48 MoReg 41	48 MoReg 959	
2 CSR 90-22.140	Weights, Measures and Consumer Protection		48 MoReg 1009		
2 CSR 90.23.010	Weights, Measures and Consumer Protection		48 MoReg 1009		
2 CSR 90-25.010	Weights, Measures and Consumer Protection		48 MoReg 1010		
2 CSR 100-12.010	Missouri Agricultural and Small Business Development Authority		48 MoReg 912	48 MoReg 1553	
2 CSR 100-13.010	Missouri Agricultural and Small Business Development Authority		48 MoReg 915	48 MoReg 1553	
	DEPARTMENT OF CONSERVATION				
3 CSR 10-4.111	Conservation Commission		48 MoReg 566	48 MoReg 1310	
3 CSR 10-5.215	Conservation Commission		48 MoReg 1180		
3 CSR 10-5.250	Conservation Commission		48 MoReg 1183		
3 CSR 10-5.300	Conservation Commission		48 MoReg 1185		
3 CSR 10-5.310	Conservation Commission		48 MoReg 1187		
3 CSR 10-5.315	Conservation Commission		48 MoReg 1189		
3 CSR 10-5.320	Conservation Commission		48 MoReg 1191		
3 CSR 10-5.324	Conservation Commission		48 MoReg 1193		
3 CSR 10-5.330	Conservation Commission		48 MoReg 1193		
3 CSR 10-5.331	Conservation Commission		48 MoReg 1195		
3 CSR 10-5.340	Conservation Commission		48 MoReg 1195		
3 CSR 10-5.345	Conservation Commission		48 MoReg 1197		
3 CSR 10-5.351	Conservation Commission		48 MoReg 1199		
3 CSR 10-5.352	Conservation Commission		48 MoReg 1201		
3 CSR 10-5.359	Conservation Commission		48 MoReg 1203		
3 CSR 10-5.360	Conservation Commission		48 MoReg 1205		
3 CSR 10-5.365	Conservation Commission		48 MoReg 1207		
3 CSR 10-5.370	Conservation Commission		48 MoReg 1209		
3 CSR 10-5.425	Conservation Commission		48 MoReg 1211		
3 CSR 10-5.430	Conservation Commission		48 MoReg 1213		
3 CSR 10-5.435	Conservation Commission		48 MoReg 1215		
3 CSR 10-5.436	Conservation Commission		48 MoReg 1217		
3 CSR 10-5.440	Conservation Commission		48 MoReg 1219		
3 CSR 10-5.445	Conservation Commission		48 MoReg 1221		
3 CSR 10-5.460	Conservation Commission		48 MoReg 1223		
3 CSR 10-5.465	Conservation Commission		48 MoReg 1223		
3 CSR 10-5.540	Conservation Commission		48 MoReg 1225		
3 CSR 10-5.545	Conservation Commission		48 MoReg 1227		
3 CSR 10-5.551	Conservation Commission		48 MoReg 1229		
3 CSR 10-5.552	Conservation Commission		48 MoReg 1231		
3 CSR 10-5.554	Conservation Commission		48 MoReg 1233		
3 CSR 10-5.559	Conservation Commission		48 MoReg 1235		
3 CSR 10-5.560	Conservation Commission		48 MoReg 1235		
3 CSR 10-5.565	Conservation Commission		48 MoReg 1237		
3 CSR 10-5.567	Conservation Commission		48 MoReg 1239		
3 CSR 10-5.570	Conservation Commission		48 MoReg 1241		
3 CSR 10-5.576	Conservation Commission		48 MoReg 1243		
3 CSR 10-5.579	Conservation Commission		48 MoReg 1245		
3 CSR 10-5.580	Conservation Commission		48 MoReg 1247		
3 CSR 10-5.600	Conservation Commission		48 MoReg 1249		
3 CSR 10-5.605	Conservation Commission		48 MoReg 1249		
3 CSR 10-6.405	Conservation Commission		48 MoReg 1249		
3 CSR 10-6.535	Conservation Commission		48 MoReg 1250		
3 CSR 10-7.433	Conservation Commission			48 MoReg 1310	

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
3 CSR 10-7.434	Conservation Commission			48 MoReg 1311	
3 CSR 10-7.435	Conservation Commission			48 MoReg 1311	
3 CSR 10-7.437	Conservation Commission			48 MoReg 1312	
3 CSR 10-7.700	Conservation Commission		48 MoReg 919	48 MoReg 1553	
3 CSR 10-7.900	Conservation Commission		48 MoReg 919	48 MoReg 1554	
3 CSR 10-9.240	Conservation Commission		48 MoReg 566	48 MoReg 1312	
3 CSR 10-9.350	Conservation Commission		48 MoReg 1250		
3 CSR 10-9.351	Conservation Commission		48 MoReg 1252		
3 CSR 10-9.352	Conservation Commission		48 MoReg 1252		
3 CSR 10-9.370	Conservation Commission		48 MoReg 1252		
3 CSR 10-9.420	Conservation Commission		48 MoReg 1253		
3 CSR 10-9.425	Conservation Commission		48 MoReg 1253		
3 CSR 10-9.440	Conservation Commission		48 MoReg 1255		
3 CSR 10-9.560	Conservation Commission		48 MoReg 1255		
3 CSR 10-9.565	Conservation Commission		48 MoReg 1257		
3 CSR 10-9.570	Conservation Commission		48 MoReg 1259		
3 CSR 10-9.575	Conservation Commission		48 MoReg 1260		
3 CSR 10-9.625	Conservation Commission		48 MoReg 1260		
3 CSR 10-9.627	Conservation Commission		48 MoReg 1263		
3 CSR 10-9.640	Conservation Commission		48 MoReg 1265		
3 CSR 10-10.707	Conservation Commission		48 MoReg 1265		
3 CSR 10-10.708	Conservation Commission		48 MoReg 1267		
3 CSR 10-10.720	Conservation Commission		48 MoReg 1269		
3 CSR 10-10.722	Conservation Commission		48 MoReg 1272		
3 CSR 10-10.724	Conservation Commission		48 MoReg 1272		
3 CSR 10-10.728	Conservation Commission		48 MoReg 1272		
3 CSR 10-10.732	Conservation Commission		48 MoReg 1273		
3 CSR 10-10.744	Conservation Commission		48 MoReg 1273		
3 CSR 10-10.767	Conservation Commission		48 MoReg 1275		
3 CSR 10-10.788	Conservation Commission		48 MoReg 1277		
3 CSR 10-11.130	Conservation Commission				48 MoReg 1572
3 CSR 10-11.180	Conservation Commission		48 MoReg 566	48 MoReg 1312	
3 CSR 10-12.110	Conservation Commission		48 MoReg 570	48 MoReg 1312	
3 CSR 10-12.115	Conservation Commission		48 MoReg 570	48 MoReg 1313	
3 CSR 10-12.135	Conservation Commission		48 MoReg 571	48 MoReg 1313	
3 CSR 10-12.140	Conservation Commission		48 MoReg 571	48 MoReg 1313	
3 CSR 10-12.150	Conservation Commission		48 MoReg 1277		
	DEPARTMENT OF ECONOMIC DEVELOPMENT				
4 CSR 85-5.010	Division of Business and Community Solutions		48 MoReg 1596		
4 CSR 85-5.020	Division of Business and Community Solutions		48 MoReg 1599		
4 CSR 85-5.030	Division of Business and Community Solutions		48 MoReg 1601		
4 CSR 85-5.040	Division of Business and Community Solutions		48 MoReg 1602		
4 CSR 85-5.050	Division of Business and Community Solutions		48 MoReg 1602		
4 CSR 85-5.060	Division of Business and Community Solutions		48 MoReg 1603		
4 CSR 85-5.070	Division of Business and Community Solutions		48 MoReg 1603		
4 CSR 85-5.080	Division of Business and Community Solutions		48 MoReg 1603		
4 CSR 85-5.090	Division of Business and Community Solutions		48 MoReg 1604		
4 CSR 85-5.100	Division of Business and Community Solutions		48 MoReg 1605		
4 CSR 85-5.110	Division of Business and Community Solutions		48 MoReg 1606		
	DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION				
5 CSR 20-100.105	Division of Learning Service		48 MoReg 1364R		
5 CSR 20-100.130	Division of Learning Services		48 MoReg 574	48 MoReg 1451	
5 CSR 20-100.185	Division of Learning Service		48 MoReg 1364		
5 CSR 20-100.230	Division of Learning Services		48 MoReg 307	48 MoReg	
5 CSR 20-100.255	Division of Learning Services		48 MoReg 1367R		
5 CSR 20-200.275	Division of Learning Services		48 MoReg 955		
5 CSR 20-400.440	Division of Learning Services		48 MoReg 574	48 MoReg 1451	
5 CSR 20-400.510	Division of Learning Services		48 MoReg 574	48 MoReg 1455	
5 CSR 20-400.520	Division of Learning Services		48 MoReg 578	48 MoReg 1455	
5 CSR 20-400.530	Division of Learning Services		48 MoReg 581	48 MoReg 1455	
5 CSR 20-400.540	Division of Learning Services		48 MoReg 584	48 MoReg 1456	
5 CSR 20-400.560	Division of Learning Services		48 MoReg 587	48 MoReg 1456	
5 CSR 20-500.210	Division of Learning Services		48 MoReg 1367		
5 CSR 20-500.220	Division of Learning Services		48 MoReg 1372		
5 CSR 20-500.230	Division of Learning Services		48 MoReg 590	48 MoReg 1554	
5 CSR 20-500.240	Division of Learning Services		48 MoReg 1372		
5 CSR 20-500.300	Division of Learning Services		48 MoReg 435	48 MoReg 1313	
5 CSR 20-500.350	Division of Learning Services		48 MoReg 435	48 MoReg 1313	
5 CSR 20-500.360	Division of Learning Services		48 MoReg 436	48 MoReg 1314	
5 CSR 25-100.120	Office of Childhood		48 MoReg 1277		
5 CSR 25-500.010	Office of Childhood		48 MoReg 1373		
5 CSR 25-500.102	Office of Childhood		48 MoReg 1374		
5 CSR 25-500.112	Office of Childhood		48 MoReg 1375		
5 CSR 25-500.182	Office of Childhood		48 MoReg 1379		
5 CSR 30-261.045	Division of Financial and Administrative Services		48 MoReg 201	48 MoReg 1314	
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6 CSR 10-2.080	Commissioner of Higher Education		48 MoReg 1010		
6 CSR 10-2.195	Commissioner of Higher Education		48 MoReg 595R 48 MoReg 595	48 MoReg 1314R 48 MoReg 1314	
6 CSR 10-2.210	Commissioner of Higher Education		48 MoReg 596R 48 MoReg 597	48 MoReg 1314R 48 MoReg 1315	
6 CSR 10-9.020	Commissioner of Higher Education		48 MoReg 955		
6 CSR 250-3.010	University of Missouri		48 MoReg 729R	48 MoReg 1456R	

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6 CSR 250-3.020	University of Missouri		48 MoReg 729R	48 MoReg 1456R	
6 CSR 250-4.010	University of Missouri		48 MoReg 729R	48 MoReg 1457R	
6 CSR 250-4.020	University of Missouri		48 MoReg 730R	48 MoReg 1457R	
6 CSR 250-4.030	University of Missouri		48 MoReg 730R	48 MoReg 1457R	
6 CSR 250-5.010	University of Missouri		48 MoReg 730R	48 MoReg 1457R	
6 CSR 250-5.020	University of Missouri		48 MoReg 730R	48 MoReg 1457R	
6 CSR 250-6.010	University of Missouri		48 MoReg 731R	48 MoReg 1457R	
6 CSR 250-6.020	University of Missouri		48 MoReg 731R	48 MoReg 1458R	
6 CSR 250-6.030	University of Missouri		48 MoReg 731R	48 MoReg 1458R	
6 CSR 250-6.040	University of Missouri		48 MoReg 731R	48 MoReg 1458R	
6 CSR 250-7.010	University of Missouri		48 MoReg 1013R	48 MoReg 1646R	
6 CSR 250-7.020	University of Missouri		48 MoReg 1013R	48 MoReg 1646R	
6 CSR 250-7.030	University of Missouri		48 MoReg 1013R	48 MoReg 1646R	
6 CSR 250-7.040	University of Missouri		48 MoReg 1014R	48 MoReg 1646R	
	MISSOURI DEPARTMENT OF TRANSPORTATION				
	DEPARTMENT OF MENTAL HEALTH				
	DEPARTMENT OF MENTAL HEALTH				
9 CSR 10-7.035	Director, Department of Mental Health		48 MoReg 1380		
9 CSR 10-7.130	Director, Department of Mental Health		48 MoReg 919	48 MoReg 1647	
9 CSR 30-3.134	Certification Standards		48 MoReg 1424		
9 CSR 30-3.150	Certification Standards		This Issue		
9 CSR 30-3.151	Certification Standards		This Issue		
9 CSR 30-3.152	Certification Standards		This Issue		
9 CSR 30-3.155	Certification Standards		This Issue		
9 CSR 30-3.201	Certification Standards		48 MoReg 1424		
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9 CSR 30-6.010	Certification Standards		48 MoReg 1382		
9 CSR 30-7.020	Certification Standards		48 MoReg 798	48 MoReg 1554	
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9 CSR 45-5.060	Division of Developmental Disabilities		48 MoReg 1426R 48 MoReg 1426		
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10 CSR 10-6.161	Director's Office		48 MoReg 1430		
10 CSR 10-6.200	Director's Office		48 MoReg 1431		
10 CSR 20-7.015	Clean Water Commission		48 MoReg 692	This Issue	
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10 CSR 140-8.010	Division of Energy		This Issue		
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11 CSR 30-8.010	Office of the Director		48 MoReg 202R		
11 CSR 30-8.020	Office of the Director		48 MoReg 202R		
11 CSR 30-8.030	Office of the Director		48 MoReg 202R		
11 CSR 30-8.040	Office of the Director		48 MoReg 202R		
11 CSR 30-9.010	Office of the Director		48 MoReg 203R		
11 CSR 30-9.020	Office of the Director		48 MoReg 203R		
11 CSR 30-9.030	Office of the Director		48 MoReg 203R		
11 CSR 30-9.040	Office of the Director		48 MoReg 203R		
11 CSR 30-9.050	Office of the Director		48 MoReg 204R		
11 CSR 45-5.050	Missouri Gaming Commission		48 MoReg 1432		
11 CSR 45-5.053	Missouri Gaming Commission		48 MoReg 1432		
11 CSR 45-5.056	Missouri Gaming Commission		48 MoReg 1433		
11 CSR 45-5.060	Missouri Gaming Commission		48 MoReg 1435		
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11 CSR 45-5.110	Missouri Gaming Commission		48 MoReg 1435		
11 CSR 45-5.120	Missouri Gaming Commission		48 MoReg 1436		
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11 CSR 90-2.010	Missouri 911 Service Board	48 MoReg 1535	48 MoReg 1536		
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12 CSR 10-2.200	Director of Revenue		48 MoReg 1540R		

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12 CSR 10-2.210	Director of Revenue		48 MoReg 1541R		
12 CSR 10-2.226	Director of Revenue		This Issue		
12 CSR 10-2.720	Director of Revenue		48 MoReg 1541R		
12 CSR 10-2.725	Director of Revenue		48 MoReg 438	48 MoReg 1315	
12 CSR 10-3.050	Director of Revenue *moved to 12 CSR 10-103.050*				48 MoReg 1461
12 CSR 10-3.404	Director of Revenue *moved to 12 CSR 10-110.404*				48 MoReg 1461
12 CSR 10-3.552	Director of Revenue *moved to 12 CSR 10-102.110*		This Issue		
12 CSR 10-3.554	Director of Revenue *moved to 12 CSR 10-102.554*				48 MoReg 1461
12 CSR 10-3.846	Director of Revenue *moved to 12 CSR 110-10.846*				48 MoReg 1461
12 CSR 10-4.015	Director of Revenue		48 MoReg 1606R		
12 CSR 10-4.100	Director of Revenue		48 MoReg 1606R		
12 CSR 10-4.160	Director of Revenue *moved to 12 CSR 10-102.160*				48 MoReg 1461
12 CSR 10-4.170	Director of Revenue *moved to 12 CSR 10-103.170*		48 MoReg 1607		
12 CSR 10-4.180	Director of Revenue *moved to 12 CSR 10-103.180*				48 MoReg 1461
12 CSR 10-4.185	Director of Revenue *moved to 12 CSR 10-103.185*				48 MoReg 1461
12 CSR 10-4.230	Director of Revenue		This Issue R		
12 CSR 10-4.280	Director of Revenue		This Issue R		
12 CSR 10-4.310	Director of Revenue *moved to 12 CSR 10-103.310*				48 MoReg 1461
12 CSR 10-4.600	Director of Revenue *moved to 12 CSR 10-103.630*				48 MoReg 1461
12 CSR 10-4.610	Director of Revenue *moved to 12 CSR 10-103.640*				48 MoReg 1461
12 CSR 10-4.622	Director of Revenue		48 MoReg 1607R		
12 CSR 10-6.020	Director of Revenue		48 MoReg 1541		
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12 CSR 10-9.150	Director of Revenue		48 MoReg 1278R		
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12 CSR 10-9.280	Director of Revenue		48 MoReg 1279R		
12 CSR 10-9.290	Director of Revenue		48 MoReg 1280R		
12 CSR 10-10.020	Director of Revenue		48 MoReg 1608		
12 CSR 10-10.030	Director of Revenue		48 MoReg 1608R		
12 CSR 10-10.100	Director of Revenue		48 MoReg 1280R		
12 CSR 10-10.125	Director of Revenue		48 MoReg 1280R		
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12 CSR 10-10.175	Director of Revenue		48 MoReg 1609R		
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12 CSR 10-16.090	Director of Revenue		This Issue		
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12 CSR 10-24.030	Director of Revenue		48 MoReg 439	48 MoReg 1315	
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12 CSR 10-26.230	Director of Revenue		48 MoReg 440	48 MoReg 1315	
12 CSR 10-26.231	Director of Revenue	48 MoReg 353	48 MoReg 441	48 MoReg 1315	
12 CSR 10-39.010	Director of Revenue		48 MoReg 1609R		
12 CSR 10-42.050	Director of Revenue		48 MoReg 802	48 MoReg 1647	
12 CSR 10-43.020	Director of Revenue		48 MoReg 441	48 MoReg 1316	
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12 CSR 10-102.110	Director of Revenue *formerly 12 CSR 10-3.552*		This Issue		
12 CSR 10-102.160	Director of Revenue *formerly 12 CSR 10-4.160*				48 MoReg 1461
12 CSR 10-102.554	Director of Revenue *formerly 12 CSR 10-3.554*				48 MoReg 1461
12 CSR 10-103.050	Director of Revenue *formerly 12 CSR 10-3.050*				48 MoReg 1461
12 CSR 10-103.170	Director of Revenue *formerly 12 CSR 10-4.170*		48 MoReg 1607		
12 CSR 10-103.180	Director of Revenue *formerly 12 CSR 10-4.180*				48 MoReg 1461

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12 CSR 10-103.310	Director of Revenue *formerly 12 CSR 10-4.310*				48 MoReg 1461
12 CSR 10-103.555	Director of Revenue		48 MoReg 1610		
12 CSR 10-103.630	Director of Revenue *formerly 12 CSR 10-4.600*				48 MoReg 1461
12 CSR 10-103.640	Director of Revenue *formerly 12 CSR 10-4.610*				48 MoReg 1461
12 CSR 10-107.100	Director of Revenue		48 MoReg 1610		
12 CSR 10-108.600	Director of Revenue		48 MoReg 1545		
12 CSR 10-110.201	Director of Revenue		48 MoReg 1611R		
12 CSR 10-110.400	Director of Revenue		This Issue		
12 CSR 10-110.404	Director of Revenue *formerly 12 CSR 10-3.404*				48 MoReg 1461
12 CSR 10-110.846	Director of Revenue *formerly 12 CSR 10-3.846*				48 MoReg 1461
12 CSR 10-111.010	Director of Revenue		48 MoReg 1611		
12 CSR 10-112.020	Director of Revenue		48 MoReg 1019		
12 CSR 10-112.300	Director of Revenue		48 MoReg 1545		
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13 CSR 35-60.010	Children's Division	This Issue			
13 CSR 35-60.040	Children's Division	This Issue			
13 CSR 35-60.050	Children's Division	This Issue			
13 CSR 35-71.015	Children's Division	48 MoReg 1149	48 MoReg 1281		
13 CSR 35-71.020	Children's Division	This Issue			
13 CSR 35-71.045	Children's Division	This Issue			
13 CSR 35-71.070	Children's Division	This Issue			
13 CSR 35-71.095	Children's Division		48 MoReg 315	48 MoReg 1316	
13 CSR 70-3.180	MO HealthNet Division		48 MoReg 1614		
13 CSR 70-3.200	MO HealthNet Division	48 MoReg 555	48 MoReg 600	48 MoReg 1316	
13 CSR 70-4.120	MO HealthNet Division		48 MoReg 921		
13 CSR 70-10.015	MO HealthNet Division				This Issue
13 CSR 70-10.020	MO HealthNet Division	48 MoReg 1150	48 MoReg 1282		
13 CSR 70-10.030	MO HealthNet Division	48 MoReg 791	48 MoReg 804	48 MoReg 1647	
13 CSR 70-15.070	MO HealthNet Division		48 MoReg 1306		
13 CSR 70-15.110	MO HealthNet Division	48 MoReg 1349	48 MoReg 1441		
13 CSR 70-15.160	MO HealthNet Division	48 MoReg 1357	48 MoReg 1546		
13 CSR 70-20.320	MO HealthNet Division		48 MoReg 734	48 MoReg 1647	
13 CSR 70-70.010	MO HealthNet Division		48 MoReg 734	This Issue	
13 CSR 70-91.010	MO HealthNet Division		48 MoReg 601	48 MoReg 1396	
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15 CSR	Notice of Periodic Review				48 MoReg 1322
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15 CSR 40-3.030	State Auditor		48 MoReg 1306		
15 CSR 50-3.095	Treasurer		48 MoReg 1449		
15 CSR 60-17.010	Attorney General	48 MoReg 905 48 MoReg 1177T			
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17 CSR	Notice of Periodic Review				48 MoReg 1322
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18 CSR	Notice of Periodic Review				48 MoReg 1322
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19 CSR 10-3.040	Office of the Director		48 MoReg 1614		
19 CSR 10-10.110	Office of the Director		48 MoReg 735	48 MoReg 1458	
19 CSR 15-7.005	Division of Senior and Disability Services		48 MoReg 608	48 MoReg 1397	
19 CSR 15-7.010	Division of Senior and Disability Services		48 MoReg 609	48 MoReg 1397	
19 CSR 15-7.021	Division of Senior and Disability Services		48 MoReg 611	48 MoReg 1397	
19 CSR 20-70.010	Division of Community and Public Health		48 MoReg 1387		
19 CSR 30-20.125	Division of Regulation and Licensure	48 MoReg 1177	48 MoReg 1307		
19 CSR 30-105.010	Division of Regulation and Licensure		48 MoReg 618	48 MoReg 1554	
19 CSR 30-105.020	Division of Regulation and Licensure		48 MoReg 619	48 MoReg 1556	
19 CSR 30-105.030	Division of Regulation and Licensure		48 MoReg 623	48 MoReg 1556	
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19 CSR 30-105.070	Division of Regulation and Licensure		48 MoReg 645	48 MoReg 1569	
19 CSR 50-3.020	Division of Injury Prevention, Head Injury Rehabilitation and Local Health Services		48 MoReg 446R	48 MoReg 1316R	
19 CSR 50-3.030	Division of Injury Prevention, Head Injury Rehabilitation and Local Health Services		48 MoReg 447	48 MoReg 1317	
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19 CSR 73-2.025	Missouri Board of Nursing Home Administrators		48 MoReg 956		
19 CSR 73-2.080	Missouri Board of Nursing Home Administrators		48 MoReg 957		
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20 CSR	Applied Behavior Analysis Maximum Benefit				48 MoReg 529
20 CSR	Construction Claims Binding Arbitration Cap				48 MoReg 529
20 CSR	Non-Economic Damages in Medical Malpractice Cap				48 MoReg 326
20 CSR	Sovereign Immunity Limits				47 MoReg 1801
20 CSR	State Legal Expense Fund Cap				48 MoReg 529
20 CSR 400-5.600	Life, Annuities and Health				48 MoReg 1649
20 CSR 500-1.100	Property and Casualty		48 MoReg 522	48 MoReg 1459	
20 CSR 2010-2.140	Missouri State Board of Accountancy		48 MoReg 1308R 48 MoReg 1308		
20 CSR 2110-2.030	Missouri Dental Board		48 MoReg 702R	48 MoReg 1397R	
20 CSR 2110-2.070	Missouri Dental Board		48 MoReg 702R	48 MoReg 1398R	
20 CSR 2110-2.075	Missouri Dental Board		48 MoReg 702R	48 MoReg 1398R	
20 CSR 2115-2.040	State Committee of Dietitians		48 MoReg 317	48 MoReg 964	
20 CSR 2150-5.025	State Board of Registration for the Healing Arts	This Issue	This Issue		
20 CSR 2200-2.010	State Board of Nursing		48 MoReg 810	48 MoReg 1569	
20 CSR 2200-3.010	State Board of Nursing		48 MoReg 810	48 MoReg 1569	
20 CSR 2200-6.030	State Board of Nursing		48 MoReg 811	48 MoReg 1570	
20 CSR 2200-6.040	State Board of Nursing		48 MoReg 811	48 MoReg 1570	
20 CSR 2200-6.060	State Board of Nursing		48 MoReg 812	48 MoReg 1570	
20 CSR 2200-8.010	State Board of Nursing		48 MoReg 813	48 MoReg 1570	
20 CSR 2220-2.400	State Board of Pharmacy		48 MoReg 740	48 MoReg 1570	
20 CSR 2220-2.410	State Board of Pharmacy	48 MoReg 1421	48 MoReg 742	48 MoReg 1571	
20 CSR 2220-6.050	State Board of Pharmacy	This Issue	This Issue		
20 CSR 2230-2.050	State Board of Podiatric Medicine		48 MoReg 702R	48 MoReg 1398R	
20 CSR 2230-2.055	State Board of Podiatric Medicine		48 MoReg 703R	48 MoReg 1398R	
20 CSR 2231-3.030	Division of Professional Registration		48 MoReg 1392		
20 CSR 2234-1.050	Board of Private Investigator and Private Fire Investigator Examiners		48 MoReg 1309		
20 CSR 2235-1.020	State Committee Psychologists		48 MoReg 922	48 MoReg 1648	
20 CSR 2235-1.050	State Committee Psychologists		48 MoReg 924	48 MoReg 1648	
20 CSR 2245-6.017	Real Estate Appraisers		48 MoReg 924	This Issue	
20 CSR 2263-2.030	State Committee for Social Workers		48 MoReg 1449		
20 CSR 2263-2.050	State Committee for Social Workers		48 MoReg 1450		
20 CSR 2263-2.082	State Committee for Social Workers		48 MoReg 1450		
20 CSR 4240-13.075	Public Service Commission		48 MoReg 1025		
20 CSR 4240-18.010	Public Service Commission		48 MoReg 926		
20 CSR 4240-40.030	Public Service Commission		48 MoReg 1619		

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1 CSR 10-11.010	State of Missouri Travel Regulations	48 MoReg 789	April 3, 2023	Jan. 10, 2024
Department of Public Safety				
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11 CSR 90-2.010	Definitions	48 MoReg 1535	Aug. 28, 2023	Feb. 22, 2024
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Children's Division				
13 CSR 35-60.010	Family Homes Offering Foster Care	This Issue	Aug. 28, 2023	Feb. 23, 2024
13 CSR 35-60.040	Physical and Environmental Standards	This Issue	Aug. 28, 2023	Feb. 23, 2024
13 CSR 35-60.050	Care of Children	This Issue	Aug. 28, 2023	Feb. 23, 2024
13 CSR 35-71.015	Background Checks for Personnel of Residential Care Facilities and Child Placing Agencies	48 MoReg 1149	June 13, 2023	Dec. 9, 2023
13 CSR 35-71.020	Basic Residential Treatment for Children and Youth Core Requirements (Applicable To All Agencies) — Basis for Licensure and Licensing Procedures	This Issue	Aug. 28, 2023	Feb. 23, 2024
13 CSR 35-71.045	Personnel	This Issue	Aug. 28, 2023	Feb. 23, 2024
13 CSR 35-71.070	Protection and Care of the Child	This Issue	Aug. 28, 2023	Feb. 23, 2024
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13 CSR 70-10.020	Prospective Reimbursement Plan for Nursing Facility and HIV Nursing Facility Services	48 MoReg 1150	May 31, 2023	Nov. 26, 2023
13 CSR 70-10.030	Prospective Reimbursement Plan for Nonstate-Operated Facilities for ICF/IID Services	48 MoReg 791	March 30, 2023	Sept. 25, 2023
13 CSR 70-15.110	Federal Reimbursement Allowance (FRA)	48 MoReg 1349	June 30, 2023	Dec. 26, 2023
13 CSR 70-15.160	Outpatient Hospital Services Reimbursement Methodology	48 MoReg 1357	June 30, 2023	Dec. 26, 2023
Department of Health and Senior Services				
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19 CSR 10-3.050	Graduate Medical Education Grant Program	Next Issue	Sept. 18, 2023	March 15, 2024
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19 CSR 30-20.125	Unlicensed Assistive Personnel Training Program	48 MoReg 1177	June 6, 2023	Dec. 2, 2023
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State Board of Registration for the Healing Arts				
20 CSR 2150-5.025	Administration of Vaccines	This Issue	Aug. 28, 2023	Feb. 23, 2024
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20 CSR 2220-2.410	Class B Hospital Pharmacy Compounding for Drug Shortages	48 MoReg 1421	July 6, 2023	Jan. 1, 2024
20 CSR 2220-6.050	Administration of Vaccines	This Issue	Aug. 28, 2023	Feb. 23, 2024

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
	2023		
23-08	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe storm systems	August 5, 2023	This Issue
23-07	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government	July 28, 2023	48 MoReg 1595
23-06	Rescinds Executive Order 17-20	June 29, 2023	48 MoReg 1423
23-05	Declares drought alerts for 60 Missouri counties in accordance with the Missouri Drought Mitigation and Response Plan	May 31, 2023	48 MoReg 1179
23-04	Designates members of the governor's staff as having supervisory authority over each department, division, or agency of state government	April 14, 2023	48 MoReg 911
23-03	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to severe storm systems	March 31, 2023	48 MoReg 795
23-02	Extends Executive Order 22-08, the State of Emergency, and waivers until February 28, 2023	January 24, 2023	48 MoReg 433
23-01	Orders the commencement of the Missourians Aging with Dignity Initiative, with directives to support all citizens as they age	January 19, 2023	48 MoReg 431
	2022		
22-11	Extends Executive Order 22-08, the State of Emergency, and waivers until January 31, 2023	December 29, 2022	48 MoReg 193
22-10	Declares that the current State of Emergency shall permit certain vehicles be temporarily exempt from some hours of service requirements	December 21, 2022	48 MoReg 191
22-09	Declares a call and order into active service of the organized militia and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe winter storm systems	December 20, 2022	48 MoReg 189
22-08	Declares a State of Emergency and waives certain regulations to allow other registered entities to fill liquefied petroleum gas containers owned by Gygr-Gas	December 15, 2022	48 MoReg 117
22-07	Extends Executive Order 22-04 to address drought-response efforts until March 1, 2023	November 28, 2022	48 MoReg 39
22-06	Closes executive branch state offices for Friday, November 25, 2022	November 7, 2022	47 MoReg 1708
Proclamation	Convenes the One Hundred First General Assembly in the First Extraordinary Session of the Second Regular Session regarding extension of agricultural tax credits and to enact legislation amending Missouri income tax	August 22, 2022	47 MoReg 1420
22-05	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to severe storm systems	July 26, 2022	47 MoReg 1279
22-04	Declares a drought alert for 53 Missouri counties and orders the director of the Department of Natural Resources to activate and designate a chairperson for the Drought Assessment Committee	July 21, 2022	47 MoReg 1277
Proclamation	In accordance with *Dobbs*, Section 188.017, RSMo, is hereby effective as of the date of this order	June 24, 2022	47 MoReg 1075
22-03	Terminates the State of Emergency declared in Executive Order 22-02	February 7, 2022	47 MoReg 411

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
22-02	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe winter storm systems	February 1, 2022	47 MoReg 304
22-01	Establishes and Designates the Missouri Early Childhood State Advisory Council	January 7, 2022	47 MoReg 222

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ADMINISTRATIVE RULES

RULEMAKING MANUAL

2023

JOHN R. ASHCROFT SECRETARY OF STATE

Rulemaking Classes

Are you new to rulemaking or in need of a refresher course to assist you in filing rules or understanding the rulemaking process?

The Administrative Rules Division offers group and individual classes for rule drafting and preparation of rule packets. Please call Curtis at (573) 751-2022 or email curtis.treat@sos.mo.gov to schedule a class.

We offer both in-person and virtual classes.

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