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SALUS POPULI SUPREMA LEX ESTO

"The welfare of the people shall be the supreme law."



ROBIN CARNAHAN
SECRETARY OF STATE

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REGISTER

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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.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons and findings which support its conclusion that there is an immediate danger to the public health, safety or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

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

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

**Title 8—DEPARTMENT OF LABOR AND
INDUSTRIAL RELATIONS
Division 50—Division of Workers' Compensation
Chapter 2—Procedure**

EMERGENCY AMENDMENT

8 CSR 50-2.030 Resolution of Medical Fee Disputes. The division proposes to amend the Purpose, sections (1) and (2) and add new sections (5) and (6).

PURPOSE: This amendment clarifies the procedures that are available to health care providers, employers and insurers to resolve medical fee disputes concerning charges for health care services as set forth in section 287.140, RSMo et seq. This amendment also establishes a procedure that applies if the total amount of reimbursement sought in a reasonableness dispute is one thousand dollars (\$1,000) or less. This amendment also sets forth the procedure that applies where the employer or insurer may file a request for an award on undisputed facts in regard to the application for direct payment on the sole ground that the health care services for which direct payment is being sought were not authorized by employer or insurer. This amendment also clarifies the confidentiality of the records and how the parties may request records from the division.

PURPOSE: This rule sets forth the Division of Workers' Compensation administrative procedures available to employers,

insurance carriers and health care providers to resolve disputes concerning charges for health care services, in accordance with section 287.140, RSMo.

EMERGENCY STATEMENT: This emergency amendment is necessary to clarify the procedures available to health care providers, employers and insurers to resolve the medical fee disputes after the Missouri Court of Appeals—Western District issued its opinion on May 9, 2006, in Cox Health Systems v. Division of Workers' Compensation of Dept. of Labor and Indus. Relations, 190 S.W.3d 623 (Mo. App. W.D. 2006). The Court of Appeals determined that "8 CSR 50-2.030(1)(O) and 8 CSR 50-2.030(2)(I) do not fairly carry out the mandate of section 287.140, but instead arbitrarily and impermissibly cut off jurisdiction when the workers' compensation case is closed." In addition, the division has deleted the ninety (90)-day waiting period that was contained in 8 CSR 50-2.030(1)(A) and 8 CSR 50-2.030(2)(A) as it impacts upon the health care provider's ability to file the medical fee dispute applications with the division and the health care providers' ability to receive notice and have an opportunity to be heard if the workers' compensation case is otherwise settled or dismissed. The emergency amendment sets forth the procedure for the health care provider to request case status information from the division on injuries that have been reported pursuant to section 287.380, RSMo or where claims for compensation have been filed pursuant to section 287.430, RSMo prior to the health care provider filing a medical fee dispute application with the division. This is necessary to comply with the division's administrative responsibility to assign a medical fee dispute number to an application that would be submitted on a workers' compensation case that is pending before the division. The amendment also establishes a procedure that applies if the total amount of the additional reimbursement sought in a reasonableness dispute is one thousand dollars (\$1,000) or less in which case either party may file a written request for an administrative ruling. Any party aggrieved by the director's administrative ruling can file a request for an evidentiary hearing before the administrative law judge within twenty (20) days of the date of the administrative ruling. The amendment also sets forth the procedure that applies where the employer or insurer may file a request for an award on undisputed facts in regard to the application for direct payment on the sole ground that the health care services for which direct payment is being sought were not authorized by employer or insurer. The division believes that these procedures will streamline the process without impacting upon the parties' ability to request an evidentiary hearing before the administrative law judge. The division believes that these procedures are in furtherance of the Cox case as they conform to the division's statutory obligations under Chapter 287, RSMo, enhance the parties opportunity to obtain a speedy resolution of disputes that are less than one thousand dollars (\$1,000) without depriving the parties of a right to an evidentiary hearing. The opinion in the Cox case has dramatically increased the medical fee dispute caseload and the procedures are necessary to assist all parties, the division and the administrative law judges. There are approximately five thousand one hundred eighty-seven (5,187) open medical fee disputes of which approximately one thousand eight hundred and sixty-eight (1,868) are reasonableness cases where the disputes are under one thousand dollars (\$1,000). By implementing the procedures the division is complying with the dictates of the Cox case to process the applications regardless of whether the statute of limitations has run, or the case has been settled or dismissed or administratively closed. The amendment also clarifies the confidentiality of the records and how the parties may request records from the division. The administrative ruling procedure requires the parties to submit supporting documentation such as a copy of the contract or agreement between the health care provider and employer or insurer, and medical records, etc. that the filing party may claim as closed or confidential as explained in the amendment. In Fiscal Year 2006, the

division received approximately twelve thousand one hundred ninety-four (12,194) inquiries from health care providers on status of workers' compensation cases that were either pending or settled or dismissed or where reports of injury were filed or not filed with the division. In light of the Cox case where the division is now required to accept all applications, the method to request records and information from the division and the confidentiality of the records needs to be clarified for all interested parties.

This emergency amendment is necessary to protect the public health, safety and welfare of all interested parties. The division believes this emergency amendment to be fair to all interested parties as it provides guidance on how to file an application on both a "reasonableness dispute" or "direct pay dispute," and offers the parties an option to pursue an administrative ruling by the division director if the total amount of additional reimbursement sought by the health care provider is one thousand dollars (\$1,000) or less. The division finds an immediate danger to the public health, safety and/or welfare and a compelling governmental interest, which requires this emergency action. This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. A proposed amendment, which covers the same material, is published in this issue of the Missouri Register. This emergency amendment is filed August 15, 2006 and will be effective September 1, 2006 and expires on February 27, 2007.

(1) Procedures [p]/Pertaining to [a]/Applications for [p]/Payment of [a]/Additional [r]/Reimbursements (Reasonableness Disputes).

(A) If an employer or insurer disputes the reasonableness of a medical fee or charge, the employer or insurer shall notify the health care provider in writing that the medical charge is being disputed and shall explain the basis for the dispute. The employer or insurer may tender partial payment and the health care provider may accept payment of the amount tendered without prejudice to the filing of an application for payment of additional reimbursements of medical fees. Upon receiving the written notice of the dispute, the health care provider [shall] may contact the insurer or employer to attempt to resolve the dispute. [If the negotiation is unsuccessful and more than ninety (90) days have elapsed since the date of first billing, the health care provider may file an application for payment of additional reimbursement of medical fees with the division.]

(B) In order to initiate a reasonableness dispute case, the health care provider must submit a Request for Case Status Information on a division-approved form to the division prior to the filing of an application for payment of additional reimbursement of medical fees. The health care provider shall file with the division an original application for payment of additional reimbursements of medical fees. The application shall contain the following information:

1. The name, address and telephone number of the health care provider [and, if different, the address where the service was rendered];
2. Name, address and telephone number of the employer and insurer against whom the application is being filed;
3. Name, address and Social Security number of the employee for whom health care services were rendered, together with the date of injury and date the services were provided, for all disputes;
4. The amount in dispute;
5. Any information the division deems necessary to resolve the dispute.

(C) The health care provider shall serve through personal service or by certified mail, return receipt requested, a copy of the application on the person or corporation against whom the application has been filed. The health care provider shall file proof of service with the division. The division shall send by first-class mail a copy of the application to the employee, employer, insurer or third-party administrator or their attorneys of record as the case may be.

(G) After the filing of an application for payment of additional reimbursement of medical fees, the parties [shall again] may attempt to resolve their dispute without the assistance of the division.

(H) If the total amount of the additional reimbursement sought is one thousand dollars (\$1,000) or less, and the parties are unable to resolve their dispute [after sixty (60) days have lapsed since the filing of the application for payment of additional reimbursement of medical fees], either party may file a written request for administrative ruling which request initiates the administrative ruling procedure. All parties shall participate in the administrative ruling procedure.

1. Within ten (10) days of the receipt of the request for administrative ruling, the division director shall assign the matter to the dispute management unit for an informal summary review. The dispute management unit may require the health care provider to provide information in support of its application for payment of additional reimbursement of medical fees, such information to include, but is by no means limited to, the following:

- A. Complete certified copies of itemized billing statements;
- B. Complete certified copies of medical records corresponding to the itemized billing statements;
- C. Affidavit from the health care provider or from health care provider's counsel stating the basis for health care provider's belief that all the medical charges are fair and reasonable and otherwise in compliance with Chapter 287, RSMo;
- D. Copy of any contracts or agreements between health care provider and employer or insurer.

2. The dispute management unit may require the employer and/or insurer to provide information in defense of the application for payment of additional reimbursement of medical fees, such information to include, but is by no means limited to, an affidavit from the employer or insurer, or counsel, stating the basis for employer/insurer's belief that the medical charges are not fair or reasonable, or otherwise not in compliance with Chapter 287, RSMo.

3. No discovery shall be allowed.

4. Within ten (10) days of completion of its informal summary review, the dispute management unit shall make a recommendation to the division director. Within ten (10) days of the receipt of the dispute management unit's recommendation, the division director shall issue an administrative ruling in the case awarding additional reimbursement to the health care provider in an amount certain or denying additional reimbursement in full.

5. The division shall, immediately upon issuance of the administrative ruling, send a copy thereof by first-class mail to counsel for all parties and to any party not represented by counsel. In the event any party is aggrieved by the director's administrative ruling, that party must file with the division's Jefferson City office a request for evidentiary hearing within twenty (20) days of the date of the administrative ruling, using the division-approved form. In the event no request for evidentiary hearing is filed within twenty (20) days of the date of the administrative ruling, the administrative ruling shall become the final and conclusive determination in the case.

6. Upon timely filing of the request for evidentiary hearing, the division shall assign the case to the local adjudication office of proper venue for evidentiary hearing. The requesting party may withdraw its request for evidentiary hearing, with prejudice, at any time after the filing of the request and prior to the conclusion of the evidentiary hearing. The withdrawal of the request for evidentiary hearing must be in writing and must be signed by the party or counsel. The request for evidentiary hearing may not be withdrawn without prejudice. Upon withdrawal of the request for evidentiary hearing, the administrative ruling shall become the final and conclusive determination in the case.

7. The evidentiary hearing shall be a simple informal proceeding, and shall be held by an administrative law judge at a place and time to be set by the division. The rules of evidence in civil cases shall apply, except that the administrative law judge

may consider the information already obtained from the parties by the dispute management unit. A record shall be made of the evidentiary hearing in the same manner as all other evidentiary hearings, as set forth in section 287.460.1, RSMo. No discovery shall be allowed unless specifically ordered in writing by the administrative law judge assigned to the case, and only upon the showing of extraordinary circumstances.

8. Within thirty (30) days of the last day of the hearing, the administrative law judge shall issue an award either awarding additional reimbursement to the health care provider in an amount certain or denying additional reimbursement in full. Either party may file an application for review with the Labor and Industrial Relations Commission within twenty (20) days from the date of the award of the administrative law judge. This review shall be subject to review and appeal in the same manner as provided for other awards in Chapter 287, RSMo.

9. If the employer or insurer fails to comply with the director's administrative ruling, the health care provider may file a complaint with the division's fraud and noncompliance unit pursuant to section 287.128, RSMo.

(I) If the total amount of the additional reimbursement sought is more than one thousand dollars (\$1,000), and the parties are unable to resolve their dispute, the health care provider may file a written application for an evidentiary hearing of the medical fee dispute. The health care provider shall forward a copy of the application for an evidentiary hearing to all parties. The employer or insurer shall file an answer **on a division-approved form** to the application for an evidentiary hearing within thirty (30) days from the date of the application, unless good cause is found by the division to extend the filing of the answer. If the employer or insurer fails to file a timely answer the facts contained in the application are deemed admitted as true, **but conclusions of law are not deemed admitted**. An evidentiary hearing shall be scheduled in front of an administrative law judge *[or legal advisor]*. An application for an evidentiary hearing cannot be dismissed without prejudice after an evidentiary hearing has been scheduled, without approval of the administrative law judge *[or legal advisor]*.

[(I)] (J) *[Either party]* Parties may engage in discovery to the extent authorized by Chapter 287, RSMo.

[(J)] (K) The evidentiary hearing shall be held at a place and time to be set by the division. The division shall notify all parties as to the time and place of the hearing. The hearing shall be simple and informal and all parties shall be entitled to be heard and to introduce evidence, however, the rules of evidence in civil proceedings shall apply. The administrative law judge *[or legal advisor]* shall conduct the hearing and shall issue an award deciding the issues in dispute. The award should be completed within thirty (30) days of *[submission of the case]* **the last day of the hearing**.

[(K)] (L) Either party may file an application for review with the Labor and Industrial Relations Commission within twenty (20) days from the date of the award of the administrative law judge *[or legal advisor]*. This review shall be subject to review and appeal in the same manner as provided for other awards in Chapter 287, RSMo.

[(L)] (M) The parties shall notify the division **in writing** of the date and amount of any settlement of the application for payment of additional reimbursement of medical fees.

[(M)] (N) The division, without a hearing, may reject an application for payment of additional reimbursements of medical fees without prejudice for failure to follow the procedures of this rule.

[(N)] (O) Any settlement of a **reasonableness dispute** or award entered on the application for reimbursement of additional medical fees shall prohibit the health care provider from pursuing any additional fees for work-related medical treatment from the employee **for the health care services that were the subject of the application**.

[(O)] If the health care provider filed an application for payment of additional reimbursement of medical fees prior to the underlying workers' compensation case is dismissed or settlement is approved by the administrative law judge or legal advisor, or an award entered by the administrative law judge, or within the applicable period of limitations, the divi-

sion retains jurisdiction to hear the dispute. If the parties file an application for payment of additional reimbursement of medical fees after the underlying workers' compensation case is dismissed or settlement is approved by the administrative law judge or legal advisor, or an award is entered by the administrative law judge, or the applicable period of limitations has expired, the division does not have jurisdiction to accept the application. The division shall notify the parties regarding its lack of jurisdiction to hear the dispute.]

(2) Procedures Pertaining to Applications for Direct Payments (Direct Pay Disputes).

(A) If an employer or insurer fails to make payment for **authorized** services provided to an employee by a health care provider due to *[an]* a **work-related injury that is covered under the Missouri Workers' Compensation Law, [and more than ninety (90) days have elapsed since the date of first billing,]** the health care provider may file an application for direct payment with the division.

(B) The *[notice of services provided and request]* application for direct payment shall contain the following information:

1. The name, address and telephone number of the health care provider and, if different, the address where the service was rendered;

2. Name, address and telephone number of the employer and insurer against whom the application is being filed;

3. Name, address and Social Security number of the employee for whom health care services were rendered, together with the date of injury, for all disputes;

4. A brief description of the disputed services rendered; the date services were provided; the amount of money claimed to be owed; and the name and title of the person from the insurer or employer giving authorization *[(if known)]*;

5. Any information the division deems necessary.

(C) The health care provider shall serve the employer or insurer through personal service or by certified mail, return receipt requested, a copy of the application on the person or corporation against whom the application has been filed. The health care provider shall file proof of service in accordance with section (4) of this rule with the division. **The division shall send by first-class mail a copy of the application to the employee, employer, insurer or third-party administrator or their attorneys of record as the case may be.**

(D) The application shall be filed on a form prescribed by the division and shall contain the required information. If the application does not include all the information required by *[paragraph]* **subsection (B)(1.)** of this *[rule]* section or proof of service is not filed with the division, the application will be returned for the additional information.

(E) The division, without a hearing, may reject an application for direct payment without prejudice if the application does not pertain to a dispute relating to services **that were authorized in advance by the employer or insurer** for a compensable injury or for failure to follow the procedures of this rule.

(F) If there is no report of injury or claim for compensation filed with the division for the **work-related** injury for which the health care *[was]* **services were** provided, the application will be returned for lack of jurisdiction of the division.

(H) The health care provider is barred from pursuing the employee for any work-related costs incurred in pursuing the medical fee dispute and any reduction in payment of a medical charge. This rule is not intended to prohibit the provider from pursuing the responsible party for payment of fees for medical treatment that is found by award or settlement not to be *[work-related]* **compensable**.

(I) *[The division shall lose jurisdiction to hear medical fee disputes relating to direct payments after the underlying workers' compensation case is dismissed or settlement approved by the administrative law judge or legal advisor or an award is entered by the administrative law judge.]* **Requesting and Issuing Awards on Undisputed Facts.**

1. An application for direct payment may be denied in full by an administrative law judge without an evidentiary hearing by

issuing an award on undisputed facts in accordance with the following procedures. The employer or insurer may file a request for an award on undisputed facts in regard to the application for direct payment on the sole ground that the health care services for which direct payment is being sought were not authorized by employer or insurer. The request for an award on undisputed facts shall be filed on the approved division form. The request for an award on undisputed facts shall state with particularity each material fact as to which the employer or insurer claims there is no genuine issue, with specific references to the contents of the application for direct payment, deposition testimony, affidavits and documents that demonstrate the lack of a genuine issue as to such facts. Each request for an award on undisputed facts shall have attached thereto the affidavits, portions of deposition transcripts, and other documents relied upon in the request.

2. Within thirty (30) days after a request for an award on undisputed facts is filed with the division, the health care provider shall file its response on the approved division form. The response shall admit or deny each of the factual statements contained in the request. A denial may not rest upon mere allegations or general denials. Rather, the response shall support each denial with specific references to the depositions, documents or affidavits that demonstrate specific facts showing that there is a genuine issue to be decided at an evidentiary hearing. Attached to the response shall be a copy of the affidavits, deposition transcripts (or portions thereof), and other documents upon which the response relies. The response may also set forth, in detail, additional material facts that remain in dispute.

3. Upon timely filing of the response, the administrative law judge assigned to the case shall proceed to ruling on the request for an award on undisputed facts. If no response is filed within the thirty (30) days allotted (unless extended by written order of an administrative law judge), the facts as set forth in the request for an award on undisputed facts shall be deemed as true, and the administrative law judge assigned to the case shall proceed to ruling on the request for an award on undisputed facts. If the request for an award on undisputed facts and response show that there is no genuine issue as to any material fact and that the application for direct payment should be denied in full, the administrative law judge shall enter an award on undisputed facts denying the application for direct payment in full. Such award shall be a final reviewable award in the case as to the application for direct payment.

4. The health care provider may file an application for review with the Labor and Industrial Relations Commission within twenty (20) days from the date of the award of the administrative law judge. This review shall be subject to review and appeal in the same manner as provided for other awards in Chapter 287, RSMo.

5. If the request for an award on undisputed facts and response show that there is a genuine issue as to any material fact, the administrative law judge shall issue an order denying the request for an award on undisputed facts. An order denying the request for an award on undisputed facts is not a final award as to any issue, and is not subject to review or appeal.

(5) Requesting Records, Confidentiality and Storage.

(A) The Report of Injury and subsequent medical reports are considered closed records pursuant to section 287.380.3, RSMo. Section 610.021(14), RSMo authorizes the division to close the records which are protected from disclosure by law.

(B) If a person submits records to the division and wishes to claim that the record is closed or confidential, the division will maintain the record as closed, except that information that is closed pursuant to section 287.380.3, RSMo will be provided to a requesting person who is party to the workers' compensation case or an attorney who has filed an entry of appearance representing a party to the workers' compensation case or to a party in a reasonableness case. In order to claim the record as closed or confidential, the person submitting the record must state in bold or other clearly distinguishable type on the face of the record or in

the face of the cover letter accompanying the record, that the record is closed or confidential and the reason the record is asserted to be closed or confidential.

(C) The requesting person may obtain records from the division by submitting a request in writing to the division's Jefferson City office at PO Box 58, Jefferson City, MO 65102. The requesting person must state their relationship to the case as set forth in 8 CSR 50-2.020(4)(C). Records as legally required will be provided in response to a subpoena duces tecum or Release of Information form duly signed by the person giving the division authorization to release the records.

(D) The division will charge for copies of documents and certification of documents according to section 287.660, RSMo, or Chapter 610, RSMo, if applicable.

(E) The division reserves the right to store the documentation submitted in a medical fee dispute proceeding either electronically or in a paper file.

(6) The division-approved forms as referenced in these rules may be obtained from the website address <http://www.dolir.mo.gov/wc/forms/forms.htm> or by contacting the division at (573) 522-2546 or by submitting a written request to the division's Jefferson City office at PO Box 58, Jefferson City, MO 65102.

AUTHORITY: sections 287.140.4, RSMo Supp. 2005 and 287.650, RSMo [Supp. 1999] 2000. Emergency rule filed Feb. 3, 1993, effective Feb. 19, 1993, expired June 18, 1993. Emergency rule filed June 29, 1993, effective July 9, 1993, expired Nov. 5, 1993. Emergency rule filed Nov. 16, 1993, effective Nov. 26, 1993, expired March 25, 1994. Emergency rule filed June 28, 1994, effective July 8, 1994, expired Nov. 4, 1994. Emergency rule filed Oct. 20, 1994, effective Nov. 5, 1994, expired March 4, 1995. Emergency rule filed Aug. 18, 1995, effective Aug. 28, 1995, expired Feb. 23, 1996. Original rule filed Aug. 18, 1995, effective Feb. 24, 1996. Rescinded and readopted: Filed Jan. 21, 2000, effective Sept. 30, 2000. Emergency amendment filed Aug. 15, 2006, effective Sept. 1, 2006, expires Feb. 27, 2007. A proposed amendment covering this same material is published in this issue of the Missouri Register.

Title 11—DEPARTMENT OF PUBLIC SAFETY Division 10—Adjutant General Chapter 5—Missouri Veterans' Recognition Program

EMERGENCY AMENDMENT

11 CSR 10-5.010 Missouri Veterans' Recognition Program. The Adjutant General is amending the Purpose, sections (1), (2), (3), (4), (6), (7), (8) and (10).

PURPOSE: This amendment expands the recognition program to include the Vietnam War veterans who were honorably discharged and reside as a legal resident of the state or was a legal resident of the state of Missouri at the time he or she entered or was discharged from military service or at the time of his or her death.

PURPOSE: This rule prescribes guidelines as required by sections 42.175, 42.200, and 42.222, RSMo, to administer the World War II Veterans' Recognition, [and the] Missouri World War II "D-Day" Invasion of Europe, Korean Conflict and Vietnam War Medal Program. These guidelines provide a framework for World War II, Korean Conflict and Vietnam War veterans to apply for medal, medallion, and certificates in recognition of their service to Missouri and our nation during the World War II, Korean and Vietnam Wars.

EMERGENCY STATEMENT: Vietnam War veterans, who were honorably discharged and reside as a legal resident of Missouri or were a legal resident of Missouri at the time he or she entered or was discharged from military service or at the time of his or her death, are authorized to make application to the Veterans Recognition Program

for the Vietnam War medallion, medal and certificate of appreciation. This emergency amendment informs Missouri Vietnam War veterans and their spouses that they may apply for recognition awards and defines award eligibility criteria. The emergency amendment is necessary because of the compelling governmental interest to honor Missouri's estimated two hundred thirty thousand (230,000) Vietnam War veterans for their honorable and patriotic service to our state and nation. This law leaves little time to notify Missouri's veterans of their award eligibility due to the January 1, 2007 start up date and implementing an emergency amendment for the program will ensure that Missouri's compelling need to recognize these veterans for their service to preserve social freedoms will be achieved in a timely and comprehensive manner. A proposed amendment, which covers this topic, is published in this issue of the *Missouri Register*. The scope of this emergency amendment complies with the protections extended in the *Missouri and United States Constitutions*. The Division of Public Safety—Office of the Adjutant General believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed August 7, 2006, effective September 7, 2006, expires February 24, 2007.

(1) Definitions as used in this rule, unless the context clearly indicates otherwise, the following terms shall mean:

(A) Adjutant General—As defined in Chapter 41, *Revised Statutes of Missouri*, section [41.110] 41.160 and all amendments thereto;

(B) Appropriate service records—Military records documenting the honorable service of a veteran in the armed forces of the United States eligibility for awards authorized under the Missouri World War II, Korean Conflict and Vietnam War Recognition Program. A Department of Defense DD-214 or other document acceptable to the Adjutant General;

(I) Eligible World War II veteran—Any person defined as a veteran by the United States Department of Veterans Affairs, who honorably served on active duty in the United States military service at anytime beginning December 7, 1941 and ending December 31, 1946 provided [1]—

1. [t/That such veteran [was] is a legal resident of the state of Missouri or was a legal resident of this state at the time he or she entered or was discharged from military service or at the time of his or her death; and [2]]

2. [s/Such veteran was honorably separated or discharged from military service or is still in active service in honorable status, or was legal resident of this state at the time of his or her death;

(J) Eligible Korean Conflict Veteran—Any person defined as a veteran by the United States Department of Veterans Affairs, who honorably served on active duty in the United States military service at anytime beginning June 27, 1950 and ending January 31, 1955 provided—

1. That such veteran [was] is a legal resident of the state of Missouri or was a legal resident of this state at the time he or she entered or was discharged from military service or at the time of his or her death; and

2. Such veteran was honorably separated or discharged from military service or is still in active service in honorable status, or was a legal resident of this state at the time of his or her death;

(K) Eligible Vietnam War Veteran—Any person defined as a veteran by the United States Department of Veterans Affairs, who honorably served on active duty in the United States military service at anytime beginning February 28, 1961 and ending May 7, 1975 provided—

1. That such veteran is a legal resident of the state or was a legal resident of the state of Missouri at the time he or she entered or was discharged from military service or at the time of his or her death; and

2. Such veteran was honorably separated or discharged from military service or is still in active service in honorable status, or was in active service in honorable status at the time of his or her death;

[(K)] (L) Honorably separated—The release from military service or duty under honorable conditions;

[(L)] (M) Honorable status—Attesting to creditable conduct while serving on active duty in the military;

[(M)] (N) Intestate survivor—The survivor of a [World War II] veteran who has died without a will;

[(N)] (O) Eldest living survivor—the eldest survivor of a veteran connected by blood or affinity;

[(O)] (P) Jubilee of Liberty Medal—A medal created by the Regional Council of Normandy, France, in 1994 to commemorate the 50th anniversary of the June 6, 1944, “D-Day” invasion of Europe;

[(P)] (Q) Korean Conflict—The United States led United Nations forces to defend South Korea from North Korean invaders aided by China and the former Soviet Union, beginning June 27, 1950 and ending January 31, 1955;

[(Q)] Korean Conflict Veterans’ Recognition Award Fund—As defined in section 42.206, RSMo, consisting of all gifts, donations and bequests to the fund to be administered by the Adjutant General;]

(R) Vietnam War—The war beginning February 28, 1961 and ending May 7, 1975;

[(R)] (S) Legal resident—A person (veteran) whose official United States mailing address is within the boundaries of the state of Missouri;

[(S)] (T) Medal—A small object usually metal in nature bearing an emblem or picture that is issued to commemorate a person’s participation in an event or is awarded for excellence or achievement;

[(T)] (U) Medallion—An object or coin, usually round or oval in shape, resembling a medal;

[(U)] (V) Replica—A close reproduction or facsimile of the original;

[(V)] (W) Spouse—Married person, i.e.: husband, wife;

[(W)] (X) Veteran—Any person defined as a veteran by the United States Department of Veterans’ Affairs or its successor agency;

[(X)] (Y) Veterans Commission—The commission created by section 42.007, RSMo;

[(Y)] (Z) World War II—The World War beginning December 7, 1941, and ending December 31, 1946;

[(Z)] (AA) World War II, Korean Conflict and Vietnam War Veterans’ Recognition Award Funds—As defined in sections 42.195, 42.206 and 42.226, RSMo, consisting of gifts, bequests, and donations to be administered by the Adjutant General.

(2) The Adjutant General is responsible for the administration of the Missouri World War II Veterans’ Recognition and the World War II “D-Day” Invasion of Europe, Korean Conflict and Vietnam War Medal Programs and, subject to an appropriation for this purpose, will distribute a medal, medallion, and certificate to each qualified Missouri [World War II] veteran.

(3) Design.

(A) The Veterans Commission is responsible for the design of the form of the medallions, medals, and certificates and will provide the approved designs to the Adjutant General for distribution.

(4) To be eligible for the World War II, [or] Korean Conflict or Vietnam War Veterans’ Recognition Awards, the veteran must:

(A) Have served on active duty in the United States military service at anytime beginning December 7, 1941, and ending December 31, 1946 for the World War II award; [and] June 27, 1950, and ending January 31, 1955 for the Korean Conflict award; and February 28, 1961, and ending May 7, 1975 for the Vietnam War;

(B) Be a legal resident of Missouri or was a legal resident of this state at the time he or she entered or was discharged from military service or was in active service in honorable status at the time of his or her death;

(6) World War II, “D-Day” Invasion of Europe, [and] Korean Conflict, and Vietnam War veterans, to obtain authorized medals,

medallions, and certificates, must complete an application form and provide copies of appropriate military service record verification forms to the Office of the Adjutant General, Attention: Director, Missouri Veterans' Recognition Program, [2303] 2302 Militia Drive, Jefferson City, MO 65101-1203. World War II and Jubilee of Liberty award applications must be submitted anytime after January 1, 2001. Korean Conflict Award applications must be submitted anytime after January 1, 2004. **Vietnam War Award applications must be submitted anytime after January 1, 2007.** Applications and service forms will not be returned and will become property of the state of Missouri.

(7) Application forms may be obtained by contacting the Office of the Adjutant General or contacting local Missouri Veterans Commission offices. Forms will also be provided to Missouri veterans' organizations upon request to the Director, Veterans' [World War II] Recognition Program.

(8) If any person dies after applying for a medallion, medal and a certificate [pursuant to sections 42.170 to 42.206, RSMo,] and such person would have been entitled to the medallion, medal, and the certificate, the Adjutant General shall award the medallion, medal, and the certificate in the following order:

(10) Eligibility Determination.

(A) If the Adjutant General disallows any veteran's claim to a medallion, medal, and a certificate [pursuant to sections 42.170 to 42.190, RSMo, for World War II and/or the "D-Day" Invasion of Europe recognition programs], a statement of the reason for the disallowance shall be filed with the application and a notice of ineligibility will be mailed to the applicant at the applicant's last known address.

(B) The notice of ineligibility will include information on the appeal process for applicants whose requests for [World War II Recognition Programs] awards are denied. Denied applicants will have thirty (30) days from receipt of notices of ineligibility to submit written appeals.

AUTHORITY: section 42.175, RSMo Supp. [2004] 2005. Original rule filed Sept. 14, 2000, effective March 30, 2001. Emergency amendment filed July 22, 2002, effective Aug. 1, 2002, expired Feb. 27, 2003. Amended: Filed July 22, 2002, effective Jan. 30, 2003. Emergency amendment filed July 25, 2003, effective Aug. 21, 2003, expired Feb. 17, 2004. Amended: Filed July 25, 2003, effective Feb. 29, 2004. Emergency amendment filed July 19, 2005, effective July 29, 2005, expired Jan. 24, 2006. Amended: Filed July 19, 2005, effective Jan. 30, 2006. Emergency amendment filed Aug. 7, 2006, effective Sept. 7, 2006, expires Feb. 24, 2007. A proposed amendment covering this same material is published in this issue of the Missouri Register.

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 60—Missouri Health Facilities Review Committee
Chapter 50—Certificate of Need Program**

EMERGENCY AMENDMENT

19 CSR 60-50.300 Definitions for the Certificate of Need Process. This amendment modifies the address in section (18).

PURPOSE: This rule is amended because the Certificate of Need (CON) Program office was moved to a new physical location.

EMERGENCY STATEMENT: This emergency amendment is necessary to fulfill a compelling governmental interest which requires rewriting the Certificate of Need (CON) rules in order to replace the

previous office mail information with the new contact information and to preserve a compelling governmental interest in health care cost containment. The U.S. mail forwarding service has expired since the October 25, 2005, CON Program office move, and time-critical mail is being returned to CON applicants, attorneys and others. This can result in missed deadlines and substantial delays in conducting business with the public. The CON statutes, sections 197.300 to 197.366, RSMo, were enacted to ensure the preservation of health care access, the prevention of unnecessary duplication, the containment of health care costs, and the reasonable distribution of health services in Missouri.

Therefore, the Missouri Health Facilities Review Committee (committee) files this emergency amendment because it is also necessary to preserve the public health, safety and welfare of Missouri citizens by ensuring that sufficient quantity and quality care continue to be provided to CON applicants and the public. The committee believes this emergency amendment to be fair to all interested parties under these circumstances so that the committee may continue to give clear guidance to health care facilities, physicians, investors, and other prospective applicants for their planning purposes. Failure to immediately update the CON rules to provide reasonable and accurate contact information for these applications would negatively impact the state's ability to forecast need, create a confusing regulatory environment for health care providers, and impair committee's ability to meet needs. The committee wishes to reduce unnecessary applicant expense and time in the preparation of CON applications, and to accurately meet the health care needs of Missouri without unnecessarily increasing health care costs.

This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The committee finds that an emergency amendment is necessary to preserve health care access, allow health care providers to more easily contact the CON office, and prevent negative impacts to the public health, safety, and welfare of the citizens of Missouri. This emergency amendment was filed August 14, 2006, to become effective August 28, 2006, and will expire on February 23, 2007.

(18) The most current version of Form MO 580-1863 may be obtained by mailing a written request to the Certificate of Need Program (CONP), [915G Leslie Boulevard] PO Box 570, Jefferson City, MO 65101/1J2, or in person at the CONP Office, or, if technically feasible, by downloading a copy of the form from the CONP website at www.dhss.mo.gov/con.

AUTHORITY: section 197.320, RSMo 2000. Original rule filed June 2, 1994, effective Nov. 30, 1994. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expires Feb. 23, 2007. A proposed amendment covering this same material is published in this issue of the Missouri Register.

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 60—Missouri Health Facilities Review Committee
Chapter 50—Certificate of Need Program**

EMERGENCY AMENDMENT

19 CSR 60-50.400 Letter of Intent Process. This amendment modifies the agency name, report title, address, and website in sections (3), (5) and (7).

PURPOSE: This rule is amended because the Certificate of Need Program office was moved to a new physical location, changed its website address, and responded to a reorganization of the Department of Health and Senior Services.

EMERGENCY STATEMENT: *This emergency amendment is necessary to fulfill a compelling governmental interest which requires rewriting the Certificate of Need (CON) rules in order to replace the previous office mail information with the new contact information and to preserve a compelling governmental interest in health care cost containment. The U.S. mail forwarding service has expired since the October 25, 2005, CON Program office move, and time-critical mail is being returned to CON applicants, attorneys and others. This can result in missed deadlines and substantial delays in conducting business with the public. The CON statutes, sections 197.300 to 197.366, RSMo, were enacted to ensure the preservation of health care access, the prevention of unnecessary duplication, the containment of health care costs, and the reasonable distribution of health services in Missouri.*

Therefore, the Missouri Health Facilities Review Committee (committee) files this emergency amendment because it is also necessary to preserve the public health, safety and welfare of Missouri citizens by ensuring that sufficient quantity and quality care continue to be provided to CON applicants and the public. The committee believes this emergency amendment to be fair to all interested parties under these circumstances so that the committee may continue to give clear guidance to health care facilities, physicians, investors, and other prospective applicants for their planning purposes. Failure to immediately update the CON rules to provide reasonable and accurate contact information for these applications would negatively impact the state's ability to forecast need, create a confusing regulatory environment for health care providers, and impair committee's ability to meet needs. The committee wishes to reduce unnecessary applicant expense and time in the preparation of CON applications, and to accurately meet the health care needs of Missouri without unnecessarily increasing health care costs.

This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The committee finds that an emergency amendment is necessary to preserve health care access, allow health care providers to more easily contact the CON office, and prevent negative impacts to the public health, safety, and welfare of the citizens of Missouri. This emergency amendment was filed August 14, 2006, to become effective August 28, 2006, and will expire on February 23, 2007.

(3) A LTC bed expansion or replacement as sought pursuant to section 197.318.8 through 197.318.10, RSMo, requires a CON application, if the capital expenditure for such bed expansion or replacement exceeds six hundred thousand dollars (\$600,000), but allows for shortened information requirements and review time frames. When a LOI for a LTC bed expansion, except replacement(s), is filed, the Certificate of Need Program (CONP) staff shall immediately request certification for that facility of average licensed bed occupancy and final Class 1 patient care deficiencies for the most recent six (6) consecutive calendar quarters by the Division of [Senior Services and] Regulation [(DSSR)] and Licensure (DRL), Department of Health and Senior Services, through a LTC Facility Expansion Certification (Form MO 580-2351) to verify compliance with occupancy and deficiency requirements pursuant to section 197.318.8, RSMo. Occupancy data shall be taken from the [DSSR's] DRL's most recently published Six-Quarter Occupancy of Intermediate Care and Skilled Nursing Facility (or Residential Care and Assisted Living Facility) Licensed Beds reports. For LTC bed expansions or replacements, the sellers and purchasers shall be defined as the owner(s) and operator(s) of the respective facilities, which includes building, land, and license. On the Purchase Agreement (Form MO 580-2352), both the owner(s) and operator(s) of the purchasing and selling facilities should sign.

(5) For a LTC bed expansion proposal pursuant to section 197.318.8(1)(e), RSMo, the CONP Staff shall request occupancy

verification by the [DSSR] DRL who shall also provide a copy to the applicant.

(7) The most current version of Forms MO 580-2351, MO 580-2352, and MO 580-1871 may be obtained by mailing a written request to the CONP, [915G Leslie Boulevard] PO Box 570, Jefferson City, MO 65101/12, or in person at the CONP Office, or, if technically feasible, by downloading a copy of the forms from the CONP website at [www.dhss.state.mo.us/con] www.dhss.mo.gov/con.

AUTHORITY: *section 197.320, RSMo 2000. Original rule filed June 2, 1994, effective Nov. 30, 1994. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expires Feb. 23, 2007. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 60—Missouri Health Facilities Review Committee Chapter 50—Certificate of Need Program

EMERGENCY AMENDMENT

19 CSR 60-50.410 Letter of Intent Package. This amendment modifies the address in sections (3) and (6).

PURPOSE: *This rule is amended because SB 616 changed the category name of long-term care facilities, the Certificate of Need Program office was moved to a new physical location, changed its website address, and responded to a reorganization of the Department of Health and Senior Services.*

EMERGENCY STATEMENT: *This emergency amendment is necessary to fulfill a compelling governmental interest in order to implement the requirements of CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006), which changes the licensure category "residential care facility I" to "residential care facility" and the licensure category "residential care facility II" to "assisted living facility," and to preserve a compelling governmental interest in health care cost containment. It also requires rewriting the Certificate of Need (CON) rules in order to replace the previous office mail information with the new contact information. The CON statutes, sections 197.300 to 197.366, RSMo, were enacted to ensure the preservation of health care access, the prevention of unnecessary duplication, the containment of health care costs, and the reasonable distribution of health services in Missouri.*

Therefore, the Missouri Health Facilities Review Committee (committee) files this emergency amendment because it is also necessary to preserve the public health, safety and welfare of Missouri citizens by ensuring that sufficient quantity and quality care continue to be provided in long-term care facilities impacted by CCS HCS SCS SB 616. The committee believes this emergency amendment to be fair to all interested parties under these circumstances so that the committee may give clear guidance to health care facilities, physicians, investors, and other prospective applicants for their planning purposes. Failure to immediately update the CON rules to provide reasonable and accurate contact information for these applications would negatively impact the state's ability to forecast need, create a confusing regulatory environment for health care providers, and impair committee's ability to meet needs. The committee wishes to reduce unnecessary applicant expense and time in the preparation of CON applications, and to accurately meet the health care needs of Missouri without unnecessarily increasing health care costs.

This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The committee finds

that an emergency amendment is necessary to preserve health care access, allow health care providers to more easily contact the CON office, and prevent negative impacts to the public health, safety, and welfare of the citizens of Missouri. This emergency amendment was filed August 14, 2006, to become effective August 28, 2006, and will expire on February 23, 2007.

(3) If an exemption is sought for [an] a residential care or assisted living facility (RCF/ALF) [I or II] pursuant to section 197.312, RSMo, applicants shall submit documentation that this facility had previously been owned or operated for or, on behalf of St. Louis City.

(6) The most current version of Forms MO 580-1860 and MO 580-2375 may be obtained by mailing a written request to the CONP, [915G Leslie Boulevard] PO Box 570, Jefferson City, MO 65101/12, or in person at the CONP Office, or, if technically feasible, by downloading a copy of the forms from the CONP website at [www.dhss.state.mo.us/con] www.dhss.mo.gov/con.

AUTHORITY: section 197.320, RSMo 2000. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expires Feb. 23, 2007. A proposed amendment covering this same material is published in this issue of the Missouri Register.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 60—Missouri Health Facilities Review
Committee
Chapter 50—Certificate of Need Program**

EMERGENCY AMENDMENT

19 CSR 60-50.430 Application Package. This amendment modifies the address in sections (4) and (6).

PURPOSE: This rule is amended because the Certificate of Need Program office was moved to a new physical location, changed its website address, and responded to a reorganization of the Department of Health and Senior Services.

EMERGENCY STATEMENT: This emergency amendment is necessary to fulfill a compelling governmental interest which requires rewriting the Certificate of Need (CON) rules in order to replace the previous office mail information with the new contact information and to preserve a compelling governmental interest in health care cost containment. The U.S. mail forwarding service has expired since the October 25, 2005, CON Program office move, and time-critical mail is being returned to CON applicants, attorneys and others. This can result in missed deadlines and substantial delays in conducting business with the public. The CON statutes, sections 197.300 to 197.366, RSMo, were enacted to ensure the preservation of health care access, the prevention of unnecessary duplication, the containment of health care costs, and the reasonable distribution of health services in Missouri.

Therefore, the Missouri Health Facilities Review Committee (committee) files this emergency amendment because it is also necessary to preserve the public health, safety and welfare of Missouri citizens by ensuring that sufficient quantity and quality care continue to be provided to CON applicants and the public. The committee believes this emergency amendment to be fair to all interested parties under these circumstances so that the committee may continue to give clear guidance to health care facilities, physicians, investors, and other prospective applicants for their planning purposes. Failure to immediately update the CON rules to provide reasonable and accurate

contact information for these applications would negatively impact the state's ability to forecast need, create a confusing regulatory environment for health care providers, and impair committee's ability to meet needs. The committee wishes to reduce unnecessary applicant expense and time in the preparation of CON applications, and to accurately meet the health care needs of Missouri without unnecessarily increasing health care costs.

This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The committee finds that an emergency amendment is necessary to preserve health care access, allow health care providers to more easily contact the CON office, and prevent negative impacts to the public health, safety, and welfare of the citizens of Missouri. This emergency amendment was filed August 14, 2006, to become effective August 28, 2006, and will expire on February 23, 2007.

(4) The Proposal Description shall include documents which:

(B) Describe the developmental details including:

1. A legible city or county map showing the exact location of the facility or health service, and a copy of the site plan showing the relation of the project to existing structures and boundaries;

2. Preliminary schematics for the project that specify the functional assignment of all space which will fit on an eight and one-half inch by eleven inch (8 1/2" × 11") format (not required for replacement equipment projects). The Certificate of Need Program (CONP) staff may request submission of an electronic version of the schematics, when appropriate. The function for each space, before and after construction or renovation, shall be clearly identified and all space shall be assigned;

3. Evidence of submission of architectural plans to the Division of [Senior Services and] Regulation and Licensure, Department of Health and Senior Services, for long-term care projects and other facilities (not required for replacement equipment projects);

4. For long-term care proposals, existing and proposed gross square footage for the entire facility and for each institutional service or program directly affected by the project. If the project involves relocation, identify what will go into vacated space;

5. Documentation of ownership of the project site, or that the site is available through a signed option to purchase or lease; and

6. Proposals which include major and other medical equipment should include an equipment list with prices and documentation in the form of bid quotes, purchase orders, catalog prices, or other sources to substantiate the proposed equipment costs;

(C) Proposals for new hospitals, new or additional long-term care (LTC) beds, or new major medical equipment must define the community to be served:

1. Describe the service area(s) population using year 2010 populations and projections which are consistent with those provided by the Bureau of [Health Data Analysis] Informatics which can be obtained by contacting:

Chief, Bureau of [Health Data Analysis] Informatics
[Center for Health Information Management and
Evaluation (CHIME)]

**Section of Public Health Practice and Administrative
Support (SPHPAS)**

Division of Community and Public Health

Department of Health and Senior Services

PO Box 570, Jefferson City, MO 65102

Telephone: (573) [751-6278] 526-4805

There will be a charge for any of the information requested, and seven to fourteen (7-14) days should be allowed for a response from the [CHIME] SPHPAS. Information requests should be made to [CHIME] SPHPAS such that the response is received at least two (2) weeks before it is needed for incorporation into the CON application.

2. Use the maps and population data received from [CHIME] SPHPAS with the CON Applicant's Population Determination Method to determine the estimated population, as follows:

A. Utilize all of the population for zip codes entirely within the fifteen (15)-mile radius for LTC beds or geographic service area for hospitals and major medical equipment;

B. Reference a state highway map (or a map of greater detail) to verify population centers (see Bureau of [Health Data Analysis information] Informatics) within each zip code overlapped by the fifteen (15)-mile radius or geographic service area;

C. Categorize population centers as either "in" or "out" of the fifteen (15)-mile radius or geographic service area and remove the population data from each affected zip code categorized as "out";

D. Estimate, to the nearest ten percent (10%), the portion of the zip code area that is within the fifteen (15)-mile radius or geographic service area by "eyeballing" the portion of the area in the radius (if less than five percent (5%), exclude the entire zip code);

E. Multiply the remaining zip code population (total population less the population centers) by the percentage determined in (4)(C)2.D. (due to numerous complexities, population centers will not be utilized to adjust overlapped zip code populations in Jackson, St. Louis, and St. Charles counties or St. Louis City; instead, the total population within the zip code will be considered uniform and multiplied by the percentage determined in (4)(C)2.D.);

F. Add back the population center(s) "inside" the radius or region for zip codes overlapped; and

G. The sum of the estimated zip codes, plus those entirely within the radius, will equal the total population within the fifteen (15)-mile radius or geographic service area.

3. Provide other statistics, such as studies, patient origin or discharge data, Hospital Industry Data Institute's information, or consultants' reports, to document the size and validity of any proposed user-defined "geographic service area";

(6) The most current version of Forms MO 580-2501, MO 580-2502, MO 580-2503, MO 580-2504, MO 580-2505, MO 580-1861, MO 580-1869 and MO 580-1863 may be obtained by mailing a written request to the Certificate of Need Program (CONP), [915G Leslie Boulevard] PO Box 570, Jefferson City, MO 65101/2, or in person at the CONP Office, or, if technically feasible, by downloading a copy of the forms from the CONP website at [www.dhss.state.mo.us/con] www.dhss.mo.gov/con.

AUTHORITY: section 197.320, RSMo 2000. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expires Feb. 23, 2007. A proposed amendment covering this same material is published in this issue of the Missouri Register.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 60—Missouri Health Facilities Review Committee Chapter 50—Certificate of Need Program

EMERGENCY AMENDMENT

19 CSR 60-50.450 Criteria and Standards for Long-Term Care.
This amendment modifies the address in sections (1), (2), (3), (7) and (9).

PURPOSE: This rule is amended because SB 616 changed the category name of long-term care facilities, the Certificate of Need Program office was moved to a new physical location, changed its website address, and responded to a reorganization of the Department of Health and Senior Services.

EMERGENCY STATEMENT: This emergency amendment is necessary to fulfill a compelling governmental interest in order to implement the requirements of CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006), which changes the licensure category "residential care facility I" to "residential care facili-

ty" and the licensure category "residential care facility II" to "assisted living facility," and to preserve a compelling government interest in health care cost containment. It also requires rewriting the Certificate of Need (CON) rules in order to replace the previous office mail information with the new contact information. The CON statutes, sections 197.300 to 197.366, RSMo, were enacted to ensure the preservation of health care access, the prevention of unnecessary duplication, the containment of health care costs, and the reasonable distribution of health services in Missouri.

Therefore, the Missouri Health Facilities Review Committee (committee) files this emergency amendment because it is also necessary to preserve the public health, safety and welfare of Missouri citizens by ensuring that sufficient quantity and quality care continue to be provided in long-term care facilities impacted by CCS HCS SCS SB 616. The committee believes this emergency amendment to be fair to all interested parties under these circumstances so that the committee may give clear guidance to health care facilities, physicians, investors, and other prospective applicants for their planning purposes. Failure to immediately update the CON rules to provide reasonable and accurate contact information for these applications would negatively impact the state's ability to forecast need, create a confusing regulatory environment for health care providers, and impair committee's ability to meet needs. The committee wishes to reduce unnecessary applicant expense and time in the preparation of CON applications, and to accurately meet the health care needs of Missouri without unnecessarily increasing health care costs.

This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The committee finds that an emergency amendment is necessary to preserve health care access, allow health care providers to more easily contact the CON office, and prevent negative impacts to the public health, safety, and welfare of the citizens of Missouri. This emergency amendment was filed August 14, 2006, to become effective August 28, 2006, and will expire on February 23, 2007.

(1) All additional long-term care (LTC) beds in nursing homes, hospitals, [and] residential care facilities and assisted living facilities (RCF/ALF), and beds in long-term acute hospitals are subject to the LTC bed minimum occupancy requirements (MOR) pursuant to sections 197.317 and 197.318(1), RSMo, with certain exemptions and exceptions pursuant to sections 197.305(7) and 197.312, RSMo, and LTC bed expansions and replacements pursuant to sections 197.318.8 through 197.318.10, RSMo.

(2) The MOR for additional LTC beds pursuant to section 197.318.1, RSMo, shall be met if the average occupancy for all licensed and available LTC beds located within the county and within fifteen (15) miles of the proposed site exceeded ninety percent (90%) during at least each of the most recent four (4) consecutive calendar quarters at the time of application filing as reported in the Division of [Health Standards and] Regulation and Licensure ([DHSL/DRL]), Department of Health and Senior Services, Quarterly Survey of Hospital and Nursing Home (or Residential Care Facility and Assisted Living) Bed Utilization and certified through a written finding by the [DHSL/DRL], in which case the following population-based long-term care bed need methodology for the fifteen (15)-mile radius shall be used to determine the maximum size of the need:

(B) Approval of additional RCF/ALF beds will be based on a service area need determined to be sixteen (16) beds per one thousand (1,000) population age sixty-five (65) and older minus the current supply of RCF/ALF beds shown in the Inventory of Residential Care and Assisted Living Facility Beds as provided by the CONP which includes licensed and CON-approved beds.

(3) Replacement Chapter 198 beds qualify for an exception to the LTC bed MOR plus shortened information requirements and review time frames if an applicant proposes to—

(A) Relocate RCF/ALF beds within a six (6)-mile radius pursuant to section 197.318.8(4), RSMo;

(7) Any newly-licensed Chapter 198 facility established as a result of the Alzheimer's and dementia demonstration projects pursuant to Chapter 198, RSMo, or aging-in-place pilot projects pursuant to Chapter 198, RSMo, as implemented by the [DHSL/DRL], may be licensed by the [DHSL/DRL] until the completion of each project. If a demonstration or pilot project receives a successful evaluation from the [DHSL/DRL] and a qualified Missouri school or university, and meets the [DHSL/DRL] standards for licensure, this will ensure continued licensure without a new CON.

(9) The most current version of Form MO 580-2352 may be obtained by mailing a written request to the CONP, [915G Leslie Boulevard] PO Box 570, Jefferson City, MO 65101/2, or in person at the CONP Office, or, if technically feasible, by downloading a copy of the forms from the CONP website at [www.dhss.state.mo.us/con] www.dhss.mo.gov/con.

AUTHORITY: section 197.320, RSMo 2000. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expires Feb. 23, 2007. A proposed amendment covering this same material is published in this issue of the Missouri Register.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 60—Missouri Health Facilities Review
Committee
Chapter 50—Certificate of Need Program**

EMERGENCY AMENDMENT

19 CSR 60-50.470 Criteria and Standards for Financial Feasibility. This amendment modifies the address in sections (1) and (5).

PURPOSE: This rule is amended because SB 616 changed the category name of long-term care facilities, the Certificate of Need Program office was moved to a new physical location, and changed its website address.

EMERGENCY STATEMENT: This emergency amendment is necessary to fulfill a compelling governmental interest in order to implement the requirements of CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006), which changes the licensure category "residential care facility I" to "residential care facility" and the licensure category "residential care facility II" to "assisted living facility," and to preserve a compelling governmental interest in health care cost containment. It also requires rewriting the Certificate of Need (CON) rules in order to replace the previous office mail information with the new contact information. The CON statutes, sections 197.300 to 197.366, RSMo, were enacted to ensure the preservation of health care access, the prevention of unnecessary duplication, the containment of health care costs, and the reasonable distribution of health services in Missouri.

Therefore, the Missouri Health Facilities Review Committee (committee) files this emergency amendment because it is also necessary to preserve the public health, safety and welfare of Missouri citizens by ensuring that sufficient quantity and quality care continue to be provided in long-term care facilities impacted by CCS HCS SCS SB 616. The committee believes this emergency amendment to be fair to all interested parties under these circumstances so that the committee may give clear guidance to health care facilities, physicians, investors, and other prospective applicants for their planning purposes. Failure to immediately update the CON rules to provide reasonable and accurate contact information for these applications

would negatively impact the state's ability to forecast need, create a confusing regulatory environment for health care providers, and impair committee's ability to meet needs. The committee wishes to reduce unnecessary applicant expense and time in the preparation of CON applications, and to accurately meet the health care needs of Missouri without unnecessarily increasing health care costs.

This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The committee finds that an emergency amendment is necessary to preserve health care access, allow health care providers to more easily contact the CON office, and prevent negative impacts to the public health, safety, and welfare of the citizens of Missouri. This emergency amendment was filed August 14, 2006, to become effective August 28, 2006, and will expire on February 23, 2007.

(1) Proposals for any new hospital, nursing home, [or] residential care facility, or assisted living facility construction must include documentation that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost Data" available from Certificate of Need Program (CONP). Any proposal with costs in excess of the three-fourths (3/4) percentile must include justification for the higher costs.

(5) The most current version of Forms MO 580-1865 and MO 580-1866 may be obtained by mailing a written request to the [Certificate of Need Program] [(CONP)], [915G Leslie Boulevard] PO Box 570, Jefferson City, MO 65101/2, or in person at the CONP Office, or, if technically feasible, by downloading a copy of the forms from the CONP website at [www.dhss.state.mo.us/con] www.dhss.mo.gov/con.

AUTHORITY: section 197.320, RSMo 2000. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expires Feb. 23, 2007. A proposed amendment covering this same material is published in this issue of the Missouri Register.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 60—Missouri Health Facilities Review
Committee
Chapter 50—Certificate of Need Program**

EMERGENCY AMENDMENT

19 CSR 60-50.600 Certificate of Need Decisions. This amendment modifies section (1).

PURPOSE: This rule is amended because the Certificate of Need Program office has updated to use of the latest edition of parliamentary procedures.

EMERGENCY STATEMENT: This emergency amendment is necessary to fulfill a compelling governmental interest in complying with the most recent version of parliamentary procedures which guide the conduct of Certificate of Need (CON) meetings and to preserve a compelling governmental interest in health care cost containment. Failure to use the most recent version calls into question the proper process for decision-making and may threaten the viability of actions taken. The CON statutes, sections 197.300 to 197.366, RSMo, were enacted to ensure the preservation of health care access, the prevention of unnecessary duplication, the containment of health care costs, and the reasonable distribution of health services in Missouri.

Therefore, the Missouri Health Facilities Review Committee (committee) files this emergency amendment because it is also necessary

to preserve the public health, safety and welfare of Missouri citizens by ensuring that sufficient quantity and quality care continue to be provided in long-term care facilities impacted by CCS HCS SCS SB 616. The committee believes this emergency amendment to be fair to all interested parties under these circumstances so that the committee may give clear guidance to health care facilities, physicians, investors, and other prospective applicants for their planning purposes. Failure to immediately update the CON rules use reasonable and accurate procedures for these applications would negatively impact the state's ability to forecast need, create a confusing regulatory environment for health care providers, and impair committee's ability to meet needs. The committee wishes to reduce unnecessary applicant expense and time in the preparation of CON applications, and to accurately meet the health care needs of Missouri without unnecessarily increasing health care costs.

This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The committee finds that an emergency amendment is necessary to preserve health care access, allow health care providers to use the more easily contact the CON office, and prevent negative impacts to the public health, safety, and welfare of the citizens of Missouri. This emergency amendment was filed August 14, 2006, to become effective August 28, 2006, and will expire on February 23, 2007.

(1) Decisions on full Certificate of Need (CON) applications and contested expedited applications shall be subject to the following:

(A) Parliamentary procedures for all meetings shall follow Robert's Rules of Order, newly revised [1990] 2000 edition, [9/10th edition.

AUTHORITY: section 197.320, RSMo 2000. Original rule filed June 2, 1994, effective Nov. 30, 1994. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expires Feb. 23, 2007. A proposed amendment covering this same material is published in this issue of the Missouri Register.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 60—Missouri Health Facilities Review Committee Chapter 50—Certificate of Need Program

EMERGENCY AMENDMENT

19 CSR 60-50.700 Post-Decision Activity. This amendment modifies the address in section (10).

PURPOSE: This rule is amended because the Certificate of Need Program office was moved to a new physical location, and changed its website address.

EMERGENCY STATEMENT: This emergency amendment is necessary to fulfill a compelling governmental interest which requires rewriting the Certificate of Need (CON) rules in order to replace the previous office mail information with the new contact information and to preserve a compelling governmental interest in health care cost containment. The U.S. mail forwarding service has expired since the October 25, 2005, CON Program office move, and time-critical mail is being returned to CON applicants, attorneys and others. This can result in missed deadlines and substantial delays in conducting business with the public. The CON statutes, sections 197.300 to 197.366, RSMo, were enacted to ensure the preservation of health care access, the prevention of unnecessary duplication, the containment of health care costs, and the reasonable distribution of health services in Missouri.

Therefore, the Missouri Health Facilities Review Committee (committee) files this emergency amendment because it is also necessary

to preserve the public health, safety and welfare of Missouri citizens by ensuring that sufficient quantity and quality care continue to be provided to CON applicants and the public. The committee believes this emergency amendment to be fair to all interested parties under these circumstances so that the committee may continue to give clear guidance to health care facilities, physicians, investors, and other prospective applicants for their planning purposes. Failure to immediately update the CON rules to provide reasonable and accurate contact information for these applications would negatively impact the state's ability to forecast need, create a confusing regulatory environment for health care providers, and impair committee's ability to meet needs. The committee wishes to reduce unnecessary applicant expense and time in the preparation of CON applications, and to accurately meet the health care needs of Missouri without necessarily increasing health care costs.

This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The committee finds that an emergency amendment is necessary to preserve health care access, allow health care providers to more easily contact the CON office, and prevent negative impacts to the public health, safety, and welfare of the citizens of Missouri. This emergency amendment was filed August 14, 2006, to become effective August 28, 2006, and will expire on February 23, 2007.

(10) The most current version of Forms MO 580-1871, MO 580-1863, and MO 580-1870 may be obtained by mailing a written request to the CONP, [915G Leslie Boulevard] PO Box 570, Jefferson City, MO 65101/2, or in person at the CONP Office, or, if technically feasible, by downloading a copy of the forms from the CONP website at [www.dhss.state.mo.us/con] www.dhss.mo.gov/con.

AUTHORITY: section 197.320, RSMo 2000. Original rule filed June 2, 1994, effective Nov. 30, 1994. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expires Feb. 23, 2007. A proposed amendment covering this same material is published in this issue of the Missouri Register.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 60—Missouri Health Facilities Review Committee Chapter 50—Certificate of Need Program

EMERGENCY AMENDMENT

19 CSR 60-50.800 Meeting Procedures. This amendment modifies the address in section (7).

PURPOSE: This rule is amended because the Certificate of Need Program office was moved to a new physical location and changed its website address.

EMERGENCY STATEMENT: This emergency amendment is necessary to fulfill a compelling governmental interest which requires rewriting the Certificate of Need (CON) rules in order to replace the previous office mail information with the new contact information and to preserve a compelling governmental interest in health care cost containment. The U.S. mail forwarding service has expired since the October 25, 2005, CON Program office move, and time-critical mail is being returned to CON applicants, attorneys and others. This can result in missed deadlines and substantial delays in conducting business with the public. The CON statutes, sections 197.300 to 197.366, RSMo, were enacted to ensure the preservation of health care access, the prevention of unnecessary duplication, the containment of health care costs, and the reasonable distribution of health services in Missouri.

Therefore, the Missouri Health Facilities Review Committee (committee) files this emergency amendment because it is also necessary to preserve the public health, safety and welfare of Missouri citizens by ensuring that sufficient quantity and quality care continue to be provided to CON applicants and the public. The committee believes this emergency amendment to be fair to all interested parties under these circumstances so that the committee may continue to give clear guidance to health care facilities, physicians, investors, and other prospective applicants for their planning purposes. Failure to immediately update the CON rules to provide reasonable and accurate contact information for these applications would negatively impact the state's ability to forecast need, create a confusing regulatory environment for health care providers, and impair committee's ability to meet needs. The committee wishes to reduce unnecessary applicant expense and time in the preparation of CON applications, and to accurately meet the health care needs of Missouri without unnecessarily increasing health care costs.

This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The committee finds that an emergency amendment is necessary to preserve health care access, allow health care providers to use the more easily contact the CON office, and prevent negative impacts to the public health, safety, and welfare of the citizens of Missouri. This emergency amendment was filed August 14, 2006, to become effective August 28, 2006, and will expire on February 23, 2007.

(7) The most current version of Form MO 580-1869 may be obtained by mailing a written request to the CONP, [915G Leslie Boulevard] PO Box 570, Jefferson City, MO 65101/2, or in person at the CONP Office, or, if technically feasible, by downloading a copy of the form from the CONP website at [www.dhss.state.mo.us/con] www.dhss.mo.gov/con.

AUTHORITY: section 197.320, RSMo 2000. Original rule filed June 2, 1994, effective Nov. 30, 1994. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expires Feb. 23, 2007. A proposed amendment covering this same material is published in this issue of the *Missouri Register*.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 60—Missouri Health Facilities Review
Committee
Chapter 50—Certificate of Need Program**

EMERGENCY AMENDMENT

19 CSR 60-50.900 Administration. This amendment modifies section (6).

PURPOSE: This rule is amended because the Certificate of Need Program updated the Internet information posting after its office was moved to a new physical location.

EMERGENCY STATEMENT: This emergency amendment is necessary to fulfill a compelling governmental interest which requires rewriting the Certificate of Need (CON) rules in order to replace the previous office mail information with the new contact information and to preserve a compelling governmental interest in health care cost containment. The U.S. mail forwarding service has expired since the October 25, 2005, CON Program office move, and time-critical mail is being returned to CON applicants, attorneys and others. This can result in missed deadlines and substantial delays in conducting business with the public. The CON statutes, sections 197.300 to 197.366, RSMo, were enacted to ensure the preservation of health care access, the prevention of unnecessary duplication, the contain-

ment of health care costs, and the reasonable distribution of health services in Missouri.

Therefore, the Missouri Health Facilities Review Committee (committee) files this emergency amendment because it is also necessary to preserve the public health, safety and welfare of Missouri citizens by ensuring that sufficient quantity and quality care continue to be provided to CON applicants and the public. The committee believes this emergency amendment to be fair to all interested parties under these circumstances so that the committee may continue to give clear guidance to health care facilities, physicians, investors, and other prospective applicants for their planning purposes. Failure to immediately update the CON rules to provide reasonable and accurate contact information for these applications would negatively impact the state's ability to forecast need, create a confusing regulatory environment for health care providers, and impair committee's ability to meet needs. The committee wishes to reduce unnecessary applicant expense and time in the preparation of CON applications, and to accurately meet the health care needs of Missouri without unnecessarily increasing health care costs.

This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The committee finds that an emergency amendment is necessary to preserve health care access, allow health care providers to use the more easily contact the CON office, and prevent negative impacts to the public health, safety, and welfare of the citizens of Missouri. This emergency amendment was filed August 14, 2006, to become effective August 28, 2006, and will expire on February 23, 2007.

(6) The committee and CONP staff shall [publish quarterly reports] post information on the CONP website containing the status of reviews being conducted, the reviews completed since the last report, and the decisions made, plus an annual summary of activities for the past calendar year.

AUTHORITY: section 197.320, RSMo 2000. Original rule filed June 2, 1994, effective Nov. 30, 1994. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expires Feb. 23, 2007. A proposed amendment covering this same material is published in this issue of the *Missouri Register*.

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo Supp. 2005.

EXECUTIVE ORDER

06-29

WHEREAS, emergencies may arise at any time, including but not limited to power outage due to tornado, rain, snow or ice storm, propane or gas shortages due to extremely cold conditions requiring carriers to travel out of state to haul fuel and distribute such fuel upon their return, flooding conditions, potential terrorist attack, or other unforeseen emergencies; and

WHEREAS, many of these emergencies occur after normal working hours or on holidays; and

WHEREAS, the safety and welfare of the inhabitants of the affected areas may require the rapid identification of an emergency situation that necessitates the need to suspend state enforcement of federal commercial vehicle and driver laws; and

WHEREAS, Section 390.23 of Title 49, Code of Federal Regulations, provides that a Governor of a State, or the Governor's authorized representatives having authority to declare emergencies, may declare an emergency thereby exempting motor carriers or drivers operating a commercial vehicle from the Federal Motor Carrier Safety Regulations, Parts 390-399, both while providing assistance to the emergency relief efforts during the emergency, and while returning empty to the motor carrier's terminal or driver's normal work reporting location; and

NOW THEREFORE, I, Matt Blunt, Governor of the State of Missouri, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, do hereby order as follows:

1. The Director of the Missouri Department of Transportation is authorized to issue an emergency declaration of a regional emergency within the meaning of 49 CFR section 390.23(a)(1) or a local emergency within the meaning of 49 CFR section 390.23(a)(2) for the limited purpose of temporarily suspending the usual requirements of Parts 390-399 of Title 49, Code of Federal Regulations, with reference to motor carriers and operators of commercial motor vehicles, when such official determines that an emergency situation exists which requires the suspension of federal commercial motor vehicle and driver laws. An emergency declaration issued pursuant to this order shall not exceed the duration of the motor carrier's or driver's direct assistance in providing emergency relief, or five days from the date of the initial declaration of the emergency, whichever is less.

2. The Director of the Missouri Department of Transportation, or the Director's designee, is also authorized to issue overdimension and overweight permits for commercial motor carriers engaged in interstate and intrastate disaster relief efforts in the affected regions identified by the regional or local emergency declaration(s) authorized in paragraph 1 above, subject to the following application requirements in obtaining such a permit:

The permittee will be required to supply:

Year, Make and License plate number of the power unit and trailer;
Size, Make and Serial Number (last 4 digits) of commodity being hauled;
Origin, Destination and Consecutive Routing;
Overall Width, Height, Length and length of trailer and load only; and
Date of Movement.

The permit process can be expedited by calling:

866-831-6277
573-526-5314; or
573-526-5312.

This Executive Order shall allow continuous movement, including nighttime and moves during curfew hours and holiday restriction periods. Clearance lights in lieu of flags and reflectorized oversize load signs mounted on the front and rear of the vehicle and load are required for nighttime movement or when visibility is less than 500'. One (1) escort shall be required to the rear of the vehicle and load on interstates and other divided highways and such escort shall be required for the front of the vehicle and load on all other highways when the load width exceeds 12'4".

However, this Executive Order shall not suspend the applicability of the standard overdimension/overweight permit fee requirements; and

3. The Director of the Missouri Department of Transportation, or the Director's designee, is also authorized to waive the commercial motor vehicle regulatory requirements regarding the purchase of trip permits for registration and fuel for commercial motor carriers engaged in interstate disaster relief efforts in any of the affected states identified by regional emergency declarations authorized in paragraph 1 above; and

4. The Director of the Missouri Department of Transportation, or the Director's designee, shall notify the Governor's office as soon as possible of any emergency declarations issued pursuant to this order.

This order shall terminate on January 1, 2007, unless extended or revoked in whole or in part.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri in the City of Jefferson on this 11th day of August 2006.



Matt Blunt
Governor

ATTEST:

Robin Carnahan
Secretary of State