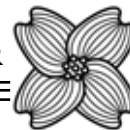




RULES OF
**Department of Health and Senior
Services**
Division 10—Office of the Director
**Chapter 3—General and Family Physician Loan and
Training Programs**

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**TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR
SERVICES**

**Division 10 – Office of the Director
Chapter 3 – General and Family Physician Loan and
Training Programs**

19 CSR 10-3.010 Loan Program for Medical Students

PURPOSE: This rule establishes guidelines for implementing the medical student loan program authorized by section 191.505, RSMo 1986.

Editor's Note: The forms mentioned in this rule follow 19 CSR 10-6.010.

(1) The Missouri Department of Health may appoint a committee(s) to interview applicants and to make recommendations concerning the administration of the program.

(2) To qualify for a student loan, the applicant must have no conflicting service obligation that would prevent the state from benefiting from his/her professional services after graduation. To qualify as a student from a rural area, the applicant should have lived most of his/her life in a rural area; in particular cases, the Missouri Department of Health may determine that a student who is a resident of a rural area at the time of application qualifies even though s/he has not lived most of his/her life in a rural area. When there are more applicants than available loans, financial need may be considered in selecting loan recipients.

(3) Using data provided by the statistical section of the Missouri Department of Health, each year the Missouri Department of Health will designate areas of defined need. A community or section of an urban area will be designated as an area of defined need if the area has a population to primary-care-physician ratio of at least three thousand five hundred to one (3500:1); or if the area has a population to primary-care-physician ratio of less than three thousand five hundred to one (3500:1); but greater than two thousand five hundred to one (2500:1) and has an unusually high need for primary health care services or is underserved by specialized hospital care. An area of defined need must be a community or city of six thousand (6,000) or more population—plus the surrounding area up to a radius of approximately fifteen (15) miles—that serves generally as the central community of that area for a variety of services; or an urban or metropolitan neighborhood—generally located within the central city(ies) of a Standard Metropolitan Statistical Area—that has limited interaction with contiguous areas, a minimum population of approximately twenty thousand (20,000) and consisting of census tracts whenever possible. Any other area with unusual circumstances—such as impending retirement or failing health of physicians in the area or refusal of physicians to accept certain types of patients such as persons eligible for Medicaid or Medicare—can be evaluated on a case-by-case basis for designation as an area of defined need.

(A) For the purpose of area determination, primary-care physicians are those fully licensed and currently registered by the State Board of Registration for the Healing Arts who report general or family practice, internal medicine, pediatrics or obstetrics and gynecology as their primary specialties. Primary-care physicians in part-time practice due to partial retirement, disability or nonpatient care activities will be

counted on a full-time equivalent basis according to the number of hours reported in patient care a week compared to forty (40) hours. Physicians engaged solely in administration, research and teaching and those in training as interns and residents will not be included in counting an area's primary-care physicians.

(B) An area will be considered to have an unusually high need for primary-care medical services if more than twenty percent (20%) of the population is fifty-five (55) years of age or over, or if more than twenty percent (20%) of the population or households is below the poverty level.

(C) An area will be considered underserved by specialized hospital care if the largest hospital in the area is approximately thirty (30) miles or more from a comparable or larger facility; or if the central community in the area is approximately fifteen (15) miles or more from a hospital having more than four thousand (4,000) discharges a year or more than four hundred (400) deliveries annually.

(4) Loan applications should be sent to the Missouri Department of Health, Division of Injury Prevention, Head Injury Rehabilitation and Local Health Services, P.O. Box 570, Jefferson City, MO 65102. Except for the first academic year that the program is in effect, completed applications must be received prior to April 1 for loans to be made for the next academic year. Except for the first academic year that the program is in effect, applicants must be notified by letter on or before July 1, indicating that a loan will or will not be made available if funds are appropriated for the particular fiscal year.

(5) The form for the loan contract will be approved by the office of the attorney general. Loan recipients must sign new contracts for each year's loan they receive.

(6) Each loan recipient must notify the Department of Health of any change in his/her address or educational enrollment eligibility status. The full amount of the principal and accumulated interest on the loan will be due immediately for repayment when the loan recipient loses educational enrollment eligibility status. A loan recipient loses educational enrollment eligibility status when s/he is no longer a medical student in good standing, quits school or takes a leave of absence which has not been approved by the Department of Health or fails to notify the department of changes in his/her address.

(7) If the loan recipient does not qualify for deferral of payment of the loan and interest as set forth in section 191.505, RSMo (1986), the entire loan and interest must be repaid within one (1) year. Loan recipients who do not qualify for this deferral include, but are not limited to:

(A) Recipients who are in an internship or residency program for any specialty other than primary care;

(B) Recipients who are in an internship or residency training status extending beyond the limit of three (3) years; and

(C) Recipients who enter a practice in an area not defined as rural or as an area of defined need as designated by the Department of Health.

(8) Repayment of Loans.

(A) Interest will accrue from the date the check is issued.

(B) Once a loan recipient has started a practice in a rural area or in an area of defined need, the loan and interest will continue to be forgiven even if the defined need designation of the area is withdrawn.



(C) The Department of Health may grant an extension, not to exceed forty-eight (48) consecutive months, for repayment of a loan if the director of the Department of Health decides that circumstances explained in a written request from the loan recipient warrant an extension.

(D) Forgiveness and cash repayment periods are limited to forty-eight (48) consecutive months. Forgiveness and cash repayment periods are calculated beginning the first day of the calendar year following completion of internship or residency training. Forgiveness of the loan and the accrued interest may be authorized for monthly periods of less than one (1) year. No repayment period shall extend beyond the forty-eight (48)-month time period.

(E) A portion of the loan and accrued interest may be forgiven for primary care physician services provided on a full-time basis in an area of defined need or a rural area. Forgiveness shall be calculated in increments of no less than one (1) month. The physician shall provide services qualifying for forgiveness for a minimum of fifteen (15) days during a calendar month for forgiveness credit to apply. Partial year forgiveness periods may be authorized by the director of the Department of Health.

(F) When, during the forty-eight (48)-month repayment period, a physician in noncompliant cash repayment status desires to return to a forgiveness status, s/he shall submit to the director of the Department of Health a written request stating the conditions that caused the original breach of contract, reasons for desiring to return to a forgiveness status and a detailed primary care practice plan. The director may request any additional information needed to evaluate the situation. Failure to provide complete information shall nullify the reconsideration. The director may reinstate a physician's forgiveness status for the time remaining in the repayment period. The recipient shall continue to make cash restitution for the interval of noncompliance. Failure to comply with the cash repayment schedule shall result in the loss of the reinstated forgiveness status. The cash repayment shall be completed by the end of the forty-eight (48)-month repayment period and failure to comply shall result in legal action against the physician or his/her estate.

(G) Interest accrued during the deferral period by a loan recipient who is pursuing an internship or residency in primary care shall be forgiven on the same basis as the original loan and interest.

AUTHORITY: section 191.505, RSMo Supp. 1989. This rule was previously filed as 13 CSR 50-170.010 and 19 CSR 50-1.010. Original rule filed May 14, 1979, effective Aug. 11, 1979. Amended: Filed Nov. 14, 1988, effective Jan. 27, 1989. Amended: Filed Nov. 2, 1990, effective April 29, 1991. Changed to 19 CSR 10-3.010 July 30, 1998. ***

**Original authority: 191.505, RSMo 1978, amended 1988.*

***Pursuant to Executive Order 21-07, 19 CSR 10-3.010, subsection (8)(A) and section 191.530, RSMo was suspended from March 25, 2020 through August 31, 2021.*

19 CSR 10-3.020 Funding of the Programs to Increase General and Family Physician Training Opportunities

PURPOSE: This rule establishes criteria for funding family physician training opportunities authorized by section 191.585, RSMo (1986).

(1) Applications may be submitted to the Department of Health from an approved family practice residency program or an approved general rotating internship program for funds for

the operation and administration of a new or existing family practice residency program or a general rotating internship program. Funds shall be used for the support of faculty, interns, residents and other employees; for supplies, equipment and incidental expenses as may be needed for the program; and for construction and renovation of new family practice offices utilized in approved programs. Applications also may be submitted to the Department of Health by an approved family practice residency program or an approved general rotating internship program or by a hospital to request funds for planning of a family practice residency program or a general rotating internship program.

(2) Applicants may obtain application forms and instructions from the director of the Missouri Department of Health. The deadline for submission of the completed applications will be at the discretion of the director of the Department of Health annually.

(3) Approval of any application will be based on an analysis of these factors – the potential effectiveness of the proposed project in carrying out activities authorized in section 191.585, RSMo (1987); the extent of responsiveness to the project requirements, guidelines and application requirements; the administrative and management capability of the applicant to carry out the proposed project in a cost-effective manner; and the qualifications of the proposed staff and faculty of the unit.

(4) Funds may be awarded for all or specific portions of activities or programs included in an application.

(5) One (1) year following receipt of each grant award the recipient organization shall provide the Missouri Department of Health a written narrative status evaluation of the program for which the grant was received. Interim reports may be required by the Missouri Department of Health in those instances where the applicant requests consideration for additional grants for continuation of the same program. Interim reports and access to fiscal and performance information necessary to evaluate the grantee's performance shall be available to the Missouri Department of Health to insure that the grantee has expended the funds granted for the purposes stated in the grant application.

AUTHORITY: section 191.580, RSMo 1986. This rule was previously filed as 13 CSR 50-171.010 and 19 CSR 50-1.020. Original rule filed June 27, 1980, effective Oct. 11, 1980. Amended: Filed April 8, 1988, effective June 27, 1988. Changed to 19 CSR 10-3.020 July 30, 1998.*

**Original authority: 191.580, RSMo 1979, amended 1987*

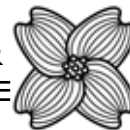
19 CSR 10-3.030 Health Professional Student Loan Repayment Program

PURPOSE: This rule establishes guidelines for implementing the Health Professional Student Loan Repayment Program that will reduce the burden of educational debt among selected health professionals in return for providing professional clinical services in areas of defined need.

(1) The following definitions shall be used in interpretation and enforcement of this rule:

(A) Approved practice site means the practice location for which the department agreed to provide support;

(B) Area of defined need means a geographic area or



population designated by the Missouri Department of Health and Senior Services as experiencing a shortage of accessible primary and preventive health care services;

(C) Department means the Missouri Department of Health and Senior Services;

(D) Director means the director of the Missouri Department of Health and Senior Services;

(E) Health care professional means a general dentist or primary care physician as defined in 191.600, RSMo;

(F) Hospital means a facility licensed in the state of Missouri pursuant to Chapter 197, RSMo;

(G) Licensing board means the Board of Registration for the Healing Arts and the Missouri State Dental Board within the Missouri Department of Economic Development;

(H) Primary care means the services provided by a general dentist or a physician engaged in general or family practice, internal medicine, pediatrics, or obstetrics and gynecology as his/her primary specialty;

(I) Qualifying loans means government and commercial loans for actual costs paid for tuition and educational costs and associated living expenses for the health professional;

(J) Sliding scale fee means a fee structure that provides adjustment to charges for all individuals under two hundred percent (200%) of the federal poverty limit, based upon family income and size.

(2) The department may contract with selected health care professionals to repay in total or in part, qualifying loans in exchange for an agreement to provide primary health care services to populations in need within the state.

(3) Applicants must submit a written request that contains all of the following information and documentation presented in the order they are listed in subsections (3)(A)–(J). Applications for participation that do not comply with these requirements will not be considered. Each request shall contain:

(A) A written request from the applicant for participation in the program;

(B) A detailed written description of the proposed practice site, including the facility in which the applicant will be working and the health care services currently provided at that site;

(C) Official notification from the applicable Missouri licensing board that the applicant is licensed in good standing;

(D) For physicians, a letter from the medical director of all hospitals at which the physician has or will have privileges delineating the status of the privileges. This should include when the privileges began or will begin, how they may have changed over time and an explanation for any changes;

(E) A written statement from the applicant's malpractice insurance carrier setting forth any claims that have been made against the applicant and the disposition of those claims;

(F) A written statement from the local public health agency, whose jurisdiction includes the applicant's proposed practice site, that the applicant's services are required by and are in the interest of the community;

(G) A copy of the applicant's employment contract for the proposed practice site for a period of no less than two (2) years;

(H) Documentation of agreement to provide care to the populations in the area of defined need, including:

1. Acceptance as a provider by the Missouri Medicaid agency; and

2. A copy of the sliding scale fee;

(I) Documentation of qualifying loans for which repayment is requested; and

(J) A signed release of information document to allow the department to obtain current information on qualifying loans from the appropriate institutions.

(4) Selection for participation in the Health Professional Student Loan Repayment Program will be prioritized utilizing the following criteria:

(A) The degree of need for health professional services (areas with a lack of access for the entire population will be given priority over those areas without access for specific populations);

(B) Recruitment of health professionals into an area will be given priority over retention of existing providers;

(C) Those employed by an organization with a history of service to the underserved may be given priority over other employment types including self-employed applicants; and

(D) Those approved practice sites participating with the department in the financing of the loan repayments.

(5) Participation in the Health Professional Student Loan Repayment Program shall consist of payments to individual health professionals under a written contract.

(A) The contract period shall be, at a minimum, two (2) years in length.

(B) Contract amounts shall not exceed the maximum amounts allowed under the National Health Service Corps Loan Repayment Program, 42 U.S.C. section 2541-1, P.L. 106-213.

(C) Payment for the contract shall be due the final quarter of the last year of the contract period.

(D) Prepayment of the contract amount may be made to facilitate placement in areas of need within the state.

(E) The department may approve contract extensions up to three (3) additional years beyond the original contract, not to exceed five (5) years in total.

(6) Participants shall supply the following to the department by July 1 of each year:

(A) Participant's name;

(B) Address of the participant's approved practice site(s);

(C) The number and characteristics of the patients served including:

1. Gender;

2. Race/ethnicity;

3. Age distributions; and

4. Payor source (Medicaid, Medicare, commercial insurance or sliding scale fee);

(D) Letter from the applicable licensing board stating that the participant is licensed in good standing in Missouri; and

(E) Documentation of remaining educational debt.

(7) If an individual violates the written contract the state shall be entitled to recover from the individual an amount equal to the sum of:

(A) The total of the amounts prepaid by the state on behalf of the individual and the interest on those amounts which would be payable if at the time the amounts were paid they were loans bearing interest at the maximum prevailing rate as determined by the Treasurer of the United States;

(B) An amount equal to any damages incurred by the department as a result of the breach;

(C) Any legal fees or associated costs incurred by the department or the state of Missouri in the collection of damages.



AUTHORITY: section 191.607, RSMo Supp. 2001. This rule was previously filed as 19 CSR 50-1.030. Original rule filed Nov. 14, 1988, effective April 28, 1989. Changed to 19 CSR 10-3.030 July 30, 1998. Rescinded and readopted: Filed April 15, 2002, effective Oct. 30, 2002.

**Original authority: 191.607, RSMo 1988, amended 2001.*

19 CSR 10-3.040 Rural Primary Care Physician Grant Program

PURPOSE: This rule establishes guidelines for implementing the Rural Primary Care Physician Grant Program.

(1) For the purposes of this regulation, the following definitions shall be used in interpretation and enforcement of this rule:

(A) Awardee means a primary care physician who applied to and was selected by the department to participate in the Rural Primary Care Physician Program;

(B) Department means the Missouri Department of Health and Senior Services;

(C) Director means the director of the Missouri Department of Health and Senior Services;

(D) Health Professional Shortage Area (HPSA) is defined as a geographic area, population group, or facility designated by the United States Department of Health and Human Services' Health Resources and Services Administration (HRSA) with a shortage of primary care, dental health, or mental health providers and services;

(E) Missouri rural county is defined as a county, in the state of Missouri, with a population of less than thirty-five thousand (35,000) inhabitants;

(F) Primary Care HPSA is defined as the shortage designation in primary care physicians and includes all the primary care specialties in which a primary care physician could be licensed, to determine the primary care HPSA score;

(G) Primary Care HPSA score ranges from one (1) to twenty-five (25) and demonstrates the shortage level of providers providing primary care services in the HPSA; the higher the score, the greater the need;

(H) Primary care physician is defined as a physician licensed and registered pursuant to Chapter 334, RSMo, and engaged in general or family practice, internal medicine, pediatrics, or obstetrics and gynecology (OB/GYN) as his/her primary specialty;

(I) Primary care specialty is defined as general medicine, family medicine, internal medicine, pediatrics, or OB/GYN as his/her specialty; and

(J) Sliding Fee Scale or Schedule is defined as fees for services that are adjusted depending on an individual's income; a payment model providers can use to care for patients who cannot afford care otherwise.

(2) Primary care physicians wanting to be considered for an award under the Rural Primary Care Physician Grant Program must –

(A) Begin providing primary care services after July 1, 2022, in a Missouri rural county, in which the applicant has not previously practiced;

(B) Reside in the same Missouri rural county in which services will be provided;

(C) Not have previously received an award of funds under the rural primary care physician grant program; and

(D) Submit an application package to the department in accordance with this rule.

(3) Bids will be accepted February 1 through March 15 each year.

(4) Applicants must apply by responding to the Rural Primary Care Physicians Grant Program Invitation for Bid posted annually on February 1 at <https://missouribuy.mo.gov/>. Applicants shall follow all applicant instructions regarding format and contents of the application, as described in the Invitation for Bid.

(5) In addition to other information required, as described in the Invitation for Bid, applicants must include the following information in their response to the Invitation for Bid:

(A) Demographical information –

1. Applicant's full name;

2. Primary care specialty, including identifying Doctor of Allopathic Medicine or Doctor of Osteopathic Medicine, as a General, Family Medicine, Internal Medicine, Pediatric, or OB/GYN;

3. National Provider Number (NPI);

4. Medicaid Provider Number;

5. Medicare Provider Number;

6. Employment title;

7. Home address;

8. Home and work email addresses;

9. Employer name;

10. Proposed practicing site location, name, address, and county;

11. Contact phone numbers, including personal, home, and work; and

12. The following information which is used for reporting purposes only and does not affect the determination of awards and will not be used for consideration of eligibility:

A. Substance use disorder services provided (yes/no); and

B. Telehealth services provided (yes/no);

(B) A detailed written description of the proposed practice site, including the facility in which the applicant will be working and the health care services currently provided at that site;

(C) If the applicant will utilize the grant funds to relocate or open a solo or private practice in a rural county, identify the expected location and employment title;

(D) In the event that the applicant is not currently employed or practicing in the rural county, the applicant shall identify the intended rural county and employment information, including practice location, anticipated employment title, and start date projected to begin practice;

(E) Official notification from the Missouri Board of Registration for the Healing Arts that the applicant is licensed in good standing;

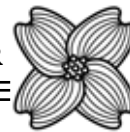
(F) Copy of the applicant's Missouri professional license;

(G) Proof of malpractice insurance and a written statement from the applicant's malpractice insurance carrier setting forth any claims that have been made against the applicant and the disposition of those claims;

(H) A copy of the applicant's job description where services will be provided;

(I) A copy of the applicant's executed employment contract for the proposed practice site for a period of no less than two (2) years with the ability to renew up to at least five (5) years or, if self-employed, an attestation agreeing to practice for at least five (5) years in the proposed practice site;

(J) Proof that the location where the physician will practice medicine is in a designated HPSA. The applicant shall provide a print out of HPSA designations for the service area from <http://hpsafind.hrsa.gov/HPSASearch.aspx>. If no Missouri HPSA designations exist for the physician's service area, the applicant



shall contact the department to identify other documentation of services to underserved patients; and

(K) Any sliding scale or schedule utilized by the practice site.

(6) In addition to other factors as described in the Invitation for Bid, the Primary Care HPSA will be utilized, for the purposes of this Rural Primary Care Physician Grant Program, to determine the primary care needs in the Missouri rural counties. The department will use the following criteria to prioritize selection for participation in the Rural Physician Grant Program:

(A) Each primary care specialty will be analyzed in each of the applicants' practice site locations to determine the highest need of each specialty within the primary care designation in each of the applicants' practicing rural counties.

1. The department will determine the ratio of each primary care specialty to the population to determine the most needed type of primary care specialty in the specific rural county. The department will use the HRSA data to determine if a county has sufficient number of general medicine, family medicine, internal medicine, pediatrics, or OB/GYN physicians in the specific county in which the applicants specify in their applications. This will allow the department to choose the type of primary care specialty most needed in that specific HPSA area.

A. Priority will be given to an applicant whose practicing county has no physicians of their primary care specialty with the highest HPSA score.

B. If there are multiple applicants with no physicians of their primary care specialty in their practicing county and the county HPSA scores are equal, the department shall prioritize based on the highest county population.

2. If there are multiple applicants with one (1) or more physicians of their primary care specialty in their practicing county, priority will be given to the applicant with the highest HPSA score.

A. If there are multiple applicants with one (1) or more physicians of their primary care specialty in their practicing county and the county HPSA scores are equal, the department shall prioritize based on the highest county population.

B. Priority will be given to the applicant with the lowest ratio of the primary care specialty to the highest population in that county.

3. In the event that all applicants are equally demonstrating the same need in their practicing county, for their specialty and the population being served including HPSA score, the department will conduct a formal drawing by writing each tie applicant's name on a piece of paper and will select at random one (1) of the tied applicant's name for the award. The department will have witnesses present for the formal drawing.

(7) The department may, subject to appropriated funds, contract with awardee(s), to provide grant award(s) of up to two hundred thousand dollars (\$200,000). The awardee(s) shall agree to reside and practice as a primary care physician in a Missouri rural county for a continuous five- (5-) year period and shall provide primary health care services to underserved populations in a Missouri HPSA.

(8) Participation in the Rural Physician Grant Program shall consist of payments directly to an awardee, under a written contract, in the form of direct deposit. Payment will be deposited in the awardee's bank account upon the department's final approval of the written contract.

(9) As described in the Invitation for Bid, the contract shall

include information regarding the following:

(A) Awardee physician's information;

(B) Contract terms, including the length of contract and required deliverables;

(C) Verification, waiver, suspension, cancellation, and termination;

(D) Breach and penalties; and

(E) Extension.

(10) The contract shall detail that the awardee earns forgiveness on their grant award through a service obligation and the dates of said service obligation shall be prominently shown on the contract.

(11) If the awardee violates the written contract and is in breach of any of the requirements outlined in the Invitation for Bid, the department shall be entitled to recover from the awardee damages as outlined in the Invitation for Bid.

AUTHORITY: section 192.006, RSMo 2016. Original rule filed Aug. 1, 2023, effective Feb. 29, 2024.*

**Original authority: 192.006, RSMo 1993, amended 1995.*

19 CSR 10-3.050 Graduate Medical Education Grant Program

PURPOSE: This rule establishes guidelines for implementing the Graduate Medical Education Grant Program.

(1) The following definitions shall be used in the interpretation and enforcement of this rule:

(A) "Academic year" is the time period between July 1 to June 30 of the following year;

(B) "Agreement period" or "grant agreement period" is the thirty-seven (37) months, regardless of the length of residency, reflecting the three- (3-) consecutive-year period of performance, during which first-year residents funded by this program start their residency plus a one (1) month period before residents begin during which funding is received;

(C) "Applicant" is an eligible entity applying for a Graduate Medical Education (GME) Program's Notice of Grant Opportunity (NGO) that meets the specific eligibility requirements set forth in this rule;

(D) "Commitment" or "commitment period" or "grant commitment period" is the duration during which the grantee is expected to fulfill the obligations and deliverables specified in the GME NGO and this rule correlating with the signed grant agreement. This includes the grant agreement period, plus the remaining years for the funded first-year residents to finish their residency, plus two (2) additional months to submit the final report.

1. For residencies of three (3) years duration, this period is five (5) years and three (3) months.

2. For residencies of four (4) years duration, this period is six (6) years and three (3) months;

(E) "Department" is the Missouri Department of Health and Senior Services;

(F) "Designated institutional official" is the representative from the sponsoring institution who collaborates with their internal graduate medical education committee to ensure the sponsoring institution's and its program's substantial compliance with the applicable Accreditation Council for Graduate Medical Education (ACGME) institutional, common, and specialty-specific program requirements;



(G) “Eligible entity” is an entity that operates a physician medical residency program in Missouri and is accredited by the ACGME;

(H) “General primary care and psychiatry” includes family medicine, general internal medicine, general pediatrics, internal medicine-pediatrics, general obstetrics and gynecology (Ob/Gyn), and general psychiatry;

(I) “Graduate medical education” is the required training after graduating from medical school in order for a physician to be eligible for full licensure and board certification. This training includes medical residencies which can last three to four (3-4) years, depending on the specialty;

(J) “Graduate Medical Education Grant Program” or “Grant Program” or “GME Grant Program” is the program established within the department to administer the Medical Residency Grant Program Fund, established by section 191.592, RSMo, to support additional medical residency position in existing Missouri medical residency programs;

(K) “Grant agreement” is the written instrument that sets forth the terms and conditions of participation in the Graduate Medical Education Grant Program, including all written and executed amendments thereto, between the department and a grantee;

(L) “Grantee” is an applicant whose application to the Graduate Medical Education Program was selected for funding by the department according to the eligibility and selection criteria described in this rule and who has a grant agreement signed by both parties;

(M) “Health Professional Shortage Area” or “HPSA” is a geographic area, population group, or health care facility that has been designated by the Health Resources and Services Administration (HRSA) as having a shortage of healthcare professionals. There are three (3) categories of HPSAs: primary care, dental health, and mental health. Primary care and mental health are the only relevant HPSAs for the purposes of this rule. HPSA data is available at <https://data.hrsa.gov/tools/shortage-area/hpsa-find>;

(N) “Match” is the National Resident Matching Program. This is the process by which residency programs rank their preferred candidates, residency applicants rank their preferred programs, and a one-to-one (1-to-1) match is generated;

(O) “Medical residency program” or “residency program” are those in the general primary care and psychiatry specialties for the purposes of this rule;

(P) “Residency positions” or “positions” or “residency slots” or “slots” refers to the number of residents in a specific medical residency program. This number requires approval from ACGME. These terms are often specified in reference to either the entire multiyear residency program or to a particular post-graduate year (PGY).

1. “Expanded slots” or “awarded slots” or “assigned slots” refer to the additional slots added through the grant program as described in this rule;

(Q) “Resident” is a physician in an accredited graduate medical education program;

(R) “Rural” refers to those counties in Missouri that have less than one hundred fifty (150) people per square mile and do not contain any part of a central city in a Metropolitan Statistical Area; and

(S) “Sponsoring institution” is the organization that assumes the financial and academic responsibility for a residency program of GME. The sponsoring institution has the primary purpose of providing educational programs and/or health care services.

(2) The following acronyms shall be used in the interpretation and enforcement of this rule:

(A) ACGME – Accreditation Council for Graduate Medical Education. This is the accreditation agency for all medical residencies in the United States;

(B) AHEC – Area Health Education Center;

(C) CMS – Centers for Medicare & Medicaid Services;

(D) FQHC – Federally Qualified Health Centers;

(E) GME – Graduate Medical Education;

(F) HPSA – Health Professional Shortage Area;

(G) NGO – Notice of Grant Opportunity;

(H) NPI – National Provider Identification Number;

(I) NRMP – National Resident Matching Program;

(J) PGY – Post-Graduate Year. This refers to the annual level of training during a multi-year residency program. PGY-1 refers to the first-year class of residents, PGY-2 refers to the second-year class of residents, etc.; and

(K) SOAP – Supplemental Offer and Acceptance Program. This is the process by which the residency applicants and residency programs without a match scramble to find mutually agreeable placements. This was once referred to as “The Scramble.”

(3) Communication.

(A) All inquiries during the application process and after selections are made shall be directed to the primary point of contact as noted in the NGO and grant agreement.

(B) Applicants are required to maintain and provide to the department, upon application, a current and valid email address for electronic communication with the department.

(4) Grant Award Parameters.

(A) Available Funding and Grant Award Amounts.

1. The GME Grant Program is subject to appropriations to the department to provide grant awards to support increased residency slots. The maximum number of residency-position awards is contingent upon the amount of the appropriation available.

2. The grant cannot supplant existing funds for existing residency positions. The grant funds are only for newly added accredited residency positions to support new residents through the completion of their multiyear residencies.

3. The maximum grant award per resident per training year shall be specified in the NGO and is subject to appropriations. The department may increase the award amount if funds are not completely allocated.

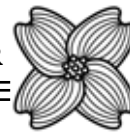
4. Funding is awarded for the number of approved residency slots for three (3) years of consecutive incoming first-year residents to finish the entirety of their residency training.

5. A sponsoring institution may request awards for multiple qualified residency position in one (1) or more eligible specialties, but each residency program corresponding to each of those different specialties shall submit their own application.

6. Eligible specialties will be specified in the NGO and are subject to appropriation in that the department may not have appropriation authority in certain years to award grant funds for residency programs in all general primary care and psychiatry specialties.

(B) Timing of Grant Agreement Period, Grant Commitment Period, and Payment.

1. The Grant Agreement Period is three (3) years and one (1) month for all grantees, regardless of the length of the residency training. Three (3) consecutive years of incoming first-year resident would be funded in an amount corresponding to the entire duration of their multiyear training, subject to appropriations.



2. The duration of the Grant Commitment Period includes the sum of –

A. The Grant Agreement Period (three (3) years and one (1) month); and

B. The remaining years needed for the residents who matriculated under this funding to finish their residency; and

C. An additional two (2) months at the end for final reporting.

3. The department shall provide funding to grantees annually in June, prior to the start of the incoming first-year class, in an amount corresponding to the entire duration of the multiyear training for the expanded slots filled by those first-year residents.

A. This payment will occur for three (3) consecutive years, to cover three (3) consecutive incoming classes of first year residents into the approved number of expanded residency slots. The award amount will be disbursed up front, upon selection of the awardees and execution of the contracts, for the total amount for all three (3) or four (4) years, up to the maximum allowable amount per resident for all three (3) or four (4) years. Payment is subject to –

(I) Appropriations; and

(II) Grant agreement expectations and deliverables met satisfactorily, at the sole judgment of the department.

(C) Allowable / Unallowable Costs.

1. Allowable costs, in order of priority, include –

A. Direct graduate medical education costs, including –

(I) Resident salary;

(II) Resident fringe benefits;

(III) Resident malpractice insurance, licenses, and other required fees; and

(IV) Salaries and benefits for faculty and program staff directly attributable to resident education;

B. Indirect costs of graduate medical education necessary to meet the standards of the ACGME.

2. Unallowable costs include –

A. Capital improvements;

B. Consultant fees;

C. Sub-contracts;

D. Planning activities;

E. Supplanting or replacing existing funds from other sources, including local, state, or federal resources, for the same purpose; and

F. Alcohol.

3. Costs not specifically mentioned in the original budget submission shall be submitted to the department for prior approval before being expended.

(D) Sustainability of the Expanded Residency Slots.

1. Future sustainability of the expanded residency slots is the responsibility of the medical residency program and/or sponsoring institution.

2. Subject to appropriations and timely receipt of all grant agreement deliverables, current grantees will be able to submit a new application any year to request additional residency slots beyond the initial number of expanded residency slots.

(E) Cost Sharing. Applicants must agree to provide additional funds or in-kind resources as needed beyond the annual GME Grant Program award to supplement the newly created residency positions according to the requirements of ACGME accreditation.

(5) Eligibility and Selection.

(A) An eligible applicant is a Missouri ACGME-accredited –

1. GME program which intends to increase and fill ACGME-approved medical residency positions during the grant

commitment period; or

2. Sponsoring institution (hospital, medical school, or consortium) that sponsors and maintains primary organizational and financial responsibility for a Missouri GME program which intends to increase and fill ACGME-approved medical residency positions during the grant commitment period.

(B) Mandatory Award Selection Criteria.

1. Applicant shall be an established ACGME-accredited residency program, located in the state of Missouri, requesting funding to increase the number of residents in their program.

2. Only those residency program specialties appropriated funding, as specified in the NGO, shall be considered.

3. Number of residency slots.

A. Residency programs need to demonstrate that they are currently utilizing one hundred percent (100%) of their maximal allocated federal Medicare GME funding for current residency slots.

B. Residency programs need to demonstrate that they have ACGME accreditation for the additional residency slots they are requesting or have a pending request before the ACGME for a complement increase. The department may specify time periods within the NGO for when such requests must have been submitted to the ACGME and when proof of approval of such requests must be submitted to the department to verify eligibility.

4. Residency programs must demonstrate the ability to cover the remaining required costs to fund additional residency slots required to supplement the grant award amount.

5. Application for this grant opportunity includes the satisfactory completion and submission of all requested components.

6. One hundred percent (100%) of the registered slots for the residency program were filled during the most recent match cycle through both the National Resident Match Program and any additional placement of residents via the Supplemental Offer and Acceptance Program.

7. The residency program is required to have been in existence for at least five (5) years.

(C) Award Selection Criteria – Prioritization. The following criteria for award selection will be applied only if there are applications for more slots than funding available.

1. Ranking of applicants. Selection priority will be given according to a point-based scoring system, adding up to one hundred (100) maximum points, as detailed in Exhibit 1 below.

2. Tiebreakers. If there are any scores tied for available slots, priority will be given in this order:

A. If there are two (2) or more OB/Gyn programs tied, priority will be given to the program(s) whose faculty also train family medicine residents in obstetrics;

B. If there are two (2) or more family medicine programs tied, priority will be given to the program(s) with the highest number of vaginal birth deliveries per resident before graduation;

C. If any other programs are tied, priority will be given to the program(s) whose location of the majority of their resident training during residency is rural;

D. If programs are still tied, then priority will be given to the program(s) whose location of the majority of their resident training during the entire duration of residency has the highest HPSA score; and

E. After this algorithm, if there is still a tie between programs, a lottery will be used to determine preference.

3. Slot assignments.

A. Each awarded slot provides grant funding to cover



the duration of the residency for one (1) resident, for three (3) consecutive years of incoming first-year residents, subject to annual appropriations and the program meeting grant requirements.

B. The process of assigning awarded slots is as follows:

(I) Once the residency program applicants are ranked by the selection criteria above, the expanded residency slots will be assigned in awards up to three (3) slots for each applicant, as funding allows;

(II) The highest ranked applicant is eligible for the first three (3) slots;

(III) If the applicant requested only one (1) or two (2) slots, then the applicant will be awarded the number of slots requested;

(IV) If the applicant requested four (4) or more slots, then the applicant will be awarded only three (3) slots, unless there are remaining slots available after all eligible applicants have been reviewed;

(V) The process continues with the next applicant with the next highest score, receiving the next three (3) slots, or fewer if the applicant requested fewer, until all slots are assigned; and

(VI) In the event that there are remaining slots to fund, the applicants who requested more than three (3) slots will be considered for those remaining slots. The scores rendered from the processes described in paragraphs (5)(C)1. and (5)(C)2. above will be utilized to rank the remaining applicants, and each applicant will receive all of their remaining slots requested, in order of highest ranking score, until available funding is depleted.



Exhibit 1

Ranking of applicants – SELECTION PRIORITY will be given according to a point-based score, adding up to 100 maximum points, as follows:		
	Residency Program Attributes – (Note: These are used to rank program applicants; these are not prerequisites. If applicant does not meet the criteria for a category below it will result in zero points for that category.)	Points (max 100)
1	Average percentage of training time over the full course of residency that includes clinical work in rural counties – -At least 50% (for family medicine, internal medicine, pediatrics) or at least 30% (for OB/Gyn and psychiatry) -Between 25-49% (for family medicine, internal medicine, pediatrics) or between 15-29% (for OB/Gyn and psychiatry)	15, or 5
2	The HPSA score corresponding to the location where the majority of residency training takes place – -15 and above -Between 7-14 -Between 1 and 6 (For family medicine, internal medicine, pediatrics, and OB/Gyn – use primary care HPSA scores. For psychiatry residency applications – use the mental health HPSA scores.)	25, or 15, or 10
3	Includes outpatient clinic training in a rural health clinic, federally qualified health center, AHEC, or outpatient family practice clinic in a rural county – -For a weekly continuity clinic throughout the entire duration of residency training program -For a weekly continuity clinic for at least one year, or at least 12 weeks of full-time outpatient clinic in one of these settings	15, or 10
4	Current medical residents with ties to Missouri – -At least 50% graduated from high school in Missouri -At least 50% went to college or other graduate school in Missouri -At least 50% went to medical school in Missouri	5, and 5, and 5
5	Data from the previous 5 years of graduates of the residency program indicate that as of the current calendar year – -State: o At least 75% practice medicine within the state of Missouri, or o At least 67% practice medicine within the state of Missouri -Setting: o At least 70% practice medicine in a rural setting o 50-74% practice medicine in a rural setting o 30-49% practice medicine in a rural setting	15, or 10 15, or 10, or 5

(D) Selection Process.

1. Application screening. The department will screen the applications to determine if they were submitted before or by the deadline specified in the timeline and if they adhere to the other grant program mandatory requirements. If there are more applicants meeting these requirements than funding available, then the selection prioritization criteria detailed above will be utilized.

2. Selection of applicants for awards.

A. The department shall evaluate applications which must demonstrate that the applicant will use grant funding to increase the number or accredited residency positions.

B. Priority will be applied to GME programs as described above.

C. The department shall select applications to be funded according to the criteria listed above.

D. Applicants must indicate how they intend to provide matching funds or in-kind resources to supplement funding as needed to fully support the additional residency slots in line with ACGME accreditation standards.

(6) Timeline. The department may set deadlines for application submission; verification of award components, including but not limited to ACGME accreditation; and agreement execution. These deadlines shall be noted in the NGO.

(7) Application.

(A) Applicant. For the purposes of this regulation, the applicant refers to the eligible residency program or the institution sponsoring a specific residency program. If one (1) institution is applying for expanded slots in multiple residency programs, then that institution will need to submit a separate application for each residency program.

(B) Submission Instructions. Applicants shall only submit their applications electronically via the online platform as provided and designated by the department.

1. The applicant is solely responsible for ensuring that the applicant's entire online application is completed by the deadline specified in the NGO. Applicant shall retain proof of timely submission.

2. The applicant may contact the department to verify receipt of their application. Confirmation of receiving the



application is not an indication of a complete application or eligibility.

(C) Application Format and Components. Every application shall include the following components and the applicant shall provide documentation providing evidence for the requested items as outlined below:

1. Certification of the application information.

A. The application must be certified and submitted by an individual who is legally authorized to submit the application on behalf of the applicant.

B. Each medical residency application requires its own certification, even if a sponsoring organization has multiple medical residency programs applying for the grant;

2. General applicant information –

A. Name of sponsoring institution;

B. Sponsoring institution contact information, including the name, email, and phone number of the contact person responding to department correspondence;

C. Medical residency program for which funding is being requested;

D. List additional medical residency programs by the same sponsoring organization for which funding is separately being requested; and

E. Letter of approval from current Chief Executive Officer or designated institutional official;

3. Medical residency program information. The following must be completed for each separate medical residency program for which funding is being requested and include all evidentiary documentation:

A. Medical residency general information –

(I) Name of eligible residency program;

(II) Program specialty and length;

(III) Location –

(a) Program main location address;

(b) Program main mailing address; and

(c) County: List the county of the main program training location, and identify any additional teaching sites located in other counties for routine resident clinical training, if applicable. Identify the percentage of training time occurring at each site;

(IV) Current accreditation dates according to the ACGME;

(V) Start date for first-year residents starting in the next three (3) calendar years;

(VI) Medical residency program director contact information;

(VII) Questions only for Ob/Gyn applicants –

(a) Do your residency program faculty also take time to train family medicine residents in OB?; and

(b) If yes, to what extent? Please describe the volume of this training; and

(VIII) Questions only for family medicine applicants –

(a) Does your program require and ensure forty (40) vaginal deliveries for all residents to graduate?; and

(b) If no, or if you wish to comment further, please provide data on your vaginal delivery rates for your residents prior to graduation;

B. Medical residency position data –

(I) Number of new first-year positions requested via this GME Grant Program; and

(II) Number of positions. Provide the following information for each post-graduate year (PGY) of your program and any comments you wish to provide:

(a) Number of first-year residency slots posted in the match for the past three (3) to four (4) years, pertaining to each

of these current classes of residents;

(b) Number of current filled positions as of July 1 in the previous academic year;

(c) Maximal number of positions currently eligible for Medicare GME. Provide verification from Medicare/CMS;

(d) Number of positions currently funded by Medicare GME. Provide verification from Medicare/CMS;

(e) Number of positions approved by the ACGME prior to March of the application year. Provide verification from ACGME. If ACGME accreditation for number of slots is not disaggregated by PGY level, then provide the total number of approved positions for the entire program; and

(f) Number of positions currently approved by the ACGME, if different than above. Provide verification from ACGME. If ACGME accreditation for number of slots is not disaggregated by PGY level, then provide the total number of approved positions for the entire program;

C. Residency Program Attributes – Clinical training.

(I) Indicate the average percentage clinical training time for the entire residency program in the following locations. Provide the name, location, timing, and nature of the training exposure at these sites. Distinguish what is a block-rotation and/or what serves as a continuity clinic that meets approximately weekly and for how many months or years in duration:

(a) Rural county;

(b) Rural Health Clinic;

(c) Federally Qualified Health Center (FQHC);

(d) Outpatient community-based clinic in a rural setting;

(e) Area Health Education Center (AHEC); and

(f) Health Center Program Look-Alikes.

(II) Provide documentation of the highest HPSA score associated with any of the routine training sites for your residency.

(a) For primary care residencies, use the primary care HPSA score.

(b) For psychiatry residencies, use the mental health HPSA score;

D. Current resident data. Provide each of the following for current post-graduate years (PGY1, PGY2, PGY3, and PGY4 if applicable):

(I) Number and percentage of current residents who graduated from high school in Missouri;

(II) Number and percentage of current residents who went to college (or other non-medical school or graduate school) in Missouri; and

(III) Number and percentage of current residents who attended medical school in Missouri;

E. Residency graduate outcomes. Provide each of the following for residents who graduated during the current calendar year and the previous four (4) calendar years:

(I) Total number of residents who graduated;

(II) Number of graduates who currently practice in the same field as their residency training;

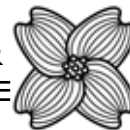
(III) Number of graduates who currently practice in Missouri;

(IV) Number of graduates who are currently practicing in a rural setting; and

(V) Number of graduates who are currently practicing in an underserved urban setting;

F. Budget.

(I) Each applicant shall include a detailed budget and budget narrative documenting utilization of grant funds for each year of the commitment period.



(a) The applicant shall develop a line-item budget for allowable costs for each year of the commitment period. The budget must indicate how applicants intend to provide out-of-pocket funds or in-kind resources to supplement the funding as needed to support the added residency slots in a manner consistent with ACGME standards.

(II) The budget narrative shall include –

(a) Justification and calculations for each line item by year;

(b) Fringe benefits and malpractice insurance calculated separately as a percentage of salary;

(c) Brief descriptions and justifications for training expenses for faculty development;

(d) If providing stipends or honoraria for faculty, explain individual activities covered;

(e) For faculty travel, include the purpose;

(f) Information about other funding sources supporting the resident, including amounts per year and covered costs;

(g) Brief discussion about how the new residency positions will be sustained after the grant ends; and

(h) Address potential strategies to engage local and regional health systems, community-based organizations, employers, and other GME stakeholders in developing new physicians and approaches for encouraging new physicians to practice in underserved areas.

(III) The budget shall demonstrate how the funds will be utilized, including amounts spent for each allowable grant fund expenditure over the grant commitment period.

(IV) Reports will be required each year detailing expenditures for which grant funds were used. Refunds for unallowable or unspent funds will be required; and

G. Financial viability. Provide a financial statement for the previous fiscal year for the existing medical residency program for which funding is being requested. Include a summary overview of amounts and sources of income and amounts and categories of expenses related to operation of the program; and

4. Documentation of eligible residency programs. Applications must include the following documentation for each program, in order to verify eligibility and to indicate that the residency program is not using grant funding to supplant any existing funding:

A. ACGME –

(I) ACGME program identification number;

(II) ACGME sponsoring institution identification number;

(III) Documentation of current program's ACGME accreditation. Provide each program's and institution's most recent accreditation letter from the ACGME, listing current accreditation status, any citations or areas of concern, or quality improvement assignments or activities;

(IV) Provide evidence from ACGME of accreditation for the exact number of allowed residency positions in the residency program; itemize this by post-graduate year or, if not available, then by the total program;

(V) If applicable, provide evidence of applicant's request to and approval from ACGME for an increase in the number of residency positions, also itemized by PGY or, if not available, by the total program. If the complement request has not yet been approved, provide evidence of the applicant's submission for a complement on or prior to the deadline specified in the NGO. Complement increase approval letters must be submitted to the department by the date specified in the NGO for the program to be eligible for the GME grant

program; and

(VI) If the request and approval are for a temporary increase, provide a plan, including a timetable, for obtaining accreditor approval for a permanent increase in the number of program positions;

B. Match results from the past three (3) years. Provide verification for each of the following for Match Day of the current calendar year and the two (2) previous calendar years:

(I) Number of PGY1 slots submitted for NRMP;

(II) Number of PGY1 slots matched via NRMP;

(III) Number of unmatched PGY1 slots filled via SOAP;

(IV) Number of PGY1 slots filled outside of NRMC/SOAP;

and

(V) Number of unfilled PGY1 slots after NRMP and SOAP; and

C. Medicare GME funding. Provide documented verification from Medicare/CMS of the maximal number of positions eligible for Medicare GME and the costs. Submit the most recent year of complete cost report data, including the following Medicare Cost Report Workbooks:

(I) Worksheet S-2 – Part I: Hospital and Hospital Health Care Complex Identification Data;

(II) Worksheet S-2 – Part II: Hospital and Hospital Health Care Complex Reimbursement Questionnaire;

(III) Worksheet A – Reclassification and Adjustment of Trial Balance of Expenses;

(IV) Worksheet B – Part I: Cost Allocation – General Service Costs;

(V) Worksheet E – Part A: Calculation of Reimbursement Settlement – Inpatient PPS;

(VI) Worksheet E-4: Direct Graduate Medical Education (GME) & ESRD Outpatient Direct Medical Education Costs; and

(VII) Worksheet L: Calculation of Capital Payment.

(8) Distribution of Grant Funds.

(A) Verification of Filled Positions.

1. To qualify for distribution of awarded funds, the grantee must submit verification to the department annually that they have filled the new residency positions by the date(s) specified in the NGO.

2. If a grantee fails to verify to the department that they filled the awarded residency positions, then the grantee shall forfeit the award for any unverified positions.

3. If a grantee verifies to the department that they filled an awarded residency position, but the resident resigns, is terminated, or otherwise fails to remain qualified prior to completion of the program, the grantee will not forfeit that slot in subsequent years of the agreement period.

(B) Funds Distribution.

1. Payments. Grantees must follow any instructions specified in the NGO for registering as a vendor with the State of Missouri prior to any payments becoming due.

2. Retraction or reduction of payments. The department is not bound by any award estimates in the NGO. After making a finding that a grantee has failed to perform or failed to conform to grant conditions, the department may retract the grant amount for the grantee. This retraction shall be prorated in relation to the earliest date for which there is evidence that the grantee failed to perform or conform to grant conditions as specified in the NGO. If that date is the start of the grant commitment period, then the entire grant award shall be retracted. If funds have been disbursed, the grantee shall issue reimbursement to the department.

3. Grantees shall return any unexpended balance of the award at the end of the grant commitment period to the



department.

4. Return of prorated funds.

A. If the grantee is awarded funding for a residency position, but fails to fill the residency position, the grantee is required to return the funds awarded for that slot for that academic year.

B. If the grantee is awarded funding for a residency position and fills the residency position for any portion of the academic year, the grantee will not be required to return the funds awarded for that slot for the academic year or for the following academic year if the following academic year is the third year of a three- (3-) year residency program or the fourth year of a four- (4-) year residency program.

(9) Reporting Requirements.

(A) Grantee shall submit reports to the department by the deadlines set and in the format specified in the NGO or as communicated to the grantee by the department.

(B) Annual Program Report. Grantees shall submit an annual report to the department. The report will include but not be limited to –

1. Current residents –

A. Number of total residents in the program, by post-graduate year;

B. Number of resident slots funded by the GME Grant Program, by post-graduate year;

C. Were there any residents in the class(es) funded by the GME Grant Program who left the program as of the date of the report? If yes, enumerate and explain;

D. Registry of all current residents of all years in training, organized by post-graduate year, including –

(I) Resident name;

(II) Post-graduate year;

(III) NPI;

(IV) Physician license number;

(V) Resident age;

(VI) Resident gender;

(VII) Resident race;

(VIII) Resident trainee;

(IX) Attended high school in Missouri (yes/no);

(X) Attended college or any other non-medical school graduate training in Missouri (yes/no);

(XI) Graduated from a Missouri medical school (yes/no); and

(XII) Passed Step 3 exam (yes/no);

E. Curriculum/training over the entire course of residency, including –

(I) Training site name;

(II) Training site street address;

(III) Training site city;

(IV) Training site state;

(V) Training site zip code;

(VI) Training site percent training time;

(VII) Rural county (yes/no);

(VIII) Training site type (FQHC, Health Center Program Look-Alike, rural health center, AHEC, outpatient community-based clinic in a rural setting, hospital); and

(IX) HPSA score (if psychiatry residency program, use mental health HPSA score; other residency programs, use primary care HPSA score); and

F. Residency graduate outcomes during calendar year of report and four (4) previous calendar years –

(I) Total number of residents who graduated;

(II) Number of graduates who currently practice in the same field as their residency training;

(III) Number of graduates who currently practice in Missouri;

(IV) Number of graduates who are currently practicing in a rural setting; and

(V) Number of graduates who are currently practicing in an underserved urban setting.

(C) Financial Deliverables.

1. Annual financial report. Grantees shall submit financial reports to the department annually or when otherwise requested by the department. This report shall detail the –

A. Amount received from this funding opportunity;

B. Actual expenditures for the grant duration by purpose and amount;

C. Remaining projected expenditures;

D. Unexpended balance of the GME Grant Program funds as of the date specified by the department;

E. Amount owed back to the department, if applicable;

F. Total cost for the additionally funded residence positions;

G. Grantee's out-of-pocket expense; and

H. Total amount of funding from all sources.

2. Each financial report shall include a statement of certification by the program director or authorized representative of the sponsoring institution.

(D) Final Program Report. A final program report will be due by August 31 in the last year of the grant commitment period. This report will include similar content to the annual reports, but with outcome information limited to those residents funded by the GME Grant Program, including where the residents have or will be establishing practice, whether located in an underserved area, whether they remained in the prioritized specialty previously reported. This will also include a final financial report containing the same information as the annual financial report.

(E) Delinquent Reports. Medical residency programs with any required reports deemed to be delinquent may be ineligible for funding for the remainder of the grant agreement period or for participation in future funding cycles or expansion of this grant program.

(10) Additional Contractual Requirements. In order to receive funding under this grant program, grantees shall agree to abide by all contract terms and conditions as set forth in the grant agreement.

AUTHORITY: section 191.592, RSMo Supp. 2023. Emergency rule filed Sept. 1, 2023, effective Sept. 18, 2023, expired March 15, 2024. Original rule filed Sept. 1, 2023, effective Feb. 29, 2024.*

**Original authority: 191.592, RSMo 2023.*