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SALUS POPULI SUPREMA LEX ESTO

“The welfare of the people shall be the supreme law.”



JASON KANDER
SECRETARY OF STATE

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 check out the website at <http://www.sos.mo.gov/adrules/pubsched.asp>

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HOW TO CITE RULES AND RSMo

RULES—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 28, *Missouri Register*, page 27. The approved short form of citation is 28 MoReg 27.

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

Title	Code of State Regulations	Division	Chapter	Rule
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation, i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division within 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 paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo—The most recent version of the statute containing the section number and the date.

Under this heading will appear the text of proposed rules and changes. The 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 is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This 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 which 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 and 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 10—Director, Department of Mental Health Chapter 5—General Program Procedures

PROPOSED AMENDMENT

9 CSR 10-5.250 Screening and Assessment for Behavioral Changes. The department is amending the authority section.

PURPOSE: This amendment changes the statutory authority from section 630.167, RSMo Supp. 2014 to section 630.108, RSMo Supp. 2014.

AUTHORITY: section 630.050, RSMo Supp. 2013, and section [630.167] 630.108, RSMo Supp. 2014. Original rule filed Dec. 10, 2015, effective June 30, 2016. Amended: Filed May 13, 2016.

PUBLIC COST: This proposed amendment will not cost state agen-

cies 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 by writing Amber L. Daugherty, Assistant General Counsel, Department of Mental Health, PO Box 687, 1706 E. Elm Street, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, or by courier within thirty (30) days after publication in the Missouri Register. If to be hand-delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm, Jefferson City, Missouri. No public hearing is scheduled.

Title 9—DEPARTMENT OF MENTAL HEALTH Division 45—Division of Developmental Disabilities Chapter 4—Financial Procedures

PROPOSED AMENDMENT

9 CSR 45-4.020 Development of Intermediate Care Facilities for [Persons with Mental Retardation] Individuals with Intellectual Disabilities. The department is amending sections (1)–(6) to update terminology.

PURPOSE: This amendment updates the rule to mirror language used in 42 C.F.R. sections 442.100–442.119, 483.400–483.480, and 440.150, for the certification of Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Additionally, this amendment updates the rule to mirror section 633.220, RSMo Supp. 2013, which replaced the term "mental retardation" with the more current terminology of "developmental disability."

(1) As used in this rule, a provider that owns, operates or has interest in only one (1) intermediate care facility for *[persons with mental retardation (ICF/MR)] individuals with intellectual disabilities (ICF/IID)* is—

(A) A sole proprietor that owns no interest in another ICF/[MR/IID];

(B) A partnership or a majority of the partnership that owns no interest in another ICF/[MR/IID]; or

(C) A corporation that has neither any officers nor a majority of board members in common with another corporation which has any interest in an ICF/[MR/IID].

(2) Any entity intending to operate a Medicaid-reimbursed ICF/[MR/IID] in excess of those beds in existence on May 29, 1991, shall give written notice of that intent to the Department of Mental Health's Division of *[Mental Retardation and]* Developmental Disabilities (Division of [MR/DD]) between July 1 and October 1 of the fiscal year preceding the fiscal year in which the provider intends to operate the ICF/[MR/IID].

(3) No provider may be reimbursed under Medicaid to operate an ICF/[MR/IID] without a provider agreement issued by the Department of Social Services' *[Division of Medical Services (DMS)] MO HealthNet Division (MHD)*. The *[DMS] MHD* shall not issue a provider agreement without receiving either a certificate of authorization or an acknowledgment of exemption from the Division of [MR/DD].

(4) After May 29, 1991, the Division of *[MR/DD]* shall issue an acknowledgment of exemption to permit the *[DMS] MHD* to issue a provider agreement to a certified *ICF/[MR/ID]* if—

(A) The *ICF/[MR/ID]* will have six (6) or fewer beds;

(B) The provider does not own, operate or have any interest in any other *ICF/[MR/ID]*; and

(C) The provider has notified the Division of *[MR/DD]* between July 1 and October 1 of its intent to operate the *ICF/[MR/ID]* during the next fiscal year.

(5) Any provider that has received an exemption under section (4) and then either obtains, operates, or acquires an interest in any other Medicaid-enrolled *ICF/[MR/ID]*, or seeks to enroll an additional *ICF/[MR/ID]* in the Medicaid program, shall forfeit the exemption granted under section (4). As soon as the *ICF/[MR/ID]* for which exemption was originally granted can be accommodated in the Medicaid Home and Community-Based Waiver Program, the Division of *[MR/DD]* shall notify the *[DMS] MHD* to that effect, and *[DMS] MHD* shall terminate the *ICF/[MR/ID]* provider agreement within thirty (30) days after receipt of the notification from the Division of *[MR/DD]*.

(6) After May 29, 1991, the Division of *[MR/DD]* may issue a certificate of authorization to permit the *[DMS] MHD* to issue a provider agreement for a provider to operate an *ICF/[MR/ID]* of seven (7) or more beds if—

(A) The proposed *ICF/[MR/ID]* is to be a free-standing facility and not attached to any other existing *ICF/[MR/ID]*;

(B) The provider has notified the Division of *[MR/DD]* between July 1 and October 1 of its intent to operate the *ICF/[MR/ID]* during the next fiscal year; and

(C) The *ICF/[MR/ID]* cannot be accommodated within the federal Home and Community-Based Waiver Program for persons with developmental disabilities as determined by the Division of *[MR/DD]*.

AUTHORITY: section[s] 630.050, RSMo Supp. 2013, and section 660.075, RSMo [1994] Supp. 2014. This rule originally filed as 9 CSR 30-5.060. Original rule filed Sept. 1, 1993, effective April 9, 1994. Amended: Filed May 25, 1995, effective Dec. 30, 1995. Amended: Filed May 13, 2016.

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 by writing to Amber L. Daugherty, Assistant General Counsel, Department of Mental Health, PO Box 687, 1706 E. Elm Street, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, or by courier within thirty (30) days after publication in the Missouri Register. If to be hand-delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm, Jefferson City, Missouri. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 10—Nursing Home Program**

PROPOSED AMENDMENT

13 CSR 70-10.016 Global Per Diem Adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates. The

division is amending paragraph (3)(A)20.

PURPOSE: This amendment provides for a continuance of the per diem increase to nursing facility and HIV nursing facility per diem reimbursement rates of \$2.09 which was granted for the period January 1, 2016 through June 30, 2016. This increase was to expire after June 30, 2016. The amendment also provides for a per diem increase for State Fiscal Year 2017 by granting a trend adjustment of \$2.83. Both rate increases are effective for dates of service beginning July 1, 2016 and are contingent upon approval by Centers for Medicare and Medicaid Services.

(3) Adjustments to the Reimbursement Rates. Subject to the limitations prescribed in 13 CSR 70-10.015, a nursing facility's reimbursement rate may be adjusted as described in this section. Subject to the limitations prescribed in 13 CSR 70-10.080, an HIV nursing facility's reimbursement rate may be adjusted as described in this section.

(A) Global Per Diem Rate Adjustments. A facility with either an interim rate or a prospective rate may qualify for the global per diem rate adjustments. Global per diem rate adjustments shall be added to the specified cost component ceiling.

1. FY-96 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1995, shall be granted an increase to their per diem effective October 1, 1995, of four and six-tenths percent (4.6%) of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1., and the property insurance and property taxes detailed in subsection (11)(D) of 13 CSR 70-10.015; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. of 13 CSR 70-10.015 that is in effect on October 1, 1995, shall have their increase determined by subsection (3)(S) of 13 CSR 70-10.015.

2. FY-97 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1996, shall be granted an increase to their per diem effective October 1, 1996, of three and seven-tenths percent (3.7%) of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1., and the property insurance and property taxes detailed in subsection (11)(D) of 13 CSR 70-10.015; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. of 13 CSR 70-10.015 that is in effect on October 1, 1995, shall have their increase determined by subsection (3)(S) of 13 CSR 70-10.015.

3. Nursing Facility Reimbursement Allowance (NFRA). Effective October 1, 1996, all facilities with either an interim rate or a prospective rate shall have its per diem adjusted to include the current NFRA as an allowable cost in its reimbursement rate calculation.

4. Minimum wage adjustment. All facilities with either an interim rate or a prospective rate in effect on November 1, 1996, shall be granted an increase to their per diem effective November 1, 1996, of two dollars and forty-five cents (\$2.45) to allow for the change in minimum wage. Utilizing Fiscal Year 1995 cost report data, the total industry hours reported for each payroll category was multiplied by the fifty-cent (50¢) increase, divided by the patient days for the facilities reporting hours for that payroll category and factored up by eight and sixty-seven hundredths percent (8.67%) to account for the related increase to payroll taxes. This calculation excludes the director of nursing, the administrator, and assistant administrator.

5. Minimum wage adjustment. All facilities with either an interim rate or a prospective rate in effect on September 1, 1997, shall be granted an increase to their per diem effective September 1, 1997, of one dollar and ninety-eight cents (\$1.98) to allow for the change in minimum wage. Utilizing Fiscal Year 1995 cost report data, the total industry hours reported for each payroll category was multiplied by the forty-cent (40¢) increase, divided by the patient days for the facilities reporting hours for that payroll category and factored up by

eight and sixty-seven hundredths percent (8.67%) to account for the related increase to payroll taxes. This calculation excludes the director of nursing, the administrator, and assistant administrator.

6. FY-98 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1997, shall be granted an increase to their per diem effective October 1, 1997, of three and four-tenths percent (3.4%) of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1., and the property insurance and property taxes detailed in subsection (11)(D) of 13 CSR 70-10.015 for nursing facilities and 13 CSR 70-10.080 for HIV nursing facilities; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. of 13 CSR 70-10.015 that is in effect on October 1, 1995, shall have their increase determined by subsection (3)(S) of 13 CSR 70-10.015.

7. FY-99 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1998, shall be granted an increase to their per diem effective October 1, 1998, of two and one-tenth percent (2.1%) of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1., the property insurance and property taxes detailed in subsection (11)(D) of 13 CSR 70-10.015 for nursing facilities and 13 CSR 70-10.080 for HIV nursing facilities, and the minimum wage adjustments detailed in paragraphs (3)(A)4. and (3)(A)5. of this regulation; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. of 13 CSR 70-10.015 that is in effect on October 1, 1998, shall have their increase determined by subsection (3)(S) of 13 CSR 70-10.015.

8. FY-2000 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on July 1, 1999, shall be granted an increase to their per diem effective July 1, 1999, of one and ninety-four hundredths percent (1.94%) of the cost determined in subsections (11)(A), (11)(B), (11)(C), the property insurance and property taxes detailed in subsection (11)(D) of 13 CSR 70-10.015 for nursing facilities and 13 CSR 70-10.080 for HIV nursing facilities, and the minimum wage adjustments detailed in paragraphs (3)(A)4. and (3)(A)5. of this regulation; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. of 13 CSR 70-10.015 that is in effect on July 1, 1999, shall have their increase determined by subsection (3)(S) of 13 CSR 70-10.015.

9. FY-2004 nursing facility operations adjustment—

A. Facilities with either an interim rate or prospective rate in effect on July 1, 2003, shall be granted an increase to their per diem effective for dates of service beginning July 1, 2003, through June 30, 2004, of four dollars and thirty-two cents (\$4.32) for the cost of nursing facility operations. Effective for dates of service beginning July 1, 2004, the per diem adjustment shall be reduced to three dollars and seventy-eight cents (\$3.78); and

B. The operations adjustment shall be added to the facility's current rate as of June 30, 2003, and is effective for payment dates after August 1, 2003.

10. FY-2007 quality improvement adjustment—

A. Facilities with either an interim rate or prospective rate in effect on July 1, 2006, shall be granted an increase to their per diem effective for dates of service beginning July 1, 2006, of three dollars and seventeen cents (\$3.17) to improve the quality of life for nursing facility residents; and

B. The quality improvement adjustment shall be added to the facility's current rate as of June 30, 2006, and is effective for dates of service beginning July 1, 2006, and after.

11. FY-2007 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on February 1, 2007, shall be granted an increase to their per diem rate effective for dates of service beginning February 1, 2007, of three dollars and zero cents (\$3.00) to allow for a trend

adjustment to ensure quality nursing facility services; and

B. The trend adjustment shall be added to the facility's reimbursement rate as of January 31, 2007, and is effective for dates of service beginning February 1, 2007, for payment dates after March 1, 2007.

12. FY-2008 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2007, shall be granted an increase to their per diem rate effective for dates of service beginning July 1, 2007, of six dollars and zero cents (\$6.00) to allow for a trend adjustment to ensure quality nursing facility services; and

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2007, and is effective for dates of service beginning July 1, 2007.

13. FY-2009 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2008, shall be granted an increase to their per diem rate effective for dates of service beginning July 1, 2008, of six dollars and zero cents (\$6.00) to allow for a trend adjustment to ensure quality nursing facility services; and

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2008, and is effective for dates of service beginning July 1, 2008.

14. FY-2010 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2009, shall be granted an increase to their per diem rate effective for dates of service beginning July 1, 2009, of five dollars and fifty cents (\$5.50) to allow for a trend adjustment to ensure quality nursing facility services; and

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2009, and is effective for dates of service beginning July 1, 2009.

15. FY-2012 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on October 1, 2011, shall be granted an increase to their per diem rate effective for dates of service beginning October 1, 2011, of six dollars and zero cents (\$6.00) to allow for a trend adjustment to ensure quality nursing facility services;

B. The trend adjustment shall be added to the facility's current rate as of September 30, 2011, and is effective for dates of service beginning October 1, 2011; and

C. This increase is contingent upon the federal assessment rate limit increasing to six percent (6%) and is subject to approval by the Centers for Medicare and Medicaid Services.

16. FY-2013 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2012, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2012, of six dollars and zero cents (\$6.00) to allow for a trend adjustment to ensure quality nursing facility services;

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2012, and is effective for dates of service beginning July 1, 2012; and

C. This increase is contingent upon approval by the Centers for Medicare and Medicaid Services.

17. FY-2014 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2013, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2013, of three percent (3.0%) of their current rate, less certain fixed cost items. The fixed cost items are the per diem amounts included in the facility's current rate from the following: subsection (2)(O) of 13 CSR 70-10.110, paragraphs (11)(D)1., (11)(D)2., (11)(D)3., (11)(D)4., (13)(B)3. and (13)(B)10. of 13 CSR 70-10.015;

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2013, and is effective for dates of service beginning July 1, 2013; and

C. This increase is contingent upon approval by the Centers

for Medicare and Medicaid Services.

18. FY-2015 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2014, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2014, of one dollar and twenty-five cents (\$1.25) to allow for a trend adjustment to ensure quality nursing facility services;

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2014, and is effective for dates of service beginning July 1, 2014; and

C. This increase is contingent upon approval by the Centers for Medicare and Medicaid Services.

19. January 1, 2016 – June 30, 2016 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on January 1, 2016, shall be granted an increase to their per diem rate effective for dates of services beginning January 1, 2016, of two dollars and nine cents (\$2.09) to allow for a trend adjustment to ensure quality nursing facility services;

B. The trend adjustment will not be added to the facility's rate after June 30, 2016; and

C. This increase is contingent upon approval by the Centers for Medicare and Medicaid Services and sufficient funding available through the Tax Amnesty Fund.

20. *[Trend adjustment after June 30, 2016]* Continuation of FY-2016 trend adjustment and FY-2017 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2016, *[or after shall be granted an increase to their per diem rate effective for dates of services on or after July 1, 2016 as calculated by the state based on monies available as approved by the Missouri General Assembly and governor divided by the most current estimated annual Medicaid patient days. The trend adjustment to ensure quality nursing facility services and any annual/periodic adjustment shall be published at <http://dss.mo.gov/mhd/> prior to the adjustment's effective date; and]* shall continue to be granted an increase to their per diem rate effective for dates of service beginning July 1, 2016, of two dollars and nine cents (\$2.09);

B. *[The trend adjustment is the same for both public and private nursing facilities.]* Facilities with either an interim rate or a prospective rate in effect on July 1, 2016, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2016, of two dollars and eighty-three cents (\$2.83) to allow for a trend adjustment to ensure quality nursing facility services;

C. The trend adjustment of two dollars and eighty-three cents (\$2.83) shall be added to the facility's rate as of June 30, 2016, which includes the two dollars and nine cents (\$2.09) increase, and is effective for dates of service beginning July 1, 2016; and

D. These increases are contingent upon approval by the Centers for Medicare and Medicaid Services.

AUTHORITY: section 208.159, RSMo 2000, and sections 208.153 and 208.201, RSMo Supp. 2013. Original rule filed July 1, 2008, effective Jan. 30, 2009. For intervening history, please consult the Code of State Regulations. Amended: Filed May 16, 2016.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately \$47,124,085 in SFY 2017.

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 Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be delivered by regular mail, express or overnight

mail, in person, or by courier within thirty (30) days after publication of this notice in the Missouri Register. If to be hand-delivered, comments must be brought to the MO HealthNet Division at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title:** Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 10 - Nursing Home Program

Rule Number and Name:	13 CSR 70-10.016 Global Per Diem Adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services MO HealthNet Division	Estimated Cost for SFY 2017 = \$47,124,085

III. WORKSHEET

Description	Nursing Facility Rate Increase	Impact on Hospice for Services Provided in NF's	Total Impact
Estimated Paid Days - SFY 2017	8,957,090	653,659	
Continuance of January 1, 2016 to June 30, 2016 Per Diem Increase	\$2.09	\$1.99	
Estimated Impact	\$ 18,720,318	\$ 1,297,840	
Estimated Paid Days - SFY 2017	8,957,090	653,659	
Per Diem Increase - SFY 2017	\$2.83	\$2.69	
Estimated Impact Trend Adjustment	\$ 25,348,565	\$ 1,757,362	
Total Estimated Impact	\$ 44,068,883	\$ 3,055,202	\$ 47,124,085
State Share (36.772%)	\$ 16,205,010	\$ 1,123,459	\$ 17,328,469
Federal Share (63.228%)	\$ 27,863,873	\$ 1,931,743	\$ 29,795,616

IV. ASSUMPTIONS

Estimated Paid Days:

Nursing Facility:

The estimated paid days for SFY 2017 are based on the actual Medicaid days paid for nursing facility services during SFY 2015, increased by 2% for 2016 and 2% for 2017.

Hospice:

The estimated paid days for SFY 2017 for hospice are based on the actual hospice days provided in nursing facilities from January 2015 through December 2015.

Impact on Hospice:

Hospice providers are reimbursed 95% of the nursing facility per diem for hospice participants residing in a nursing facility. The continuance to the nursing facility per diem of \$2.09 computes to an increase to hospice reimbursement rates resulting from this amendment of \$1.99 ($\$2.09 \times 95\%$). The trend adjustment increase for SFY 2017 to the nursing facility per diem of \$2.83 computes to an increase to hospice reimbursement rates resulting from this amendment of \$2.69 ($\$2.83 \times 95\%$).

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 15—Hospital Program**

PROPOSED AMENDMENT

13 CSR 70-15.030 *[Limitations on] Payment and Payment Limitations for Inpatient Hospital Care.* The MO HealthNet Division is amending the title, purpose, and sections (1), (2), and deleting sections (4) and (5).

PURPOSE: This amendment incorporates Medicaid policy changes contained in the hospital provider manual to better reflect current processes for inpatient certification and post-payment review. The deleted sections reflect the transition from the International Classification of Diseases (ICD) diagnostic version 9 to version 10.

PURPOSE: This rule establishes [a limitation on admissions occurring on Friday or Saturday for inpatient hospital care and on the number of days of preoperative inpatient hospital care which may be paid for by Title XIX Medicaid on behalf of eligible participants. Budgetary limitations necessitate the restriction.] payment and payment limitations for all inpatient hospital admissions. Information is provided for hospital inpatient admissions that are exempt from certification.

(1) For inpatient hospital admissions *[that have been certified under 13 CSR 70-15.020 and for admissions]* that do not require certification as specified in **13 CSR 70-15.020**, the number of days which MO HealthNet will cover for each admission *[and continuous period of hospitalization shall be limited to those listed in subsection (1)(A), (B), or (C)]* can be located at the following website: <http://dss.mo.gov/providers/pdf/exempt-diagnosis-table.pdf>. All other admissions require certification per **13 CSR 70-15.020**.

(A) *[The number of days indicated as appropriate in accordance with the length-of-stay schedule as set forth in paragraph (1)(A)1. with the exception of those specific diagnoses for which a length-of-stay schedule has been developed by the Medicaid agency as set forth in paragraph (1)(A)2., or as established in 13 CSR 70-15.020 and as stated in paragraph (1)(A)3.*

1. For the diagnosis at the 75th percentile average length-of-stay in the 1988 edition of the Length of Stay by Diagnosis for the United States, North Central Region for claims and adjustments processed for payment on or after January 1, 1990.

2. An average length-of-stay schedule, as developed by the Medicaid agency, for live born infants according to type of birth.

Diagnosis Description, Code and Days
V3000, V3900

Single diagnosis, not operated—three (3) days

Single diagnosis, operated—four (4) days

Multiple diagnosis, not operated—four (4) days

Multiple diagnosis, operated—ten (10) days

V3001, V3101, V3201, V3301, V3401, V3501, V3601, V3701, V3901

Single diagnosis, not operated—three (3) days

Single diagnosis, operated—three (3) days

Multiple diagnosis, not operated—five (5) days

Multiple diagnosis, operated—fifteen (15) days

V3100, V3200, V3300, V3400, V3500, V3600, V3700

Single diagnosis, not operated—four (4) days

Single diagnosis, operated—four (4) days

Multiple diagnosis, not operated—seven (7) days

Multiple diagnosis, operated—twelve (12) days

V301, V311, V321, V331, V341, V351, V361, V371, V391

Single diagnosis, not operated—two (2) days

Single diagnosis, operated—two (2) days

Multiple diagnosis, not operated—four (4) days

Multiple diagnosis, operated—fifteen (15) days

3. *Continued stay reviews will be performed for alcohol and drug abuse detoxification services to determine the days that are medically necessary and appropriate for inpatient hospital care.*

(B) *The number of days certified as medically necessary by the medical review agent.*

(C) *The number of days billed as covered service by the provider.] The MO HealthNet program shall be administered by the Department of Social Services, MO HealthNet Division. The 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 division and shall be included in the MO HealthNet provider manuals, which are 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 dss.mo.gov/mhd, June 15, 2016. This rule does not incorporate any subsequent amendments or additions.*

(2) *[In administering this limitation, t]The counting of days which may be [allowable under the provider's internal Hospital Utilization Review Committee's certified medically necessary days always] reimbursed per inpatient stay shall be from the beginning date of admission for a continuous period of hospitalization[. The counting of days which may be Medicaid allowable also will be from the beginning date of admission], unless conditions described in subsection (2)(A)[,] or (B)[,] or (C)] apply.*

[(C) If the date of admission is not certified under 13 CSR 70-15.020 as medically necessary, the counting of days which may be allowable for reimbursement will be from the date approved for admission by the medical review agent.]

[(4) The state agency will conduct reviews, approve and specify any additional days which may be allowed beyond the number of days already paid, or may review recommendations submitted by a medical consultant licensed to practice medicine in Missouri. At its discretion, the state may concur with a recommendation and approve all days for payment, disagree and not pay any days or modify and pay some portion of the days recommended.]

[(5) Reimbursement for any additional days approved for acute care will be made at the hospital's per diem rate in effect on the date of admission. If a hospital has an established intermediate care facility/skilled nursing facility (ICF/SNF) or SNF-only Medicaid rate for providing nursing home services in a distinct part setting, reimbursement for any additional days approved for only ICF or SNF level of care provided in the inpatient hospital setting will be made at the hospital's ICF/SNF or SNF-only rate. If a hospital does not have an established ICF/SNF or SNF-only Medicaid rate for providing nursing home services in a distinct part setting, reimbursement for any additional days approved for only ICF or SNF level of care will be made at the hospital's per diem rate in effect at the time of admission. No additional days will be approved and no Medicaid payments will be made on behalf of any participant who it is determined received inpatient hospital care when s/he did not need either inpatient hospital services or nursing home ICF or SNF services.]

AUTHORITY: sections 208.152, RSMo Supp. 2015, and sections 208.153[,] and 208.201, RSMo Supp. 2013. This rule was previously

filed as 13 CSR 40-81.051. Emergency rule filed April 7, 1981, effective April 20, 1981, expired July 10, 1981. Original rule filed April 7, 1981, effective July 11, 1981. For intervening history, please consult the *Code of State Regulations*. Amended: Filed May 5, 2016.

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 Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty (30) days after publication of this notice in the *Missouri Register*. If to be hand delivered, comments must be brought to the MO HealthNet Division at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

Title 15—ELECTED OFFICIALS
Division 30—Secretary of State
Chapter 54—Exemptions and Federal Covered Securities

PROPOSED AMENDMENT

15 CSR 30-54.260 Foreign Issuer Exemption. The secretary is amending paragraph (1)(A)4.

PURPOSE: This amendment updates the foreign issuer exemption by removing the Standard & Poor's Corporation Records which will be discontinued effective May 2, 2016.

(1) The commissioner, pursuant to the provisions of section 409.2-203, RSMo of the Missouri Securities Act of 2003 (the Act), exempts the following transactions from the requirements of sections 409.3-301 and 409.5-504 of the Act:

(A) Any nonissuer transaction by a registered broker-dealer in a security traded on a foreign stock exchange, foreign automated quotation system, or an American Depository Receipt[;] provided:

1. The security is sold at a price reasonably related to the current market price of that security at the time of the transaction;

2. The security does not constitute the whole or part of an unsold allotment to, or subscription or participation by, the broker-dealer as an underwriter of that security; and either

3. The securities qualify for inclusion on the list of foreign margin stocks compiled by the United States Federal Reserve Board and meet the requirements of section 220.11(c)1-5 of Regulation T under the Securities Exchange Act of 1934; or

4. At the time of the transaction, [either] Moody's Investor Service, *Moody's International Manual [or Standard & Poor's Corporation Records]* contains a description of the issuer's business or operations, the names of the issuer's officers and directors or their corporate equivalents in the issuer's country of domicile, an audited balance sheet of the issuer as of a date within eighteen (18) months and audited profit and loss statements for each of the issuer's two (2) fiscal years immediately preceding that date; or

5. The security is senior in rank to the common stock of the issuer, both as to interest or dividends and upon liquidation, and the security has been outstanding in the hands of the public for at least five (5) years and the issuer has not defaulted during the current fiscal year or within the five (5) preceding years of the payment of principal, interest, or dividend on the security;

AUTHORITY: sections 409.2-202(23), 409.2-203 and 409.6-605, RSMo Supp. [2005] 2013. Original rule filed March 27, 1989, effective June 12, 1989. For intervening history, please consult the *Code of State Regulations*. Amended: Filed May 11, 2016.

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 Office of the Secretary of State, Commissioner of Securities, PO Box 1276, Jefferson City, MO 65102. 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 19—DEPARTMENT OF HEALTH
AND SENIOR SERVICES**
Division 30—Division of Regulation and Licensure
**Chapter 40—Comprehensive Emergency Medical Services
Systems Regulations**

PROPOSED RULE

19 CSR 30-40.800 EMT-Community Paramedic, Community Paramedic Program, and Medical Director for EMT-Community Paramedic Program

PURPOSE: This rule establishes the requirements for certification and recertification as an EMT-Community Paramedic, the scope of practice and authority to practice for an EMT-Community Paramedic, requirements for a medical director of an ambulance service which utilizes EMT-Community Paramedics and implements a community paramedic program, and requirements for a community paramedic program.

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 and 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) Application Requirements for Emergency Medical Technician Community Paramedic (EMT-CP) Certification.

(A) Each applicant for certification as an EMT-CP shall be currently licensed with the Emergency Medical Services (EMS) Bureau as an EMT-Paramedic in the state of Missouri. If the application is approved, the applicant's length of certification as an EMT-CP will begin on the issuance date of the certification as an EMT-CP by the department and end on the applicant's Missouri EMT-Paramedic license expiration date.

(B) Each applicant for certification as an EMT-CP shall submit an application approved by the EMS Bureau which is included herein. This application shall be submitted to the EMS Bureau either via mail to the Department of Health and Senior Services, Emergency Medical Services (EMS) Bureau, PO Box 570, Jefferson City, MO 65102-0570 or online at www.health.mo.gov.

1. Each applicant shall attach to the application a certified copy of his/her community paramedic certification program transcript.

2. Each applicant shall provide the necessary information on his/her application so the EMS Bureau can perform criminal history

checks to determine the recency and relatedness of any criminal convictions prior to the certification of the applicant.

3. Each applicant shall truthfully and accurately provide all information and certification required on the EMS Bureau application for community paramedic certification. Incomplete or inaccurate information on an application shall be cause to deny a certification or take action upon a certification.

4. If, after submitting an application, the applicant identifies an error or if any contact information changes after the applicant is certified as an EMT-CP, then the applicant shall submit the correction in writing to the EMS Bureau at the Department of Health and Senior Services, EMS Bureau, PO Box 570, Jefferson City, MO 65102-0570.

(2) EMT-Community Paramedic (EMT-CP) Certification Requirements.

(A) The applicant for EMT-CP certification shall have successfully completed a community paramedic certification program from a college, university, or educational institution that meets the following requirements:

1. Is accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or prior to August 28, 2013, conducted a pilot program meeting or exceeding the requirements in paragraphs (2)(A)2. and (2)(A)3. below;

2. Provides a minimum of sixty (60) hours of didactic training and practical and lab skills covering at a minimum the following subjects:

- A. The Community Paramedic's Role in the Health Care System;
- B. The Social Determinants of Health Model;
- C. The Role of the Community Paramedic in Public and Primary Care;
- D. Developing Cultural Competency; and
- E. Personal Safety and Wellness of the Community Paramedic; and

3. Includes at least forty (40) hours of clinical experience in a clinical setting.

(3) EMT-Community Paramedic (EMT-CP) Recertification Requirements.

(A) An applicant for recertification as an EMT-CP shall be currently licensed with the EMS Bureau as an EMT-Paramedic in the state of Missouri.

(B) The applicant for recertification as an EMT-CP shall certify to the EMS Bureau that the applicant has successfully completed four (4) hours of continuing education annually which relate to the community paramedic topics outlined in subparagraphs (2)(A)2.A.-E. above. These annual four (4) hours will be in addition to the one-hundred forty-four (144) hours of continuing education required for relicensure as an EMT-Paramedic pursuant to 19 CSR 30-40.342(3)(B)2.A.

(C) The applicant for recertification as an EMT-CP shall list the following information about his/her continuing education on the applicant's application:

- 1. Name or type of course;
- 2. The division or module;
- 3. The number of hours of the course;
- 4. The training entity accreditation number, EMS Bureau approval number, or other accrediting agency which taught the course; and
- 5. The date the applicant completed the course.

(D) The applicant shall be able to produce documentation of the required continuing education and shall make all records available to the EMS Bureau upon request. EMT-CPs shall maintain such records for a period of five (5) years after the date of recertification. Failure to obtain and retain complete and accurate documentation shall be cause for taking action against an EMT-CP's certification.

(E) An application for recertification as an EMT-CP, which is included herein, shall be submitted with the application for relicensure as an EMT-Paramedic. This application shall be submitted to the EMS Bureau either via mail to the Department of Health and Senior Services, Emergency Medical Services (EMS) Bureau, PO Box 570, Jefferson City, MO 65102-0570 or online at www.health.mo.gov. This application for recertification as an EMT-CP shall be submitted to the EMS Bureau no less than thirty (30) days and no more than one hundred twenty (120) days prior to the expiration date of the applicant's certification as an EMT-CP which corresponds with the expiration of the applicant's EMT-Paramedic license.

(4) EMT-Community Paramedic (EMT-CP) Scope of Practice and Authority to Practice.

(A) An EMT-CP shall perform only those skills listed for Paramedics in the *EMT-P National Standard Curriculum*, which is incorporated by reference in this rule as published in 1998 by the U.S. Department of Transportation, National Highway Traffic Safety Administration and is available at U.S. Department of Transportation, Office of Emergency Medical Services, West Building W44-314, 1200 New Jersey Ave. SE, NTI 140, Washington, DC 20590 and ordered by a physician or set forth in written protocols approved by the medical director of the ambulance service for the community paramedic program.

(5) Medical Director for Community Paramedic Programs.

(A) In addition to the medical director duties set forth in 19 CSR 30-40.303, the medical director of an ambulance service which utilizes EMT-CPs shall approve the implementation of the community paramedic program for that ambulance service by following the requirements set forth in 19 CSR 30-40.303. The medical director of an ambulance service which utilizes EMT-CPs shall develop, implement, and annually review the community paramedic protocols. The medical director of the ambulance service may seek input from medical providers with knowledge of the ambulance service's community paramedic program in developing, implementing, and annually reviewing the community paramedic protocols.

(B) With guidance and approval from the medical director and the administrator of the ambulance service which utilizes EMT-CPs, an ambulance service which utilizes EMT-CPs shall assess the needs of the community to implement an evaluation component to the community paramedic program which shall improve patient outcomes, ensure patient satisfaction, and decrease adverse outcomes.

(6) Community Paramedic Program.

(A) The community paramedic program shall include a method for the EMT-CP to follow-up with the patient's medical provider who is identified in the health care plan to ensure the transition of care. When no health care plan has been established, the EMT-CP shall follow-up with the patient's medical provider designated by the patient to ensure the transition of care. This follow-up may include, at a minimum, patient assessment, patient treatment, and/or rendered services.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES
EMT-COMMUNITY PARAMEDIC CERTIFICATION/RECERTIFICATION APPLICATION

FOR DHSS OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

EMT-P LICENSE NO. <input type="text"/>	DATE CERTIFIED OR RECERTIFIED AS EMT-COMMUNITY PARAMEDIC <input type="text"/>
EXPIRATION DATE OF EMT-P LICENSE <input type="text"/>	EMT-COMMUNITY PARAMEDIC CERTIFICATION NO. <input type="text"/>
DATE APP. REC'D. <input type="text"/>	

APPLICANT MUST COMPLETE INFORMATION BELOW TYPE OR PRINT

CURRENT MO EMT-PARAMEDIC LIC NO. <input type="text"/>	CURRENT MO EMT-PARAMEDIC LICENSE NO. EXPIRATION DATE <input type="text"/>	<input type="checkbox"/> INITIAL CERTIFICATION APP. <input type="checkbox"/> RECERTIFICATION APP.
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NAME (LAST, FIRST, MIDDLE INITIAL)

SOCIAL SECURITY NUMBER <input type="text"/>	DATE OF BIRTH <input type="text"/>	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DAYTIME PHONE NUMBER <input type="text"/>
			E-MAIL ADDRESS <input type="text"/>

MAILING ADDRESS (STREET)

CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>	COUNTY <input type="text"/>
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NAME OF THE COLLEGE, UNIVERSITY OR EDUCATIONAL INSTITUTION WHERE YOU COMPLETED YOUR COMMUNITY PARAMEDIC CERTIFICATION PROGRAM

MAILING ADDRESS (STREET)

CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>	PHONE NUMBER <input type="text"/>
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NAME OF AMBULANCE SERVICE YOU WILL BE WORKING AS AN EMT-COMMUNITY PARAMEDIC

Have you ever had administrative licensure action taken against your EMT license in Missouri or any other state?
Yes No IF YES, EXPLAIN ON ATTACHED SHEET

Has your right to practice in a health care occupation ever been subject to limitations, suspension or termination?
Yes No Not Applicable IF YES, EXPLAIN ON ATTACHED SHEET

Have you ever voluntarily surrendered a health care license or certification in any state?
Yes No Not Applicable IF YES, EXPLAIN ON ATTACHED SHEET

HAVE YOU EVER BEEN FINALLY ADJUDICATED AND FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE IN A CRIMINAL PROSECUTION UNDER THE LAWS OF ANY STATE OR OF THE UNITED STATES, WHETHER OR NOT YOU RECEIVED A SUSPENDED IMPOSITION OF SENTENCE FOR ANY CRIMINAL OFFENSE? Yes No
If you have answered yes to this question, then you must attach to your application a certified copy of all charging documents (such as complaints, informations or indictments), judgment and sentencing information, probation terms and any other information you wish considered).

I HEREBY CERTIFY THAT:

- I am able to speak, read and write the English language.
- I do not have a physical or mental impairment which would substantially limit my ability to perform the essential functions of an emergency medical technician-community paramedic with or without a reasonable accommodation.
- This application contains no misrepresentations or falsifications and the information given by me and the certified copy of my community paramedic certification transcript are true and complete to the best of my knowledge. I further certify that I have both the intention and the ability to comply with Chapter 190, RSMo, and the regulations promulgated under Chapter 190, RSMo.
- I have been a resident of Missouri for five (5) consecutive years prior to the date of the application or if I have not been a resident of Missouri for five (5) consecutive years prior to the date of the application, then I have provided with this application at least two (2) completed applicant fingerprint cards (FBI for FD-258).
- I HAVE ATTACHED A CERTIFIED COPY OF MY COMMUNITY PARAMEDIC CERTIFICATION PROGRAM TRANSCRIPT TO THIS APPLICATION. (required only for initial certification)

APPLICANT'S SIGNATURE <input type="text"/>	DATE <input type="text"/>
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WARNING: In addition to licensure action, anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a class B misdemeanor pursuant to section 575.060 RSMo.

AUTHORITY: sections 190.098, 190.109, 190.142, 190.160, 190.165, and 190.185, RSMo Supp. 2013. Original rule filed May 10, 2016.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions seven hundred thirty-seven thousand one hundred forty-seven dollars and fifty cents (\$737,147.50) during the initial five- (5-) year period and fifty thousand seven hundred forty-three dollars and twenty-two cents (\$50,743.22) annually thereafter.

PRIVATE COST: This proposed rule will cost private entities \$3,391,750 during the initial five- (5-) year period and three hundred fourteen thousand eight hundred fifty dollars (\$314,850) annually thereafter.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with Dean Linneman, Director, Department of Health and Senior Services, Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102. 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.*

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Missouri Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Chapter 40-Comprehensive Emergency Medical Services System
Regulations:**

Rule Number and Title:	19 CSR 30-40.800
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
EMS Bureau Department of Health and Senior Services		\$43,897.50 for the first five year period \$6,893.22 annually thereafter
Publicly Owned Ambulance Services		\$262,500 for the first five year period \$12,500 annually thereafter
Publicly Owned EMS Training Entities		\$430,750 for the first five year period \$31,350 annually thereafter
Total		\$737,147.50 for the first five year period \$50,743.22 annually thereafter

III. WORKSHEET

(1) EMS Bureau.

A. Criminal Background Check.

The EMS Bureau will have to conduct a criminal background check for each applicant applying for an initial certification as an EMT-Community Paramedic (EMT-CP). An initial EMT-CP applicant must be licensed in the State of Missouri as an EMT-Paramedic (EMT-P) before they can apply for an EMT-CP certification. The EMS

Bureau currently has over 7,000 licensed EMT-Ps. It is anticipated that the EMS Bureau will receive 100 applications for EMT-CPs per year for the first five years.

If the applicant has been a Missouri resident for the last five years, then the EMS Bureau will conduct a criminal background search with the Missouri Highway Patrol. The EMS Bureau anticipates 66 of the 100 initial EMT-CP applicants will have lived in Missouri the entire five year period prior to the date on their application. The current cost for a Missouri Highway Patrol criminal background check is \$11 for each applicant.

$66 \times 5 \times \$11 = \$3,630$ for the first five year period.

If the applicant has not been a Missouri resident for the last five years, then the EMS Bureau will conduct a criminal background search with the Federal Bureau of Investigation (FBI). The EMS Bureau anticipates 34 of the initial 100 EMT-CP applicants will not have lived in Missouri the entire five year period prior to the date on their application. The current cost for a FBI criminal background check is \$36.50.

$34 \times 5 \times \$36.50 = \$6,205$ for the first five year period.

The EMS Bureau will have to conduct a criminal background check for each applicant applying for an initial certification as an EMT-CP annually thereafter the five year period. An initial EMT-CP applicant must be licensed in the State of Missouri as an EMT-Paramedic before they can apply for an EMT-CP certification.

The EMS Bureau currently has over 7,000 licensed EMT-Ps. It is anticipated that the EMS Bureau will receive 50 applications for EMT-CPs per year annually thereafter the initial five year period. If the applicant has been a Missouri resident for the last five years prior to the date of application, then the EMS Bureau will conduct a criminal background search with the Missouri Highway Patrol. The EMS Bureau anticipates 33 of the 50 initial EMT-CP applicants will have lived in Missouri the entire five year period prior to the date on their application. The current cost for a Missouri Highway Patrol criminal background check is \$11 for each applicant.

$33 \times \$11 = \363 annually thereafter.

If the applicant has not been a Missouri resident for the five years prior to the date of application, the EMS Bureau will conduct a criminal background search with the FBI. The EMS Bureau anticipates 17 of the initial 50 EMT-CP applicants will not have lived in Missouri the entire five year period prior to the date on their application. The current cost for a FBI criminal background check is \$36.50.

$17 \times \$36.50 = \620.50 annually thereafter.

There will be no new costs as a result of this rule for the EMS Bureau to conduct criminal background searches on EMT-CP applicants applying for recertification because an EMT-CP must also be licensed as an EMT-P and will apply for relicensure as an EMT-P at the same time. The EMS Bureau already conducts criminal background checks on all EMT-Ps who apply for relicensure.

B. EMS Bureau Staff Time.

1. Application processing.

It will take approximately thirty minutes for EMS Bureau staff to process an initial EMT-CP application. Processing an anticipated 100 EMT-CP applications per year for the first five years is expected to be 1/16 of the job responsibilities for one staff member per year. Average AOSA salaries are \$25,000. There will be no added processing costs for EMT-CP recertification since the application must accompany the EMT-P relicensure application.

$\$25,000 \times 1/16 \times 5 = \7812.50 for the first five years.

It will take approximately thirty minutes for EMS Bureau staff to process an initial EMT-CP application. Processing an anticipated 50 EMT-CP applications annually thereafter is expected to be 1/18 of the job responsibilities for secretarial staff per year. Average AOSA salaries are \$25,000. There will be no added processing costs for EMT-CP recertification since the application must accompany the EMT-P relicensure application.

$\$25,000 \times 1/18 \times 1 = \$1,388.89$ annually thereafter.

2. Inspector duties for initial EMT-CP applications.

It will take approximately four hours for inspectors to review an EMT-CP's initial application, validate the courses, determine if the courses meet regulation requirements and correspond back and forth with the applicant or training entity if there are any issues. Average inspector salaries are \$35,000 per year. The EMS Bureau anticipates processing an anticipated 100 EMT-CP applications per year for the first five years. It is anticipated that the time it will take for inspectors to review EMT-CP's initial applications per year for the first five years will be 1/10 of the inspector's job duties.

$\$35,000 \times 1/10 \times 5 = \$17,500$ for the first five years.

It will take approximately four hours for inspectors to review an EMT-CP's initial application, validate the courses, determine if the courses meet regulation requirements and correspond back and forth with the applicant or training entity if there are any issues. Average inspector salaries are \$35,000 per year. The EMS Bureau anticipates processing an anticipated 50 EMT-CP applications per year annually thereafter. It is anticipated that the time it will take for inspectors to review EMT-CP's initial applications per year for the first five years will be 1/15 of the inspector's job duties.

$\$35,000 \times 1/15 \times 1 = \$2,333.33$ annually thereafter.

3. Inspector duties for EMT-CP recertification applications.

It will take approximately two hours for inspectors to review an EMT-CP's recertification application, validate the continuing education, determine if the courses meet regulation requirements and correspond back and forth with the applicant or training entity if there are any issues. Average inspector salaries are \$35,000 per year. It is anticipated that the time it will take for inspectors to review an EMT-CP's recertification application will be 1/20 of the inspector's job duties. The EMS Bureau does not anticipate many relicensure

applications during the first five years since people will just begin getting certified as an EMT-CP.

$\$35,000 \times 1/20 \times 5 = \$8,750$ for the first five year period.

It will take approximately two hours for inspectors to review an EMT-CP's recertification application, validate the continuing education, determine if the courses meet regulation requirements and correspond back and forth with the applicant or training entity if there are any issues. Average inspector salaries are \$35,000 per year. It is anticipated that the time it will take for inspectors to review an EMT-CP's recertification application will be 1/16 of the inspector's job duties.

$\$35,000 \times 1/16 \times 1 = \2187.50 annually thereafter.

Total for EMS Bureau.

$\$6,205$ (criminal background check outside of Missouri) + $\$3,630$ (inside of Missouri) + $\$7,812.50$ (AOSA duties) + $\$17,500$ (inspector duties initial application review) + $\$8,750$ (inspector duties recertification application review) = $\$43,897.50$ for the first five years.

$\$620.50$ (criminal background check outside of Missouri) + $\$363$ (inside of Missouri) + $\$1,388.89$ (AOSA duties) + $\$2,333.33$ (inspector duties initial application review) + $\$2,187.50$ (inspector duties recertification application review) = $\$6,893.22$ annually thereafter.

(2) Publicly owned Ambulance Services.

A. Medical Directors.

There are currently 217 ground ambulance services, 195 of which are publicly owned. There are currently 12 air ambulance services, only one of which is publicly owned. The average salary of medical directors is \$40,000 annually for publicly owned ambulance services. The EMS Bureau anticipates the ambulance services will have to increase the pay of these medical directors due to the additional responsibilities related to creating and managing the EMT-CP program. The EMS Bureau anticipates there to be a \$7,500 annual increase in pay for the medical directors of publicly owned ambulance services which offer an EMT-CP program. The EMS Bureau anticipates one publicly owned ambulance service to implement an EMT-CP program each year for the first five years.

$\$7,500$ annual increase in pay for medical directors X one publicly owned ambulance service X five years = $\$37,500$.

$\$7,500$ annual increase in pay for medical directors X one publicly owned ambulance service X four years = $\$30,000$.

$\$7,500$ annual increase in pay for medical directors X one publicly owned ambulance service X three years = $\$22,500$.

\$7,500 annual increase in pay for medical directors X one publicly owned ambulance service X two years = \$15,000

\$7,500 annual increase in pay for medical directors X one publicly owned ambulance service X one year = \$7,500

\$37,500 + \$30,000 + \$22,500 + \$15,000 + \$7,500 = \$112,500 increase in pay for medical directors for the first five year period.

There are currently 217 ground ambulance services, 195 of which are publicly owned. There are currently 12 air ambulance services, only one of which is publicly owned. The average salary of medical directors is \$40,000 annually for publicly owned ambulance services. The EMS Bureau anticipates the ambulance services will have to increase the pay of these medical directors due to the additional responsibilities related to creating and managing the EMT-CP program. The EMS Bureau anticipates there to be a \$7,500 annual increase in pay for the medical directors of publicly owned ambulance services which offer an EMT-CP program. The EMS Bureau anticipates one publicly owned ambulance service to implement an EMT-CP program annually thereafter.

\$7,500 increase in pay for medical directors X one publicly owned ambulance service annually thereafter = \$7,500 increase in annual pay for medical directors for public owned ambulance services which implement an EMT-CP program annually thereafter.

B. Salary for EMT-CP's.

The EMS Bureau currently has over 7,000 licensed EMT-Ps. The average salary for EMT-Ps is \$40,000. The EMS Bureau anticipates an annual increase of \$1,000 in salaries for EMT-Ps who begin working as an EMT-CP for publicly owned ambulance services. The EMS Bureau anticipates 30 EMT-CPs will begin working as an EMT-CP for publicly owned ambulance services during the first five year period.

30 EMT-CPs during the first five year period X \$1,000 X 5 years = \$150,000 increase in cost for EMT CPs who begin working as an EMT-CP for publicly owned ambulance services during the first five year period.

The EMS Bureau currently has over 7,000 licensed EMT-Ps. The average annual salary for EMT-Ps is \$40,000. The EMS Bureau anticipates an increase of \$1,000 in salary for EMT-Ps who begin working as an EMT-CP for publicly owned ambulance services. The EMS Bureau anticipates 5 EMT-CP's will begin working as an EMT-CP for publicly owned ambulance services during annually thereafter.

5 EMT-CPs during the first five year period X \$1,000 = \$5,000 increase in cost for EMT-CP's who start working as an EMT-CP for publicly owned ambulance services annually thereafter.

Total for Publicly Owned Ambulance Services.

\$112,500 (medical directors) + \$150,000 (salary for EMT-CP's) = \$262,500 for the first five year period.

\$7,500 (medical directors) + \$5,000 (salary for EMT-CP's) = \$12,500 annually thereafter.

(3) Publicly owned EMS Training Entities.

A. Accreditation fees.

The EMS Bureau has 35 EMS training entities currently certified with the EMS Bureau, 15 of which are publicly owned. The EMS Bureau anticipates five publicly owned training entities will begin teaching the EMT-CP program. The EMT-CP program must be accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). The cost to be accredited by CoAEMSP is \$1,400 per year for the annual fee. In order to get accredited by CoAEMSP, there is a \$1,200 submission application fee and approximately a \$2,750 fee for the site reviewers. The EMS Bureau anticipates one public training entity will begin teaching the EMT-CP program annually for the next five year period

$\$1,200 \text{ submission application fee} + \$2,750 \text{ fee for the site reviewers} = \$3,950.$

$\$3,950 + (\$1400 \text{ annual fee} \times 5 \text{ years}) = \$10,950$

$\$3,950 + (\$1,400 \text{ annual fee} \times 4 \text{ years}) = \$9,550$

$\$3,950 + (\$1,400 \text{ annual fee} \times 3 \text{ years}) = \$8,150$

$\$3,950 + (\$1,400 \text{ annual fee} \times 2 \text{ years}) = \$6,750$

$\$3,950 + (\$1,400 \text{ annual fee} \times 1 \text{ year}) = \$5,350$

$\$10,950 + \$9,550 + \$8,150 + \$6,750 + \$5,350 = \$40,750$ for five publicly owned EMS training entities which will begin teaching the EMT-CP program annually for the next five year period.

The EMS Bureau has 35 EMS training entities currently certified with the EMS Bureau, 15 of which are publicly owned. The EMS Bureau anticipates one publicly owned EMS training entity will begin teaching the EMT-CP program annually thereafter. The EMT-CP program must be accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). The cost to be accredited by CoAEMSP is \$1,400 per year for the annual fee. In order to get accredited by CoAEMSP, there is a \$1,200 submission application fee and approximately a \$2,750 fee for the site reviewers. The EMS Bureau anticipates one public training entity will begin teaching the EMT-CP program annually for the next five year period

$\$3,950 + (\$1,400 \text{ annual fee} \times 1 \text{ year}) = \$5,350$

B. EMS training entity general costs for the EMT-CP program.

The EMS Bureau has 35 EMS training entities currently certified with the EMS Bureau, 15 of which are publicly owned. The EMS Bureau anticipates five publicly owned EMS training entities will begin teaching the EMT-CP program during the next five year period. Average annual costs for EMT-Paramedic training entity personnel (medical director, program director, instructor and clinical coordinator) are approximately

\$130,000. The EMS Bureau anticipates the medical director stipend to increase by \$500 annually for creating and implementing the new EMT-CP program. The EMS Bureau anticipates the program director's salary to increase by \$5,000 annually for the added responsibilities of the EMT-CP program. The EMS Bureau anticipates the instructor's salary to be \$15,000 and an added expense to the training entity as the instructor will most like be a physician, physician assistant, or nurse practitioner instead of an EMT-Paramedic who will only teach the EMT-CP program. The EMS Bureau anticipates the clinical coordinator's salary to increase \$5,000 annually for added responsibilities of the EMT-CP program. The EMS Bureau anticipates there to be a \$500 annual increase in incidental expenses for teaching the EMT-CP program. Although the EMS Bureau is estimating costs to the publicly owned EMS training entities; it should be noted that the EMS training entities will receive compensation from EMT-CP students who complete the program to offset these new costs.

\$500 additional expense for medical director annually + \$5,000 increase in program director's salary annually + \$15,000 EMT-CP instructor's salary annually + \$5,000 increase in salary for clinical coordinator annually + 500 incidental expenses annually = \$26,000 for one publicly owned EMS training entity.

\$26,000 X 5 years X one publicly owned ambulance service = \$130,000
\$26,000 X 4 years X one publicly owned ambulance service = \$104,000
\$26,000 X 3 years X one publicly owned ambulance service = \$78,000
\$26,000 X 2 years X one publicly owned ambulance service = \$52,000
\$26,000 X 1 year X one publicly owned ambulance service = \$26,000

\$130,000 + \$104,000 + \$78,000 + \$52,000 + \$26,000 = \$390,000 for the next five year period.

\$500 additional expense for medical director annually + \$5,000 increase in program director's salary annually + \$15,000 EMT-CP instructor's salary annually + \$5,000 increase in salary for clinical coordinator annually + \$500 incidental expenses annually = \$26,000 for one publicly owned EMS training entity X one publicly owned EMS training entity annually thereafter = \$26,000 for one publicly owned EMS training entity annual thereafter.

Total for Public Owned EMS Training Entities.

\$40,750 (accreditation fees) + \$390,000 (EMS training entity costs) = \$430,750 for the first five year period.

\$5,350 (accreditation fees) + \$26,000 (EMS training entity costs) = \$31,350 annually thereafter.

IV. ASSUMPTIONS

The EMS Bureau determined there would be no additional costs to the public ambulance services for continuing education costs for EMT-CPs employed by these public ambulance services. The EMS Bureau has considered the continued education costs to be an expense of the EMT-CP.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title: Missouri Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Chapter 40-Comprehensive Emergency Medical Services System
Regulations:**

Rule Number and Title:	19 CSR 30-40.800
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
EMT-CP's		\$2,661,000 for the first five year period \$268,500 annually thereafter
Privately owned ambulance services		\$300,000 for the first five year period \$15,000 annually thereafter
Privately owned EMS training entities		\$430,750 for the first five year period \$31,350 annually thereafter
Total		\$3,391,750 for the first five year period \$314,850 annually thereafter

III. WORKSHEET

(1) EMT-Community Paramedic's (EMT-CP's) costs.

A. Costs for recertification continuing education hours.

EMT-CP's are required to apply for recertification of their EMT-CP at the same time that they reapply for their EMT-Paramedic (EMT-P) license. EMT-P licenses are issued for a period of five years. In addition to the 144 continuing education hours required for relicensure as an EMT-P, EMT-CPs are required to complete four (4) hours of continuing education annually relating to the community paramedic topics outlined in (2)(A)2.A-E of the proposed rule. Therefore, the number of continuing education hours he/she will need to have obtained before he/she applies for EMT-P relicensure/EMT-CP recertification will vary depending on when the EMT-CP's EMT-P license expires. The EMS Bureau is anticipating that of the 100 EMT-CP's who will apply for EMT-P

relicensure/EMT-CP recertification each year, 20 will need 4 hours of continuing education, 20 will need 8 hours of continuing education, 20 will need 12 hours of continuing education, 20 will need 16 hours of continuing education and 20 will need 20 hours of continuing education. The average cost of continuing education hours is \$30 per clock hour. There is no fee to be certified or recertified as an EMT-CP or to be licensed or relicensed as an EMT-P.

20 applicants X 4 X \$30 per hour = \$2,400
20 applicants X 8 X 30 per hours = \$4,800
20 applicants X 12 X \$30 per hour = \$7,200
20 applicants X 16 X \$30 per hour = \$9,600
20 applicants X 20 X \$30 per hour = \$12,000

\$2,400 + \$4,800 + \$7,200 + \$9,600 + \$12,000 = \$36,000 for the first five (5) year period.

The EMS Bureau anticipates 50 EMT-CP applicants will need to complete 4 continuing education hours per year annually thereafter.

50 X 4 X \$30 = \$6,000 annually thereafter.

B. Costs for EMT-CP training program.

The EMS Bureau anticipates the cost EMS training entities will charge for the EMT-CP program (tuition) will be approximately half of the cost of EMT-P programs because the EMT-CP program has considerably less hours of training. The average cost of the EMT-P program is \$8,500. Therefore, the EMS Bureau anticipates the cost of the EMT-CP program will be \$4,250. The EMS Bureau also anticipates incidental costs for books, drug screening, uniforms and mileage to and from clinical sites to be approximately \$1,000. The EMS Bureau currently has over 7000 licensed EMT-Ps who would be eligible to attend an EMT-CP program. The EMS Bureau anticipates there will be approximately 100 applicants who will attend and complete an EMT-CP program during the first five year period.

(\$4,250 + \$1,000) X 100 X 5 = \$2,625,000 for the first five year period.

The EMS Bureau anticipates there will be approximately 50 applicants who attend and complete an EMT-CP program annually thereafter.

(\$4,250 + \$1,000) X 50 = \$262,500 annually thereafter.

Total costs for EMT-CP's

\$36,000 (costs for continuing education for recertification) + \$2,625,000 (EMT-CP training costs) = \$2,661,000 for the first five year period.

\$6,000 (costs for continuing education for recertification) + \$262,500 (EMT-CP training costs) = \$268,500 annually thereafter.

(2) Privately owned Ambulance Services.

A. Medical Directors.

There are currently 217 ground ambulance services, 22 of which are privately owned. There are currently 12 air ambulance services, 11 of which are privately owned. The average salary of a medical director is \$50,000 annually for privately owned ambulance services. The EMS Bureau anticipates the ambulance services will have to increase the pay of these medical directors due to the additional responsibilities related to creating and managing the EMT-CP program. The EMS Bureau anticipates there to be a \$10,000 increase in pay annually for the medical directors of privately owned ambulance services which offer an EMT-CP program. The EMS Bureau anticipates one privately owned ambulance service to implement an EMT-CP program each year for the first five years.

$\$10,000 \times 1 \text{ year} = \$10,000.$
 $\$10,000 \times 2 \text{ years} = \$20,000.$
 $\$10,000 \times 3 \text{ years} = \$30,000.$
 $\$10,000 \times 4 \text{ years} = \$40,000.$
 $\$10,000 \times 5 \text{ years} = \$50,000.$

$\$10,000 + \$20,000 + \$30,000 + \$40,000 + \$50,000 = \$150,000$ annual increase in pay for medical directors of privately owned ambulance services for the first five year period.

The EMS Bureau anticipates one privately owned ambulance service to implement an EMT-CP program annually thereafter.

$\$10,000 \times 1$ privately owned ambulance service = \$10,000 increase in pay for medical directors for privately owned ambulance services which implement an EMT-CP program annually thereafter.

B. Salary for EMT-CP's.

The EMS Bureau currently has over 7,000 licensed EMT-Ps. The average annual salary for EMT-Ps is \$40,000. The Bureau of EMS anticipates an increase of \$5,000 during the first five year period in salary for EMT-Ps who begin working as an EMT-CP for privately owned ambulance services. The EMS Bureau anticipates 30 EMT-CPs will begin working as an EMT-CP for privately owned ambulance services during the first five year period.

$30 \times \$5,000 = \$150,000$ increase in cost for EMT-CPs who begin working as an EMT-CP for privately owned ambulance services during the first five year period.

The Bureau of EMS anticipates an increase of \$1,000 in salary for EMT-Ps who begin working as an EMT-CP for privately owned ambulance services annually thereafter. The EMS Bureau anticipates 5 EMT-CP's will begin working as an EMT-CP for privately owned ambulance services annually thereafter.

$5 \times \$1,000 = \$5,000$ increase in cost for EMT-CP's who start working as an EMT-CP for privately owned ambulance services annually thereafter.

Total for Privately Owned Ambulance Services.

\$150,000 (medical directors) + \$150,000 (salary for EMT-CP's) – \$300,000 for the first five year period.

\$10,000 (medical directors) + \$5,000 (salary for EMT-CP's) = \$15,000 annually thereafter.

(3) Privately owned EMS Training Entities.

A. Accreditation fees.

The EMS Bureau has 35 EMS training entities currently certified with the EMS Bureau, 10 of which are privately owned. The EMS Bureau anticipates five privately owned training entities will begin teaching the EMT-CP program. The EMT-CP program must be accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). To become accredited by CoAEMSP, there is a \$1,200 submission application fee and approximately a \$2,750 fee for the site reviewers. In addition, there is an annual CoAEMSP accreditation fee of \$1,400. The EMS Bureau anticipates one privately owned EMS training entity will begin teaching the EMT-CP program annually for the first five year period.

\$1,200 submission application fee + \$2,750 fee for the site reviewers = \$3,950.

\$3,950 + (\$1400 annual fee X 5 years) = \$10,950

\$3,950 + (\$1,400 annual fee X 4 years) = \$9,550

\$3,950 + (\$1,400 annual fee X 3 years) = \$8,150

\$3,950 + (\$1,400 annual fee X 2 years) = \$6,750

\$3,950 + (\$1,400 annual fee X 1 year) = \$5,350

\$10,950 + \$9,550 + \$8,150 + \$6,750 + \$5,350 = \$40,750 for five privately owned EMS training entities which will begin teaching the EMT-CP program annually for the first five year period.

The EMS Bureau has 35 EMS training entities currently certified with the EMS Bureau, 15 of which are privately owned. The EMS Bureau anticipates one privately owned EMS training entity will begin teaching the EMT-CP program annually thereafter. The EMT-CP program must be accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). In order to get accredited by CoAEMSP, there is a \$1,200 submission application fee and approximately a \$2,750 fee for the site reviewers. In addition, there is an annual CoAEMSP accreditation fee of \$1,400. The EMS Bureau anticipates one privately owned EMS training entity will begin teaching the EMT-CP program annually thereafter.

\$3,950 + \$1,400 = \$5,350 for one privately owned EMS training entity annually thereafter.

B. EMS training entity general costs for the EMT-CP program.

The EMS Bureau has 35 EMS training entities currently certified with the EMS Bureau, 10 of which are privately owned. The EMS Bureau anticipates one privately owned EMS training entity will begin teaching the EMT-CP program each year during the initial five year period. Average annual costs for personnel (medical director, program director, instructor and clinical coordinator) are approximately \$130,000. The EMS Bureau anticipates the medical director stipend to increase by \$500 annually for creating and implementing the new EMT-CP program. The EMS Bureau anticipates the program director's salary to increase by \$5,000 annually for the added responsibilities of the EMT-CP program. The EMS Bureau anticipates the instructor's salary to be \$15,000 and an added expense to the training entity as the instructor will most likely be a physician, physician assistant, or nurse practitioner instead of an EMT-P who will only teach the EMT-CP program. The EMS Bureau anticipates the clinical coordinator's salary to increase \$5,000 annually for the added responsibilities of the EMT-CP program. The EMS Bureau anticipates there to be \$500 increase in incidental expenses for teaching the EMT-CP program annually. Although the EMS Bureau is estimating costs to the privately owned EMS training entities; it should be noted that the EMS training entities will receive compensation from EMT-CP students who complete the program to offset these new costs.

\$500 additional expense for medical director annually + \$5,000 increase in program director's salary annually + \$15,000 EMT-CP instructor's salary annually + \$5,000 increase in salary for clinical coordinator annually + \$500 incidental expenses = \$26,000 for one privately owned EMS training entity.

\$26,000 X 5 years = \$130,000 for one privately owned ambulance service.

\$26,000 X 4 years = \$104,000 for one privately owned ambulance service.

\$26,000 X 3 years = \$78,000 for one privately owned ambulance service.

\$26,000 X 2 years = \$52,000 for one privately owned ambulance service.

\$26,000 X 1 year = \$26,000 for one privately owned ambulance service.

\$130,000 + \$104,000 + \$78,000 + \$52,000 + \$26,000 = \$390,000 for the first five year period.

\$500 additional expense for medical director annually + \$5,000 increase in program director's salary annually + \$15,000 EMT-CP instructor's salary annually + \$5,000 increase in salary for clinical coordinator annually + \$500 incidental expenses = \$26,000 for one privately owned EMS training entity = \$26,000 for one privately owned EMS training entity annually thereafter.

Total for Privately Owned EMS Training Entities.

\$40,750 (accreditation fees) + \$390,000 (EMS training entity costs) = \$430,750 for the first five year period.

\$5,350 (accreditation fees) + \$26,000 (EMS training entity costs) = \$31,350 annually thereafter.

IV. ASSUMPTIONS

The EMS Bureau determined there would be no additional costs to the private ambulance services for continuing education costs for EMT-CPs employed by these private ambulance services. The EMS Bureau has considered the continued education costs to be an expense of the EMT-CP.

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 which has been changed from that 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 which 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 2—DEPARTMENT OF AGRICULTURE
Division 80—State Milk Board
Chapter 2—Grade “A” Pasteurized Milk Regulations**

ORDER OF RULEMAKING

By the authority vested in the State Milk Board under section 196.939, RSMo 2000, the board amends a rule as follows:

2 CSR 80-2.050 Inspection Frequency and Procedure **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 15, 2016 (41 MoReg 374). No changes have been made in 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 2—DEPARTMENT OF AGRICULTURE
Division 80—State Milk Board
Chapter 6—Requirements for the Missouri Dairy Law**

ORDER OF RULEMAKING

By the authority vested in the State Milk Board under section 196.540, RSMo 2000, the board amends a rule as follows:

2 CSR 80-6.041 Dairy Manufacturing Plant, Dairy Manufacturing Farm, and Personnel Licensure **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 15, 2016 (41 MoReg 374–375). No changes have been made in 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 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 2—Missouri Managed Woods**

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission rescinds a rule as follows:

3 CSR 10-2.010 Requirements for Managing Forest Crop Lands Classified Before December 1974 **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 15, 2016 (41 MoReg 481–482). No changes have been made in 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 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 2—Missouri Managed Woods**

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-2.020 Forest Cropland **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 15, 2016 (41 MoReg 482–487). No changes have been made in 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 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 12—Wildlife Code: Special Regulations for Areas Owned by Other Entities**

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a

rule as follows:

3 CSR 10-12.130 Fishing, General Provisions and Seasons is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 15, 2016 (41 MoReg 490). No changes have been made in 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 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 12—Wildlife Code: Special Regulations for
Areas Owned by Other Entities**

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-12.135 Fishing, Methods is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 15, 2016 (41 MoReg 491–493). No changes have been made in 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 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 12—Wildlife Code: Special Regulations for
Areas Owned by Other Entities**

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission adopts a rule as follows:

3 CSR 10-12.160 Outdoor Recreational Access Program is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 15, 2016 (41 MoReg 494). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 6—DEPARTMENT OF HIGHER EDUCATION
Division 10—Commissioner of Higher Education
Chapter 2—Student Financial Assistance Program**

ORDER OF RULEMAKING

By the authority vested in the commissioner of higher education

under section 160.545, RSMo Supp. 2015 as transferred to the Missouri Department of Higher Education by Executive Order 10-16, dated January 29, 2010, the commissioner amends a rule as follows:

6 CSR 10-2.190 A+ Scholarship Program is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 15, 2016 (41 MoReg 375–378). No changes have been made in 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: The commissioner of higher education received three (3) comments on the proposed amendment.

COMMENT #1: Pat Rooney, A+ Coordinator at Mt. Vernon High School, and Dr. Jill Owens, A+ Coordinator and AVID Tutor Coordinator at Park Hill South High School, were in favor of the amendment to paragraph (3)(A)6. requiring completion of the fifty (50) hour tutoring or mentoring requirement prior to high school graduation. However, both requested removal of subparagraph (3)(A)6.A. that would allow for an extension of this requirement for up to six (6) months beyond high school graduation in exceptional circumstances. Both indicated students have ample opportunity to complete this requirement before graduation. Pat Rooney also indicated this requirement may create administrative burdens for high schools, including scheduling difficulties and the need to track students after graduation.

RESPONSE: The addition of subparagraph (3)(A)6.A. provides flexibility for high schools to assist students in unexpected, exceptional circumstances. A high school may, but is not required to, include this provision in its A+ policy. No changes have been made to this rule as a result of these comments.

COMMENT #2: Pat Rooney, A+ Coordinator at Mt. Vernon High School, was opposed to the amendment to subparagraph (3)(A)7.B. that would allow the Coordinating Board for Higher Education to establish, and annually revise, the alternative criteria available to students that do not meet the Algebra I end-of-course exam criterion found in subparagraph (3)(A)7.A. The comment indicated that annual revision would undermine the program's predictability for students, as well as its integrity, and requested elimination of subparagraph (3)(A)7.B.

RESPONSE: The alternative criteria for students that do not meet the Algebra I end-of-course exam criterion found in subparagraph (3)(A)7.A. are currently subject to annual revision. Therefore, the amendment to subparagraph (3)(A)7.B. does not represent a substantial policy change in this regard. The ability to revise the criteria annually provides flexibility to make any necessary adjustments in a timely manner. However, the department recognizes the need for consistency and predictability in the program and does not intend to revise the criteria every year. Also, it is the department's practice to announce the qualifying alternative criteria in early spring of students' junior year regardless of whether revisions are made. This practice ensures students are aware of, and have time to meet, the criteria before high school graduation. In addition, the elimination of this subparagraph would cause student eligibility to be entirely dependent on performance on the end-of-course exam, which the department believes is not in students' best interest. No changes have been made to this rule as a result of this comment.

COMMENT #3: Dr. Kristen Alley, Dean of Student Services at North Central Missouri College, was opposed to the policy for reimbursement of withdrawn coursework in paragraph (4)(F)2. and subparagraph (4)(F)3.A., and the loss of eligibility for failing to meet the completion requirement in paragraphs (3)(A)13. and (3)(B)3. Dr.

Alley acknowledged the cost saving issue addressed by the completion requirement, but indicated cost savings should be realized by requiring students to pay out-of-pocket for all withdrawn coursework regardless of whether the completion requirement is met, rather than through temporary loss of eligibility for failing to meet that requirement. She asserts this approach would prevent unnecessary delay in a student's completion of the program of study; reduce the administrative burden required to track whether the student paid for the withdrawn coursework and subsequently had maintained, lost, or regained eligibility in accordance with the completion requirement; and reduce misunderstanding and miscommunication caused by a lack of consistency in the treatment of withdrawn coursework, not only between students but possibly for the same student.

RESPONSE: The A+ community, including the Missouri Community College Association, recommended requiring students to complete twelve (12) credit hours each semester to maintain eligibility as a means of addressing increasing financial pressure placed on the scholarship program. Cost reduction is achieved through the term or terms of eligibility lost due to a student's failure to complete the required number of hours, which typically occurs as a result of withdrawal. The completion requirement also has secondary benefits, including the discouragement of withdrawals and, subsequently, encouragement of on-time completion.

The department recognizes a delay in program completion is unavoidable if the student does not enroll full-time each term and complete all of the enrolled hours. The department also recognizes the increased tracking necessary for institutions to implement the withdrawal policy in conjunction with the completion provision. However, decoupling the loss of eligibility from the completion requirement would negate its purpose and incentive. The department believes the challenges in administering and communicating the amended policy for the reimbursement of withdrawn coursework are justified in light of the incentive for students to complete at least twelve (12) credit hours each semester. No changes have been made to this rule as a result of this comment.

**Title 6—DEPARTMENT OF HIGHER EDUCATION
Division 10—Commissioner of Higher Education
Chapter 5—Regulation of Proprietary Schools**

ORDER OF RULEMAKING

By the authority vested in the commissioner of Higher Education under sections 173.600–173.619, RSMo 2000 and Supp. 2013, the commissioner amends a rule as follows:

6 CSR 10-5.010 Rules for Certification of Proprietary Schools
is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 15, 2016 (41 MoReg 378–385). No changes have been made in 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 15—Hospital Program**

ORDER OF RULEMAKING

By the authority vested in the MO HealthNet Division under section 208.152, RSMo Supp. 2015, sections 208.153 and 208.201, RSMo

Supp. 2013, and section 208.158, RSMo 2000, the division amends a rule as follows:

13 CSR 70-15.220 Disproportionate Share Hospital Payments
is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2016 (41 MoReg 332–335). No changes have been made in 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: The Missouri Department of Social Services, MO HealthNet Division (MHD) received one (1) comment on the proposed amendment.

COMMENT #1: Allen M. Johnson with Truman Medical Center (TMC), commented that another circumstance should be added to the exceptions process where an alternative state DSH survey can be used for the interim DSH payment. TMC believes such addition to the exception process should state that hospitals that incur an interim outpatient rate reduction of greater than six percent (6%) may request the MHD to adjust the facility's DSH survey to reflect the updated outpatient rate data. TMC further noted that as a nominal charge provider they do not have floor protections which prevent reductions in outpatient reimbursement of greater than six percent (6%).

RESPONSE: The MHD appreciates this comment, but believes the proposed amendment already provides for an adequate exceptions process. A required DSH survey that has not been adjusted by the hospital for facility-specific circumstances is to be used for all facilities to provide for an equitable distribution of the available DSH funds. The exceptions process is meant for facilities that experience financial or operational changes or both above and beyond the normal changes that may occur in the industry and cause the facility's required DSH survey to be significantly unrepresentative of its operations. Thus, if the change in the facility's outpatient rate changes the results of the required state DSH survey to the extent that it would meet the exceptions criteria, the facility could submit the alternate state DSH survey and request a revision to its interim DSH payment. Therefore, a change to the proposed amendment is not warranted.

**Title 14—DEPARTMENT OF CORRECTIONS
Division 80—State Board of Probation and Parole
Chapter 3—Conditions of Probation and Parole**

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Corrections under section 217.755, RSMo 2000, section 217.735, RSMo Supp. 2013, and section 559.106, RSMo Supp. 2014, the State Board of Probation and Parole amends a rule as follows:

14 CSR 80-3.020 Conditions of Lifetime Supervision **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2016 (41 MoReg 335). No changes have been made in 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 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2110—Missouri Dental Board
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Missouri Dental Board under section 332.031, RSMo 2000, the board amends a rule as follows:

20 CSR 2110-2.170 Fees is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 15, 2016 (41 MoReg 388-391). No changes have been made in 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 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2220—State Board of Pharmacy
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Missouri Board of Pharmacy under section 338.140, RSMo Supp. 2013, and section 338.280, RSMo 2000, the Board of Pharmacy amends a rule as follows:

20 CSR 2220-2.020 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2016 (41 MoReg 340-341). 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: One (1) comment was received on the proposed amendment.

COMMENT #1: The Missouri State Medical Association (MSMA) agreed that elimination of the physical examination requirement in section (11) of the rule was needed in order to foster telemedicine services. However, MSMA commented that “medical evaluation” is undefined and does not accurately describe what should be required as part of a patient examination. Additionally, MSMA opposed removing the language prohibiting prescription orders issued on internet-based questionnaires and telephonic consultations without a pre-existing physician-patient relationship. MSMA further suggested that the board revisit the rule if currently pending telemedicine legislation is passed by the Missouri legislature.

RESPONSE AND EXPLANATION OF CHANGE: The board recognizes this is an important patient safety issue and is in discussions with the Board of Registration for the Healing Arts which regulates physicians to provide additional guidance on a qualifying medical evaluation. The board agrees that the language restricting pharmacy dispensing based on internet questionnaires or without a pre-existing physician-patient relationship is an important patient safety provision that was inappropriately deleted in its entirety. As a result, the board has amended section (11) of the rule accordingly. The board will revisit the rule as suggested if legislative changes are enacted that impact rule requirements.

20 CSR 2220-2.020 Pharmacy Permits

(11) Prescriptions processed by any classification of licensed pharmacy must be provided by a practitioner licensed in the United States, authorized by law to prescribe drugs, and who has performed a medical evaluation of the patient as required by law. A pharmacist shall not dispense a prescription drug if the pharmacist has knowledge, or reasonably should know under the circumstances, that the prescription order for such drug was issued on the basis of an Internet-based questionnaire or without a valid pre-existing patient-practitioner relationship.

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 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and
Transportation Commission
Chapter 25—Motor Carrier Operations**

IN ADDITION

7 CSR 10-25.010 Skill Performance Evaluation Certificates for Commercial Drivers

PUBLIC NOTICE

Public Notice and Request for Comments on Applications for Issuance of Skill Performance Evaluation Certificates to Intrastate Commercial Drivers with Diabetes Mellitus or Impaired Vision

SUMMARY: This notice publishes MoDOT's receipt of applications for the issuance of Skill Performance Evaluation (SPE) Certificates from individuals who do not meet the physical qualification requirements in the Federal Motor Carrier Safety Regulations for drivers of commercial motor vehicles in Missouri intrastate commerce because of impaired vision or an established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control. If granted, the SPE Certificates will authorize these individuals to qualify as drivers of commercial motor vehicles (CMVs), in intrastate commerce only, without meeting the vision standard prescribed in 49 CFR 391.41(b)(10), if applicable, or the diabetes standard prescribed in 49 CFR 391.41(b)(3).

DATES: Comments must be received at the address stated below, on or before, July 15, 2016.

ADDRESSES: You may submit comments concerning an applicant, identified by the Application Number stated below, by any of the following methods:

- *Email:* Pamela.lueckenotto@modot.mo.gov
- *Mail:* PO Box 270, Jefferson City, MO 65102
- *Hand Delivery:* 830 MoDOT Drive, Jefferson City, MO 65102
- *Instructions:* All comments submitted must include the agency name and Application Number for this public notice. For detailed instructions on submitting comments, see the Public Participation heading of the Supplementary Information section of this notice. All comments received will be open and available for public inspection and MoDOT may publish those comments by any available means.

**COMMENTS RECEIVED
BECOME MoDOT PUBLIC RECORD**

- By submitting any comments to MoDOT, the person authorizes MoDOT to publish those comments by any available means.
- *Docket:* For access to the department's file, to read background documents or comments received, 830 MoDOT Drive, Jefferson City, MO 65102, between 7:30 a.m. and 4:00 p.m., CT, Monday through Friday, except state holidays.

FOR FURTHER INFORMATION CONTACT: Pam Lueckenotto, Motor Carrier Investigations Specialist, 636-288-6082, MoDOT Motor Carrier Services Division, PO Box 270, Jefferson City, MO 65102. Office hours are from 7:30 a.m. to 4:00 p.m., CT, Monday through Friday, except state holidays.

SUPPLEMENTARY INFORMATION:

Public Participation

If you want us to notify you that we received your comments, please include a self-addressed, stamped envelope or postcard.

Background

The individuals listed in this notice have recently filed applications requesting MoDOT to issue SPE Certificates to exempt them from the physical qualification requirements relating to vision in 49 CFR 391.41(b)(10), or to diabetes in 49 CFR 391.41(b)(3), which otherwise apply to drivers of CMVs in Missouri intrastate commerce.

Under section 622.555, RSMo, MoDOT may issue an SPE Certificate, for not more than a two- (2-) year period, if it finds that the applicant has the ability, while operating CMVs, to maintain a level of safety that is equivalent to or greater than the driver qualification standards of 49 CFR 391.41. Upon application, MoDOT may renew an exemption upon expiration.

Accordingly, the agency will evaluate the qualifications of each applicant to determine whether issuing an SPE Certificate will comply with the statutory requirements and will achieve the required level of safety. If granted, the SPE Certificate is only applicable to intrastate transportation wholly within Missouri.

Qualifications of Applicants

Application #160

Renewal Applicant's Name & Age: Joel D. Gorman, 40

Relevant Physical Condition: Insulin-treated diabetes mellitus (ITDM). Mr. Gorman's best uncorrected visual acuity is 20/20 Snellen in both eyes. Mr. Gorman has been an insulin treated diabetic since April 15, 2008.

Relevant Driving Experience: Mr. Gorman has approximately fourteen (14) years of commercial motor vehicle experience. Mr. Gorman currently has a Class B license. In addition, he has experience driving personal vehicle(s) daily.

Doctor's Opinion & Date: Following an examination in April 2016, a board-certified endocrinologist certified his condition would not adversely affect his ability to operate a commercial motor vehicle safely.

Traffic Accidents and Violations: Mr. Gorman has had no tickets or accidents on record for the previous three (3) years.

Request for Comments

The Missouri Department of Transportation, Motor Carrier Services Division, pursuant to section 622.555, RSMo, and rule 7 CSR 10-25.010, requests public comment from all interested persons on the applications for issuance of Skill Performance Evaluation Certificates described in this notice. We will consider all comments received before the close of business on the closing date indicated earlier in this notice.

Issued on: May 12, 2016

Scott Marion, Motor Carrier Services Director, Missouri Department of Transportation.

**Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and
Transportation Commission
Chapter 25—Motor Carrier Operations**

IN ADDITION

**7 CSR 10-25.010 Skill Performance Evaluation Certificates for
Commercial Drivers**

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SUPPLEMENTARY INFORMATION:

Public Participation

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Background

The individuals listed in this notice have recently filed applications

requesting MoDOT to issue SPE Certificates to exempt them from the physical qualification requirements relating to vision in 49 CFR 391.41(b)(10), or to diabetes in 49 CFR 391.41(b)(3), which otherwise apply to drivers of CMVs in Missouri intrastate commerce.

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Accordingly, the agency will evaluate the qualifications of each applicant to determine whether issuing an SPE Certificate will comply with the statutory requirements and will achieve the required level of safety. If granted, the SPE Certificate is only applicable to intrastate transportation wholly within Missouri.

Qualifications of Applicants

Application #164

Renewal Applicant's Name & Age: Cary A. Hagen, 44

Relevant Physical Condition: Vision impaired.

Mr. Hagen's best uncorrected visual acuity in his left eye is 20/15 Snellen. He is blind in his right eye. Mr. Hagen has had this visual impairment since February 14, 2002.

Relevant Driving Experience: Mr. Hagen has approximately eighteen (18) years of commercial motor vehicle experience. Mr. Hagen currently has a Class A license. In addition, he has experience driving personal vehicle(s) daily.

Doctor's Opinion & Date: Following an examination in March 2016, a board-certified ophthalmologist certified his condition would not adversely affect his ability to operate a commercial motor vehicle safely.

Traffic Accidents and Violations: Mr. Hagen has had no tickets or accidents on record for the previous three (3) years.

Request for Comments

The Missouri Department of Transportation, Motor Carrier Services Division, pursuant to section 622.555, RSMo, and rule 7 CSR 10-25.010, requests public comment from all interested persons on the applications for issuance of Skill Performance Evaluation Certificates described in this notice. We will consider all comments received before the close of business on the closing date indicated earlier in this notice.

Issued on: May 4, 2016

Scott Marion, Motor Carrier Services Director, Missouri Department of Transportation.

**Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and
Transportation Commission
Chapter 25—Motor Carrier Operations**

IN ADDITION

**7 CSR 10-25.010 Skill Performance Evaluation Certificates for
Commercial Drivers**

PUBLIC NOTICE

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FOR FURTHER INFORMATION CONTACT: Pam Lueckenotto, Motor Carrier Investigations Specialist, 636-288-6082, MoDOT Motor Carrier Services Division, PO Box 270, Jefferson City, MO 65102. Office hours are from 7:30 a.m. to 4:00 p.m., CT, Monday through Friday, except state holidays.

SUPPLEMENTARY INFORMATION:**Public Participation**

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Background

The individuals listed in this notice have recently filed applications requesting MoDOT to issue SPE Certificates to exempt them from the physical qualification requirements relating to vision in 49 CFR 391.41(b)(10), or to diabetes in 49 CFR 391.41(b)(3), which otherwise apply to drivers of CMVs in Missouri intrastate commerce.

Under section 622.555, RSMo, MoDOT may issue an SPE Certificate, for not more than a two- (2-) year period, if it finds that the applicant has the ability, while operating CMVs, to maintain a level of safety that is equivalent to or greater than the driver qualification standards of 49 CFR 391.41. Upon application, MoDOT may

renew an exemption upon expiration.

Accordingly, the agency will evaluate the qualifications of each applicant to determine whether issuing an SPE Certificate will comply with the statutory requirements and will achieve the required level of safety. If granted, the SPE Certificate is only applicable to intrastate transportation wholly within Missouri.

Qualifications of Applicants**Application #168**

Renewal Applicant's Name & Age: Bobby J. Hull, 54

Relevant Physical Condition: Vision impaired.

Mr. Hull's best corrected visual acuity in his left eye is 20/20 Snellen. He is blind in his right eye. Mr. Hull has had this visual impairment since July 2009.

Relevant Driving Experience: Mr. Hull has approximately twenty-nine (29) years of commercial motor vehicle experience. Mr. Hull currently has a Class A license. In addition, he has experience driving personal vehicle(s) daily.

Doctor's Opinion & Date: Following an examination in March 2016, a board-certified optometrist certified his condition would not adversely affect his ability to operate a commercial motor vehicle safely.

Traffic Accidents and Violations: Mr. Hull has had no tickets or accidents on record for the previous three (3) years.

Request for Comments

The Missouri Department of Transportation, Motor Carrier Services Division, pursuant to section 622.555, RSMo, and rule 7 CSR 10-25.010, requests public comment from all interested persons on the applications for issuance of Skill Performance Evaluation Certificates described in this notice. We will consider all comments received before the close of business on the closing date indicated earlier in this notice.

Issued on: May 4, 2016

Scott Marion, Motor Carrier Services Director, Missouri Department of Transportation.

The Secretary of State is required by sections 347.141 and 359.481, RSMo 2000, 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 dissolutions@sos.mo.gov.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST SEBIG, LLC

On April 19, 2016, SEBIG, LLC, a Missouri limited liability company (the "Company"), filed its Notice of Winding Up for a Limited Liability Company with the Secretary of State of Missouri.

The Company requests that any and all claims against the Company be presented by letter to the Company in care of Patricia Stewart, 1104 N. 9th St., Wathena, KS 66090. Each claim against the Company must include the following information: the name, the address and telephone number of the claimant; the amount of the claim; the date on which the claim arose; a brief description of the nature of or the basis for the claim; and any documentation related to the claim.

All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

Rule Changes Since Update to Code of State Regulations

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—39 (2014) and 40 (2015). 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				40 MoReg 1836
1 CSR 10-17.010	Commissioner of Administration		41 MoReg 660		
1 CSR 10-17.040	Commissioner of Administration		41 MoReg 661		
1 CSR 10-17.050	Commissioner of Administration		41 MoReg 666		
1 CSR 30-2.050	Division of Facilities Management, Design and Construction				41 MoReg 750
1 CSR 30-5.010	Division of Facilities Management, Design and Construction		41 MoReg 667		
1 CSR 40-1.050	Purchasing and Materials Management		41 MoReg 671		
DEPARTMENT OF AGRICULTURE					
2 CSR 30-9.010	Animal Health		41 MoReg 301		
2 CSR 30-9.020	Animal Health		41 MoReg 301		
2 CSR 30-9.030	Animal Health		41 MoReg 302		
2 CSR 30-10.010	Animal Health	40 MoReg 1623	41 MoReg 548		
2 CSR 60-4.030	Grain Inspection and Warehousing		41 MoReg 155	41 MoReg 683	
2 CSR 60-4.050	Grain Inspection and Warehousing		41 MoReg 157	41 MoReg 683	
2 CSR 60-4.120	Grain Inspection and Warehousing		41 MoReg 157	41 MoReg 683	
2 CSR 60-4.150	Grain Inspection and Warehousing		41 MoReg 157	41 MoReg 683	
2 CSR 60-5.080	Grain Inspection and Warehousing		41 MoReg 158	41 MoReg 684	
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13 CSR 70-15.030	MO HealthNet Division		This Issue		
13 CSR 70-15.220	MO HealthNet Division		40 MoReg 176	40 MoReg 977	
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1 CSR 10-15.010 Cafeteria Plan40 MoReg 1345	Jan. 1, 2016	June 28, 2016
Department of Revenue			
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12 CSR 10-41.010 Annual Adjusted Rate of Interest40 MoReg 1690	Jan. 1, 2016	June 28, 2016
Department of Insurance, Financial Institutions and Professional Registration			
Financial Examination			
20 CSR 200-11.101 Insurance Holding Company Regulation With Reporting Forms and Instructions . . . . .	.41 MoReg 11	Jan. 1, 2016	June 29, 2016
State Board of Embalmers and Funeral Directors			
20 CSR 2120-2.100 Fees . . . . .	.41 MoReg 373	Feb. 12, 2016	Aug. 9, 2016
Board of Therapeutic Massage			
20 CSR 2197-1.040 Fees . . . . .	.Next Issue	June 12, 2016	Feb. 23, 2017
State Board of Pharmacy			
20 CSR 2220-2.020 Pharmacy Permits . . . . .	.41 MoReg 297	Feb. 2, 2016	July 30, 2016
Missouri Board for Respiratory Care			
20 CSR 2255-1.040 Fees41 MoReg 547	April 11, 2016	Jan. 18, 2017
Missouri Consolidated Health Care Plan			
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22 CSR 10-2.010 Definitions40 MoReg 1691	Jan. 1, 2015	June 28, 2016
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22 CSR 10-2.045 Plan Utilization Review Policy40 MoReg 1696	Jan. 1, 2015	June 28, 2016
22 CSR 10-2.051 PPO 300 Plan Benefit Provisions and Covered Charges (Res) . . . . .	.40 MoReg 1698	Jan. 1, 2015	June 28, 2016
22 CSR 10-2.051 PPO 300 Plan Benefit Provisions and Covered Charges . . . . .	.40 MoReg 1698	Jan. 1, 2015	June 28, 2016
22 CSR 10-2.052 PPO 600 Plan Benefit Provisions and Covered Charges (Res) . . . . .	.40 MoReg 1699	Jan. 1, 2015	June 28, 2016
22 CSR 10-2.052 PPO 600 Plan Benefit Provisions and Covered Charges40 MoReg 1700	Jan. 1, 2015	June 28, 2016
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22 CSR 10-2.055 Medical Plan Benefit Provisions and Covered Charges40 MoReg 1704	Jan. 1, 2015	June 28, 2016
22 CSR 10-2.060 PPO 300 Plan, PPO 600 Plan, and Health Savings Account Plan Limitations . . . . .	.40 MoReg 1714	Jan. 1, 2015	June 28, 2016
22 CSR 10-2.070 Coordination of Benefits . . . . .	.40 MoReg 1715	Jan. 1, 2015	June 28, 2016
22 CSR 10-2.075 Review and Appeals Procedure . . . . .	.40 MoReg 1716	Jan. 1, 2015	June 28, 2016
22 CSR 10-2.089 Pharmacy Employer Group Waiver Plan for Medicare Primary Members . . . . .	.40 MoReg 1719	Jan. 1, 2015	June 28, 2016
22 CSR 10-2.090 Pharmacy Benefit Summary . . . . .	.40 MoReg 1719	Jan. 1, 2015	June 28, 2016
22 CSR 10-2.110 General Foster Parent Membership Provisions . . . . .	.40 MoReg 1722	Jan. 1, 2015	June 28, 2016
22 CSR 10-2.150 Disease Management Services Provisions and Limitations . . . . .	.40 MoReg 1726	Jan. 1, 2015	June 28, 2016
22 CSR 10-2.160 Pharmacy Lock-In Program . . . . .	.40 MoReg 1728	Jan. 1, 2015	June 28, 2016
22 CSR 10-3.010 Definitions . . . . .	.40 MoReg 1728	Jan. 1, 2015	June 28, 2016
22 CSR 10-3.020 General Membership Provisions . . . . .	.40 MoReg 1729	Jan. 1, 2015	June 28, 2016
22 CSR 10-3.045 Plan Utilization Review . . . . .	.40 MoReg 1731	Jan. 1, 2015	June 28, 2016
22 CSR 10-3.053 PPO 1000 Plan Benefit Provisions and Covered Charges (Res)40 MoReg 1733	Jan. 1, 2015	June 28, 2016
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22 CSR 10-3.055 Health Savings Account Provisions and Covered Charges (Res)40 MoReg 1735	Jan. 1, 2015	June 28, 2016

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22 CSR 10-3.056	PPO 600 Plan Benefit Provisions and Covered Charges (Res)40 MoReg 1736	Jan. 1, 2015 June 28, 2016
22 CSR 10-3.056	PPO 600 Plan Benefit Provisions and Covered Charges . . . . .	.40 MoReg 1737	Jan. 1, 2015 June 28, 2016
22 CSR 10-3.057	Medical Plan Benefit Provisions and Covered Charges . . . . .	.40 MoReg 1738	Jan. 1, 2015 June 28, 2016
22 CSR 10-3.060	PPO 600 Plan, PPO 1000 Plan, and Health Savings Account Plan Limitations . . . . .	.40 MoReg 1748	Jan. 1, 2015 June 28, 2016
22 CSR 10-3.070	Coordination of Benefits . . . . .	.40 MoReg 1750	Jan. 1, 2015 June 28, 2016
22 CSR 10-3.075	Review and Appeals Procedure . . . . .	.40 MoReg 1750	Jan. 1, 2015 June 28, 2016
22 CSR 10-3.090	Pharmacy Benefit Summary . . . . .	.40 MoReg 1753	Jan. 1, 2015 June 28, 2016
22 CSR 10-3.150	Disease Management Services Provisions and Limitations . . . . .	.40 MoReg 1755	Jan. 1, 2015 June 28, 2016
22 CSR 10-3.160	Pharmacy Lock-In Program . . . . .	.40 MoReg 1756	Jan. 1, 2015 June 28, 2016

Executive Orders	Subject Matter	Filed Date	Publication
2016			
16-07	Declares that a State of Emergency exists in the State of Missouri and directs that the Missouri State Emergency Operations Plan be activated as a result of storms that began on May 25, 2016. This order shall terminate on June 26, 2016, unless extended.	May 27, 2016	Next Issue
16-06	Declares that the next Missouri Poet Laureate will be named in June 2016 and directs that a Missouri Poet Laureate be named biennially to serve for two years at the pleasure of the governor. The order also includes qualifications and responsibilities for the post. Additionally the Missouri Poet Laureate Advisory Committee is hereby established.	May 27, 2016	Next Issue
16-05	Directs the Department of Public Safety, with guidance from the Missouri Veteran's Commission and the Adjutant General of the State of Missouri, to coordinate events with the World War I Centennial Commission that recognize and remember efforts and sacrifices of all Americans during World War I.	May 27, 2016	Next Issue
16-04	Orders all departments, agencies and boards, and commissions, in the Executive Branch subject to the authority of the governor to take all necessary action to amend initial employment applications by removing questions related to an individual's criminal history unless a criminal history would render an applicant ineligible for the position.	April 11, 2016	41 MoReg 658
16-03	Extends Executive Orders 15-10, 15-11, and 16-02 until February 22, 2016, due to severe weather that began on December 22, 2015.	Jan. 22, 2016	41 MoReg 299
16-02	Gives the director of the Department of Natural Resources the authority to temporarily suspend regulations in the aftermath of severe weather that began on December 22, 2015.	Jan. 6, 2016	41 MoReg 235
16-01	Designates members of the governor's staff to have supervisory authority over certain departments, divisions, and agencies.	Jan. 4, 2016	41 MoReg 153
2015			
15-11	Activates the state militia in response to severe weather that began on December 22, 2015.	Dec. 29, 2015	41 MoReg 151
15-10	Declares a state of emergency and directs that the Missouri State Emergency Operations Plan be activated due to severe weather that began on December 22, 2015.	Dec. 27, 2015	41 MoReg 149
15-09	Directs all Missouri Executive Branch agencies, as well as strongly encourages all private employers, to review and determine how the practices contained in the Harry S Truman School of Public Affairs preliminary guidelines and, eventually the Pay Equity Best Practices Guidelines, can be utilized by their agency or business and to identify and address any gender wage gap in order to ensure that all Missourians receive equal pay for equal work.	Dec. 4, 2015	41 MoReg 71
15-08	Closes state offices Nov. 27, 2015.	Nov. 6, 2015	40 MoReg 1630
15-07	Dedicates and renames the state office building located at 8800 East 63rd Street in Raytown, Missouri, in honor of Joseph Patrick Teasdale, the 48th governor of the state of Missouri.	Oct. 28, 2015	40 MoReg 1628
15-06	Lays out policies and procedures to be adopted by the Executive Branch of state government in procuring goods and services to enhances economic health and prosperity of Minority and Women Business Enterprises. This order supercedes Executive Order 05-30.	Oct. 21, 2015	40 MoReg 1624
15-05	Extends Executive Order 15-03 until August 14, 2015.	July 14, 2015	40 MoReg 1012
15-04	Orders all departments, agencies, boards, and commissions to comply with the Obergefell decision and rescinds Executive Order 13-14.	July 7, 2015	40 MoReg 1010
15-03	Declares a state of emergency exist in the State of Missouri and directs that the Missouri State of Emergency Operations Plan be activated.	June 18, 2015	40 MoReg 928
15-02	Extends Executive Order 14-06 and orders that the Division of Energy deliver a state energy plan to the governor by October 15, 2015.	May 22, 2015	40 MoReg 833
15-01	Appoints Byron M. Watson to the Ferguson Commission to fill the vacancy created by the resignation of Bethany A. Johnson-Javois.	Jan. 2, 2015	40 MoReg 173

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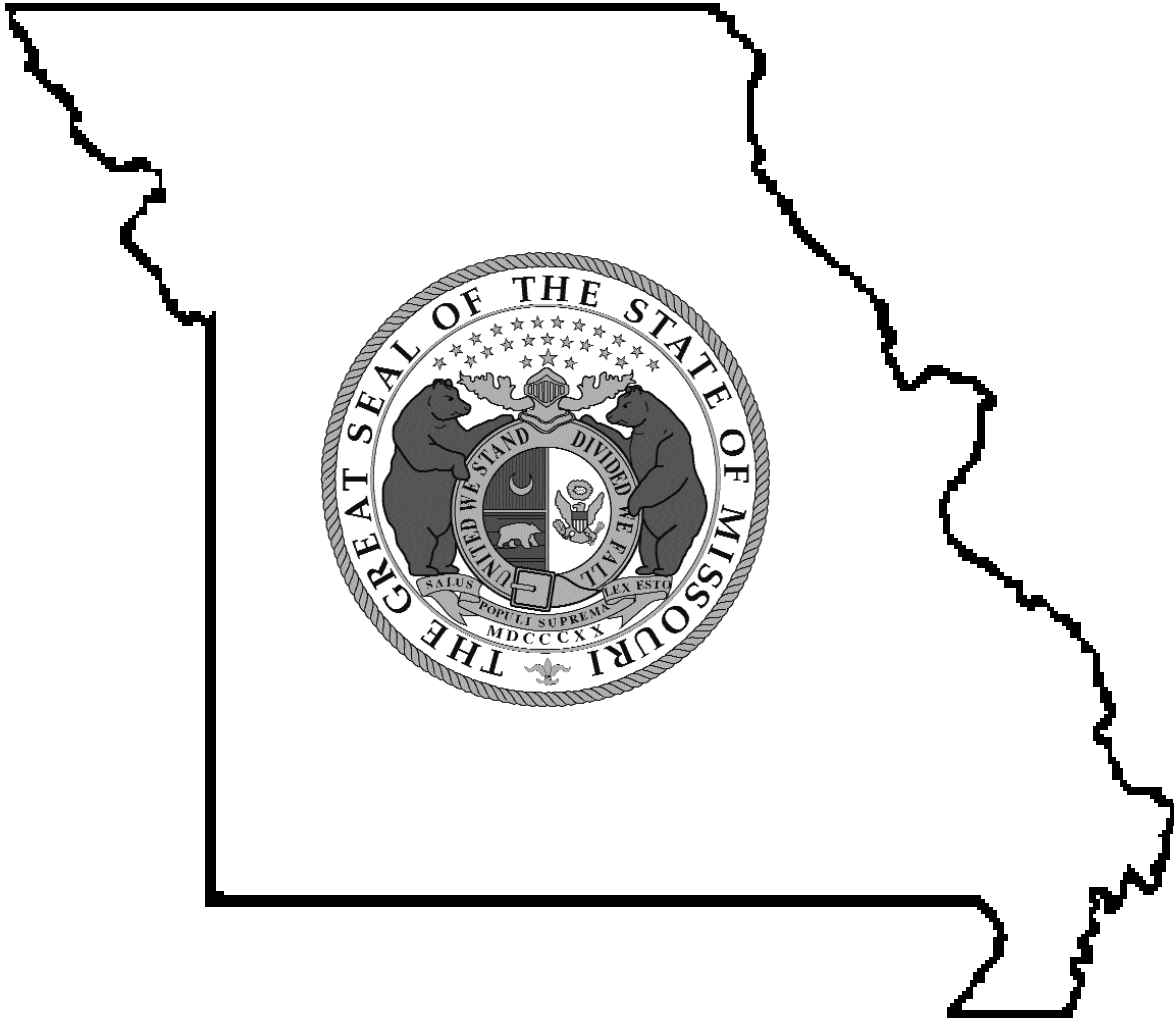
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