



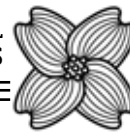
RULES OF

# Department of Mental Health

## Division 45—Division of Developmental Disabilities

### Chapter 5—Standards for Community-Based Services

Title	Page
9 CSR 45-5.010 Certification of Medicaid Agencies Serving Persons with Developmental Disabilities .....	3
9 CSR 45-5.020 Individualized Supported Living Services – Quality Outcome Standards (Rescinded March 30, 2005) .....	9
9 CSR 45-5.030 Individualized Supported Living Services – Provider Certification (Rescinded March 30, 2005) .....	9
9 CSR 45-5.040 Missouri Alliance for Individuals with Developmental Disabilities (Rescinded June 30, 2016) .....	9
9 CSR 45-5.060 Procedures to Obtain Certification .....	9
9 CSR 45-5.105 Definitions for Fire Safety Rules .....	13
9 CSR 45-5.110 Fire Safety for Facility-based Day Habilitation and Employment Service Settings .....	14
9 CSR 45-5.130 Fire Safety for Group Homes Serving 4–9 People .....	18
9 CSR 45-5.140 Fire Safety for Group Homes Serving 10–16 People .....	22
9 CSR 45-5.150 Fire Safety for Group Homes Serving 17 or More People .....	26



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

**9 CSR 45-5.010 Certification of Medicaid Agencies Serving Persons with Developmental Disabilities**

*PURPOSE: This rule defines terms, establishes principles and sets out the process by which Medicaid agencies providing residential habilitation, day habilitation, supported employment or individualized supported living services attain certification.*

(1) The Division of Mental Retardation and Developmental Disabilities (division) shall establish procedures under which a Medicaid agency (agency) providing residential habilitation, day habilitation, supported employment or individualized supported living services to persons with developmental disabilities attains certification. In establishing those procedures, the division makes the following assumptions:

(A) A person with a developmental disability or the person's family can best determine the services the person wants and needs;

(B) The division and the agencies shall work cooperatively to provide quality services and supports that effectively and efficiently meet individual needs of persons with developmental disabilities within the contexts of the persons' preferred lifestyles;

(C) Through ongoing monitoring, persons with developmental disabilities and their families shall determine the quality of the persons' services and supports and the effectiveness of the services and supports in meeting the persons' needs;

(D) The certification process shall be flexible and person-centered and shall serve three (3) critical purposes –

1. To determine how well the division, its regional centers and the agencies fulfill their responsibilities to persons with developmental disabilities;

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

3. To enhance inclusion of persons with developmental disabilities as valued members of their communities;

(E) Rather than taking the traditional approach of penalizing agencies that fail to meet minimum standards, the division shall direct its resources and support towards assisting agencies that demonstrate innovation and initiative in pursuing best practices and realizing outcomes contained in the principles set out in section (3).

(F) The principles in subsections (3)(A) and (B) and paragraphs (3)(C)1. and (3)(D)3. of this rule are intended to enhance the services of agencies. Certification requires agencies' commitment to continuous improvement toward realization of those principles;

(G) Agencies shall subscribe to and meet the principles in paragraphs (3)(C)2. and (3)(D)1. and 2. of this rule. The division shall enforce those principles; and

(H) A residential facility or day program that attains certification from the Division of Mental Retardation and Developmental Disabilities to deliver Medicaid Home- and Community-Based Waiver services is deemed licensed by the department under sections 630.705–630.760, RSMo.

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

(A) Consumer and family monitoring – A formalized review of an agency conducted every two (2) years by an organized consumer-parent group;

(B) Consumer and family monitoring team (monitoring team) – An organized group of at least two (2) parents or other consumers that reviews an agency every two (2) years to assess the quality and responsiveness of the agency's services;

(C) Core issues – Issues identified by a survey team or monitoring team and which threaten the health or safety of people with developmental disabilities or infringe upon the basic rights of those people;

(D) Enforcement plan – A compliance plan under which an agency satisfies core issues identified by a survey team or monitoring team;

(E) Enhancement plan – A plan under which an agency will further enhance its services by building upon strengths and addressing other issues identified by a survey team;

(F) Medicaid agency – An agency serving people with developmental disabilities under the Medicaid Home- and Community-Based or Nursing Home Reform Waiver program;

(G) Survey team – A group of at least two (2) persons, including the team leader, appointed by the division director or designee to conduct surveys of agencies;

(H) Survey team leader – A division employee who heads a survey team and coordinates its work;

(I) Survey team member – A service provider, regional center employee, parent of a person with a developmental disability or other consumer who has completed training and credentialing by the division, qualifying him/her for membership on a survey team; and

(J) Tailored survey – A survey conducted by a survey team or monitoring team to assess the degree to which an agency has satisfied core issues previously identified by the team.

(3) This section prescribes four (4) sets of principles for agencies providing residential habilitation, day habilitation, supported employment or individualized supported living services to persons with developmental disabilities under the Medicaid Home- and Community-Based or Nursing Home Reform Waiver program.

(A) Community Membership.

1. Promoting acceptance through community involvement – Outcome: Individuals are active participants in the community where they live.

A. Individuals' days are as diverse and enriching as others in the community.

B. Individuals are supported in efforts to actively participate in community life.

C. Individuals receive needed support when using community resources.

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

E. Individuals live, work, and participate in recreational activities in settings that are physically integrated into the community.

F. Individuals spend the majority of their time in integrated settings.

G. Individuals are familiar with their communities.

H. Individuals use generic resources.

I. Individuals participate in age-appropriate recreational activities.

J. Individuals have the option to participate in the ethnic life of the community.



K. Individuals have the option to participate in cultural arts activities in the community.

L. Individuals receive supports and adaptations with consideration for acceptance in the community.

M. Individuals use methods of transportation that are typical for others in the community.

N. Individuals' dress and grooming are consistent with community norms.

O. Individuals know or are learning skills which are critical to their acceptance in the community.

P. Individuals receive training in a manner which is likely to be accepted by the community.

Q. Individuals have the option to participate in the religious life of their choice in the community.

R. Individuals have the option to participate in political activities of their choice in the community.

2. Supporting and promoting relationships – Outcome: Individuals have positive relationships with people who are not paid providers.

A. Individuals are supported in developing friendships.

B. Individuals are supported in sustaining friendships.

C. Individuals sustain or reestablish relationships with family members.

D. Individuals who choose responsible, consenting, intimate relationships are supported.

E. Individuals' relationships with others are encouraged and supported.

F. Individuals' social support networks are expanded and enhanced.

G. Individuals have repeated opportunities for social contact with the same people or groups of people.

H. Individuals are involved in activities at times which are conducive to building relationships.

I. Individuals' competencies and interests are emphasized in expanding the scope of relationships.

J. Individuals' environments are conducive to developing relationships.

K. Individuals invite guests to their homes and on social occasions.

L. Individuals have in their possession personal information concerning significant others.

M. Individuals interact with others consistent with the intensity of the relationship.

3. Supporting and promoting contribution – Outcome: Individuals experience the rewards and responsibilities of contributing to society.

A. Individuals have the option to contribute to and receive from others.

B. Individuals have the option to join and assume roles in community organizations.

C. Individuals have the option to join and assume roles in religious organizations.

D. Individuals have the option to volunteer.

E. Individuals have the option to help their neighbors.

4. Facilitating and enhancing communications – Outcome: Individuals' communications are recognized, responded to, and supported.

A. Individuals have opportunities for communication in a variety of settings and with a variety of people.

B. Individuals receive supports or services, or both, to enhance functional communication.

C. Individuals who need them have alternative or augmentative communication systems that are functional.

D. Individuals who use alternative systems of communication have those systems or functional alternatives

available for use at all times in all environments.

E. Individuals' families and friends have the option to receive training in the means of communication used by the individual.

F. Individuals' language or communication systems are understood and used by people when providing supports or services, or both.

G. Individuals' physical environments are arranged to promote conversation.

H. Individuals' environments contain accessories and personal possessions which promote conversation.

I. Individuals' lives contain various activities and experiences about which to communicate.

J. Individuals' suggestions, opinions, and other communication are recognized and receive a response.

5. Facilitating community involvement through positive interaction – Outcome: Individuals interact in a manner which promotes inclusion in community life.

A. Individuals are in supportive environments where most individuals engage in positive, acceptable interactions.

B. Individuals are assured continued access to the community even though they may be displaying unacceptable behaviors.

C. Individuals' interactions are understood in terms of communicative intent and function.

D. Individuals' interactions are understood in terms of the variables contributing to the behavior as well as the physical characteristics of the behavior.

E. Individuals with unacceptable interactions are directly observed in the environments where the behaviors occur to determine the purpose of the behavior.

F. Individuals with unacceptable interactions are directly observed by persons knowledgeable and experienced in providing behavioral supports.

G. Individuals' behavioral supports reflect an emphasis on analyzing the possible reasons for unacceptable interactions prior to planning and implementation.

H. Individuals' unacceptable, non-threatening behaviors are reduced and more functional alternatives acquired.

I. Alternatives other than or in addition to behavioral supports are considered when severe and persistent mental illness is the presumed causal factor.

J. Individuals are supported through provision of a variety of programming strategies for facilitating or teaching appropriate adaptive behaviors.

K. Individuals' plans present a clear, integrated rationale explaining the importance to the individual for any proposed intervention.

L. Individuals are prevented, as much as possible, from engaging in severe, unexpected and threatening behaviors that endanger themselves, others, or community property.

M. Individuals are protected from endangerment through the supportive, respectful use of behavioral supports.

N. Individuals' rights are actively protected when behavioral supports are implemented.

(B) Self-determination.

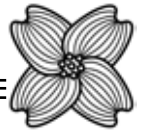
1. Promoting self-esteem through positive self-expression – Outcome: Individuals have the opportunity to enhance self-esteem through self-expression.

A. Interactions with each individual demonstrate interest, concern, and consistency.

B. Individuals routinely receive unconditional positive feedback.

C. Expectations of each individual are positive.

D. Individuals have social and interpersonal problem



solving skills.

E. Individuals express their own personal style.

F. Individuals are aware of and use personal competencies.

G. Individuals express personal opinions and preferences.

H. Individuals have options to express their cultural heritage.

I. Individuals have information about their families and friends.

J. Individuals express their personal histories.

K. Individuals understand what belongs to them and what belongs to others.

L. Individuals are aware of their own bodies.

M. Individuals differentiate between themselves and others.

2. Maximizing individual choice and decision making – Outcome: The responsible choices of individuals are respected and supported in all phases of life.

A. Individuals establish personal goals.

B. Individuals make informed choices and experience natural consequences.

C. Individuals are supported in carrying out choices.

D. Individuals make commitments for which they accept personal responsibility.

E. Individuals participate in the decoration of their personal area.

F. Individuals participate in the decoration of common living areas.

G. Individuals make choices regarding health care providers.

H. Individuals have options to choose from a variety of alternatives in all areas of their lives.

I. Individuals have options to retire.

J. Individuals receive and spend money in a typical fashion.

K. Individuals plan their own time.

L. Individuals choose their personal possessions.

3. Facilitating empowerment – Outcome: Individuals are in control of their own lives.

A. Individuals have options to acquire and use self-advocacy and assertiveness skills.

B. Individuals regularly utilize formal and informal means to influence decisions and affect changes.

C. Individuals are supported in group advocacy efforts.

D. Individuals have options to use external advocates of their own choosing.

E. Individuals express satisfaction or dissatisfaction without fear of recrimination.

F. Individuals participate on agency governing boards or serve as *ex officio* members.

G. Individuals participate in the strategic planning of agency supports and services.

H. Individuals participate in hiring personnel.

I. As individuals gain more power over their own lives, the degree of external control and protection is reduced.

4. Person-centered planning – Outcome: Person-centered planning facilitates the empowerment of individuals to attain personal goals.

A. A profile of personal information about the individual's capacities, dreams, interests, and needs is developed.

B. A profile of social information about the individual in the community, his/her family, social support network, and associational life is developed.

C. Information used in the development of personal profiles is obtained in natural settings.

D. Information used in the development of personal and social profiles is obtained from the individual and from others who know the individual well.

E. Information is presented in plain language.

F. Professionals in specialized disciplines supplement knowledge about the individual.

G. Individuals have options to chair or co-chair their own person-centered planning sessions.

H. Individuals participate in planning the time, place, approximate length, and agenda for their person-centered planning sessions.

I. Person-centered planning sessions are held as frequently as necessary but at least annually.

J. Professionals in specialized disciplines and significant others invited to the person-centered planning sessions have spent time with the individual prior to the meeting.

K. Individuals participate in selecting and inviting the people who will participate in their own person-centered planning sessions.

L. The type of person-centered planning process selected is based on each individual and his/her life situation.

M. Facilitators are trained in the use of various types of person-centered planning processes.

N. Each individual's personal goals are the focal point of the person-centered planning session and are actively addressed.

O. Outcome statements present a rationale for the relevance to the person, a statement of what must be accomplished, and criteria for attainment.

P. People at the person-centered planning sessions consider how to use or enhance natural supports before recommending specialized services.

Q. Natural supports are enhanced to decrease dependence on specialized services and to increase interdependence in the community.

R. People at the person-centered planning sessions determine whether support or training strategies, or both, are desirable.

S. The amount and duration of supports and services the person needs are specified.

T. People in attendance at the person-centered planning sessions decide on who will assume responsibility for specific implementation strategies and timelines.

U. Supports, adaptations, services or a combination are located or created to implement the person-centered plan.

V. Individuals choose support or service providers.

W. Strategies for attaining personal goals are developed based on the individual's personal and social profiles and relevant professional disciplinary assessment.

X. Strategies used for implementation of the person-centered plan are functional, effective, and efficient.

Y. Training occurs in the community in which the individual lives, works, engages in recreational activities, and has relationships.

Z. Individuals have the option to coordinate their individual supports and services.

AA. Persons responsible for coordinating the person-centered plan review it with the individual as frequently as necessary but at least monthly.

BB. Plan review includes specific objective data as well as feedback from the individual.

CC. Persons responsible for coordinating the person-centered plan make revisions based on the findings from the review process.

DD. Supports and services are reduced or modified in



amount and intensity whenever indicated.

(C) Rights.

1. Assuring human rights, dignity and respect – Outcome: Individuals are treated with respect in an environment that promotes dignity.

A. The dignity and comfort of individuals are considered in all aspects of their lives.

B. Specialized supports are developed only when individuals do not have an identifiable natural support network.

C. Individuals recognize the rights of others.

D. Individuals' lives are free of arbitrary rules or unnecessary behavioral consequences.

E. Individuals are not unnecessarily separated from staff by imposed practices.

F. Individuals are not discussed while present unless included in the conversation.

G. Individuals' needs for privacy are accommodated.

H. Individuals are addressed using people-first language.

I. Individuals are addressed in an age-appropriate manner.

J. Individuals are addressed in a conversational tone.

K. Individuals engage in age-appropriate interactions.

L. Individuals receive supports and services in age-appropriate environments.

M. Individuals have access to and use of personal possessions.

N. Individuals secure all public and private benefits to which they are entitled.

2. Assuring legal rights – Outcome: Individuals exercise or are assisted in exercising all rights under the Constitution of the United States and those stated in statute.

A. Individuals have information on the rights and responsibilities of citizenship.

B. Individuals are involved in any process to limit their rights and are assisted through external advocacy efforts.

C. Individuals are entitled to due process when limitations are imposed.

D. Individuals are free to communicate privately.

E. Individuals have freedom of movement.

F. Staff are trained in preventing, detecting and reporting abuse and neglect.

G. Abuse and neglect are prohibited by policy.

H. Research must comply with state and federal regulations.

I. Guardians and advocates, chosen by the individual, participate in planning and decision making.

J. Individuals are informed of, or are assisted in the process of obtaining a guardian or conservator or are referred to advocacy services, or both.

K. Staff maintain all information about individuals in confidence.

L. Individuals have access to their records and staff are available to answer their questions.

M. Individuals do not perform unpaid work for which others receive pay.

N. Individuals' rights to a free, appropriate public education are supported.

O. Individuals have information on the rights and responsibilities of living in the community.

(D) Meeting Basic Needs.

1. Assuring and promoting good health – Outcome: Individuals maintain good health.

A. Individuals have a primary health care provider to meet health care needs.

B. Individuals obtain medical care at intervals recommended for other persons of similar health status.

C. Individuals obtain dental examinations at intervals recommended for other persons of similar health status and receive follow-up dental treatment as needed.

D. Individuals requiring specialized medical services have access to specialists.

E. Individuals are offered support in preparation for medical and dental care.

F. Individuals eat well balanced diets appropriate to nutritional needs.

G. Individuals who have special dietary needs have those needs reviewed by a dietary consultant.

H. Individuals have options to participate in fitness programs.

I. Individuals' health is protected through measures typically taken to prevent communicable diseases for persons with similar health status.

J. Individuals participate in making decisions about their health care to the maximum extent of their capacities, and their decisions about their health care are recognized and supported.

K. Individuals make informed choices about taking prescribed medications.

L. Individuals take medications as prescribed.

M. Individuals are supported in safely managing their medications.

N. Individuals' medications are regularly evaluated to determine their continued effectiveness.

O. Individuals who take medications are supported by people who have received information about the individuals' medical conditions, know how the medications should be taken and are aware of possible side effects.

2. Assuring individual safety – Outcome: Individuals' environments are safe while assuring choices and freedoms.

A. Individuals receive the degree of supervision consistent with personal ability and the nature of the environment.

B. Individuals' homes and other environments are clean, safe and well maintained.

C. Individuals' homes and other environments have modifications or adaptations to ensure safety.

D. Individuals' homes and other environments have passed externally conducted health, safety, and mechanical inspections.

E. Individuals' safety is assured through preventive maintenance of vehicles, equipment and buildings.

F. Individuals are transported safely.

G. Individuals have the option to participate in home repair and maintenance training.

H. The temperature of individuals' homes is within an accepted comfort range of sixty-eight (68°) to seventy-eight (78°) degrees Fahrenheit.

I. Individuals are supported in responding to emergencies in a safe manner.

J. Individuals participate in emergency drills occurring during daytime, evening and nighttime hours at least four (4) times annually.

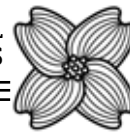
K. Individuals are supported or served by staff who are knowledgeable about emergency procedures.

L. Individuals have access to adequate evacuation exits.

M. Individuals have properly marked and easily accessible fire fighting equipment in their homes.

N. Individuals' homes have operating smoke detectors.

O. Individuals have adaptive emergency alarm systems based upon need.



P. Individuals have options to take first aid, have access to basic first-aid supplies, or are provided first aid by knowledgeable staff.

Q. Individuals are provided cardiopulmonary resuscitation by knowledgeable staff.

R. Individuals incurring injuries or experiencing unusual incidents have the injuries or incidents documented in their files.

S. Individuals are supported or served by staff who have pertinent information to facilitate ordinary or emergency notification of family, guardians or other interested parties.

T. Individuals' safety is assured by secure storage of materials and equipment necessary for household maintenance.

U. Individuals and staff use safe and sanitary practices in all phases of food preparation and cleanup.

V. Individuals who need assistance to eat in an upright position are provided needed supports and adaptations.

W. Individuals use mechanical supports only as prescribed.

X. Individuals use adaptive, corrective, mobility, orthotic and prosthetic equipment that is in good repair.

3. Promoting well-being, comfort and security – Outcome: The physical and emotional well-being of individuals are met at home and promoted in other environments.

A. Individuals' personal preferences are supported to assure physical comfort.

B. Individuals' environments are secure and stable.

C. Individuals express that their home is their own.

D. Individuals' homes are adequate in size and design to meet the needs of those who live there.

E. Individuals are actively involved in the process when they relocate.

F. Individuals have opportunities to learn how to protect themselves from others.

(4) Every two (2) years, all agencies shall seek certification under this section except that agencies accredited by nationally recognized accrediting bodies approved by the division shall not be required to seek certification. For example, agencies accredited by the Accreditation Council on Services for People with Developmental Disabilities or agencies receiving accreditation of appropriate services by the Commission on Accreditation of Rehabilitation Facilities shall not be required to seek certification. The division director shall issue two (2)-year certificates to agencies successfully completing the process and requirements of this section and contingent, upon successful completion, the following year of consumer and family monitoring as set out in section (6).

(A) Presurvey Activities.

1. The survey team leader shall provide written information to the agency about the survey process and its purpose and shall provide a list of credentialed, potential survey team members. The survey team leader shall also request information from the agency for his/her use in selecting the sample of persons with developmental disabilities to be surveyed. That information shall include, but not be limited to, the number of persons in each program service and at each service location; number of persons with various support needs, for example, communication, behavioral or medical; and a copy of the agency's mission statement and organizational chart.

2. The agency shall provide the survey team leader with the requested information and with preferred survey team members in priority order.

3. The regional center director shall provide information to the survey team leader about case management for the

agency.

4. Based on information provided by the agency, the survey team leader shall determine the agency's characteristics in conjunction with the agency and regional center directors. The survey team leader shall also determine the sample size and select the survey team. No survey team member may survey an agency in his/her community or any other agency if s/he or the team leader believes there could be a conflict of interest.

5. The agency and regional center directors shall designate a liaison person to provide information otherwise assist the survey team.

6. The survey team leader shall inform the team and the agency director of the survey schedule and shall provide necessary written information to the team.

(B) Survey Activities.

1. The survey team leader shall convene the team to make assignments and introduce agency and regional center liaison persons.

2. The survey team leader shall convene a meeting at the agency to introduce team members and liaison persons to the agency director and other staff and to present information about the survey process.

3. The survey team shall gather necessary information (conduct the survey). The agency director shall make people receiving its services, its staff and relevant records and policies available. The survey team shall cite examples of agency strengths and characteristics on which the agency may build during the enhancement phase of the certification process. Survey activities include but are not limited to –

A. A community tour;

B. Observation of persons receiving services in their homes and in the community;

C. Discussions with persons receiving services, their families and agency staff;

D. Attendance at individual habilitation plan meetings;

E. Record review and

F. Informal meetings to share observations, plan, and identify emerging themes.

4. The survey team shall reach conciliation on each principle in section (3) through evaluation of trends, not on the agency's failure to meet the principle.

5. After the survey team has completed the survey, it shall indicate whether –

A. No core issues were identified;

B. Core issues were identified, but the issues are not pervasive; or

C. Pervasive core issues were identified.

(C) Post-Survey Activities.

1. If the survey team does not identify core issues –

A. The survey team leader shall conduct an exit meeting at the agency with the agency and regional center directors, providing them a summary of the team's findings and its recommendation for certification of the agency;

B. The survey team leader shall prepare a survey report, including the team's recommendation for certification of the agency;

C. The survey team leader shall facilitate a meeting of the agency and regional center directors, after which those directors shall develop an enhancement plan to focus on themes (issues) identified during the survey. The plan shall include but not be limited to –

(I) How the issues will be addressed;

(II) Roles of agency and regional center staff in addressing the issues;

(III) Short- and long-range timelines;



(IV) Specific methods of agency-regional center communication about implementation of the plan; and

(V) Criteria for measuring success;

D. The survey team leader and agency director shall submit the survey report and enhancement plan to the division director;

E. The division director shall issue a two (2)-year certificate that is contingent upon successful completion the following year of consumer and family monitoring as set out in section (6);

F. The agency and regional center directors shall work together to implement the enhancement plan; and

G. The regional center director shall identify common issues or problems within enhancement plans in his/her region, especially within plans of agencies in particular communities, and shall take steps to resolve the issues or problems.

2. If the survey team identifies core issues, but the issues are not pervasive –

A. The survey team leader and regional center director shall conduct an exit meeting at the agency with the agency director, providing him/her a summary of the team's findings and its recommendation on certification of the agency;

B. The survey team leader shall prepare a survey report, including the team's recommendation on certification of the agency;

C. If certification is recommended, the survey team leader and regional center director shall facilitate a meeting with the agency director, after which the agency and regional center directors shall develop a combination enhancement (for building upon agency strengths)-enforcement (for addressing core issues) plan. The plan shall include but not be limited to requirements set out in items (4)(C)1.C.(I) through (V);

D. The survey team leader and agency director shall submit the survey report and enhancement-enforcement plan to the division director;

E. The division director shall issue a two (2)-year certificate that is contingent upon satisfying core issues identified in the enforcement plan component and successful completion the following year of consumer and family monitoring as set out in section (6);

F. The agency and regional center directors shall work together to implement the enhancement-enforcement plan;

G. The regional center director shall identify common issues or problems within enhancement and enforcement plans in his/her region, especially within plans of agencies in particular communities, and shall take steps to resolve the issues or problems; and

H. When the agency director believes his/her agency has satisfied core issues identified in the enforcement plan component, s/he, the regional center director, and a survey team member appointed by the team leader shall conduct a tailored survey to determine if the core issues have been satisfied.

(I) If the core issues have been satisfied, the agency and regional center directors shall work together to continue implementation of the enhancement plan component.

(II) If the agency has not satisfied the core issues but has made significant progress, the regional center director may extend the timelines in the enforcement plan component so that the agency can satisfy the remaining core issues.

(III) If the agency has failed to satisfy the core issues or even to make significant progress toward satisfying them, the division director shall decertify the agency.

3. If the survey team identifies pervasive core issues –

A. The survey team leader and regional center director

shall conduct an exit meeting at the agency with the agency director, providing him/her a summary of the team's findings and its recommendation on certification of the agency;

B. The survey team leader shall prepare a survey report, including the team's recommendation on certification of the agency;

C. The survey team leader and regional center director shall facilitate a meeting with the agency director, after which the agency and regional center directors shall develop an enforcement plan. The plan shall include, but not be limited to, requirements set out in items (4)(C)1.C.(I) through (V);

D. The survey team leader and agency director shall submit the survey report and enforcement plan to the division director;

E. The division director shall issue a two (2)-year certificate that is contingent upon satisfying core issues identified in the enforcement plan and successful completion the following year of consumer and family monitoring as set out in section (6);

F. The agency and regional center directors shall work together to implement the enforcement plan;

G. The regional center director shall identify common issues or problems within enforcement plans in his/her region, especially within plans of agencies in particular communities, and shall take steps to resolve the issues or problems; and

H. When the agency director believes his/her agency has satisfied core issues identified in the enforcement plan, s/he, the regional center director and a survey team member appointed by the team leader shall conduct a tailored survey to determine if the core issues have been satisfied.

(I) If the core issues have been satisfied, the agency and regional center directors shall work together to develop and implement an enhancement plan.

(II) If the agency has not satisfied the core issues but has made significant progress, the regional center director may extend the timelines in the enforcement plan so that the agency can satisfy the remaining core issues.

(III) If the agency has failed to satisfy the core issues or even to make significant progress toward satisfying them, the division director shall decertify the agency.

(5) An agency may appeal its decertification to the department's hearings administrator.

(A) If the agency appeals and the hearings administrator reverses the decertification decision, the agency and regional center directors shall develop an enforcement plan or revise an existing plan, and the agency shall continue through the process set out previously in this rule.

(B) If the agency appeals and the hearings administrator sustains the decertification decision, the division director shall remove the agency from the Medicaid Home- and Community-Based or Nursing Home Reform Waiver Program.

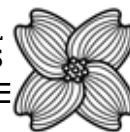
(C) If the agency does not appeal, the division director shall remove the agency from the Medicaid Home- and Community-Based or Nursing Home Reform Waiver Program.

(6) Every two (2) years during years when survey teams do not conduct surveys of agencies, consumer and family monitoring teams shall monitor the agencies.

(A) If a monitoring team identifies core issues –

1. The monitoring team and the regional center director shall conduct an exit meeting with the agency director at the agency, providing the agency director a summary of the monitoring team's findings;

2. After the exit meeting, the agency director shall –



A. Develop an enforcement plan with the regional center director and continue through the process set out previously in this rule; or

B. Request that a tailored survey be conducted by the regional center director, the monitoring team and the agency director; and

3. If a tailored survey is conducted and –

A. The agency has not satisfied the core issues, the agency and regional center directors shall develop an enforcement plan, and the agency shall continue through the process set out previously in this rule; or

B. The agency has satisfied the core issues, the agency shall continue in its prior status.

*AUTHORITY: section 630.655, RSMo 1994.\* This rule originally filed as 9 CSR 30-5.050. Original rule filed July 25, 1994, effective March 30, 1995. Amended: Emergency amendment filed July 20, 1995, effective July 30, 1995, expired Nov. 26, 1995. Amended: Filed July 20, 1995, effective Nov. 30, 1995. Amended: Filed May 25, 1995, effective Dec. 30, 1995.*

*\*Original authority: 630.655, RSMo 1980.*

#### **9 CSR 45-5.020 Individualized Supported Living Services – Quality Outcome Standards** (Rescinded March 30, 2005)

*AUTHORITY: section 630.050, RSMo 1994. This rule was originally filed as 9 CSR 30-5.020. Emergency rule filed Aug. 4, 1992, effective Sept. 1, 1992, expired Dec. 29, 1992. Original rule filed Aug. 4, 1992, effective Feb. 26, 1993. Amended: Filed May 25, 1995, effective Dec. 30, 1995. Rescinded: Filed Sept. 1, 2004, effective March 30, 2005.*

#### **9 CSR 45-5.030 Individualized Supported Living Services – Provider Certification** (Rescinded March 30, 2005)

*AUTHORITY: section 630.050, RSMo 1994. This rule was originally filed as 9 CSR 30-5.030. Emergency rule filed Aug. 4, 1992, effective Sept. 1, 1992, expired Dec. 29, 1992. Original rule filed Aug. 4, 1992, effective Feb. 26, 1993. Amended: Filed May 25, 1995, effective Dec. 30, 1995. Rescinded: Filed Sept. 1, 2004, effective March 30, 2005.*

#### **9 CSR 45-5.040 Missouri Alliance for Individuals with Developmental Disabilities** (Rescinded June 30, 2016)

*AUTHORITY: section 633.010, RSMo 1994. Original rule filed Feb. 15, 2000, effective Aug. 30, 2000. Rescinded: Filed Dec. 8, 2015, effective June 30, 2016.*

#### **9 CSR 45-5.060 Procedures to Obtain Certification**

*PURPOSE: This rule describes procedures to obtain certification as a provider of individualized supported living (ISL), group home, shared living, employment services, day habilitation, individualized skills development, community networking, out of home respite, and intensive therapeutic residential habilitation services through the home and community-based waivers for individuals with intellectual and developmental disabilities.*

(1) Under section 630.655, RSMo, the department is mandated to develop certification standards and to certify providers to operate, receive funds from the department, and be eligible for Medicaid reimbursement. However, certification in itself does not constitute an assurance or guarantee the department will fund designated services or programs.

(A) A key goal of certification is to enhance the quality of care and life for individuals with a focus on their needs, preferences, and desired outcomes.

(B) The primary function of the certification process is assessment of a provider's compliance with current standards of care and state and federal requirements. A further function is to identify and ensure corrective action is taken for deficiencies identified during the survey process to ensure health and welfare of persons served by the provider.

(2) An entity or individual who has received approval to contract with the department and who has successfully enrolled with MO HealthNet as a provider may request to become a provider of certified services by completing an application form as required by the department for this purpose and submitting the application form and other documentation as specified. The completed application is sent to Department of Mental Health, Office of Licensure and Certification, PO Box 687, Jefferson City, MO 65102, fax (573) 751-9207, or emailed to DMH-OLC@dmh.mo.gov.

(A) The applicant must submit a current written description of the programs and services for which it is seeking certification by the department.

(B) Certification fees are not required.

(C) The department reviews a completed application within thirty (30) calendar days of receipt to determine whether the applicant would be appropriate for certification. The department notifies the provider of its determination. A certificate is issued if –

1. The department has determined the application is complete and all necessary documents have been filed with the application; and

2. The department has determined the provider, programs, and services are compliant with state and federal laws and the corresponding rules.

(D) A site survey of the applicant will be conducted to determine compliance with standards.

(E) Certified providers need to apply for recertification at least sixty (60) calendar days prior to expiration of its existing certificate. Recertification includes a new application and required documentation.

(F) Ninety (90) calendar days after its receipt, the department considers any application for certification withdrawn if it is submitted without all the required information and documents.

(G) An applicant can withdraw its application at any time during the certification process, unless otherwise required by law.

(3) The department conducts site surveys at a provider for the purpose of determining compliance with certification standards, program requirements, and other state and federal regulations.

(4) The department recognizes and deems as certified a provider that maintains accreditation under standards for services provided by the department from the Commission on Accreditation of Rehabilitation Facilities (CARF), The Council on Quality and Leadership (The Council), or Joint





Commission on Accreditation of Healthcare Organizations (Joint Commission). The deemed provider must –

(A) Submit to the department a copy of the most recent accreditation survey report and verification of the accreditation time period and dates within thirty (30) calendar days of receipt from the accreditation agency;

(B) Notify the department when the accreditation agency makes a complaint investigation visit within seven (7) calendar days;

(C) Notify the department of any changes in accreditation status during the time period of accreditation and resurvey within seven (7) calendar days; and

(D) Ensure compliance with all certification rules and regulations pertaining to the service provided, including fire safety regulations;

(E) The Division of Developmental Disabilities may conduct a scheduled or unscheduled site survey of an accredited provider at any time to monitor ongoing compliance with the standards and requirements. If any survey finds conditions that are not in compliance with applicable standards, the division may request corrective action steps.

(5) Deemed providers are not excluded from monitoring of service delivery by other quality integrated functions within the department.

(6) The department provides advance notice and coordinates with the provider to schedule routine, planned surveys.

(A) The department notifies the applicant and the division's regional offices (ROs) regarding survey procedures and a copy of any survey instrument that may be used. Survey procedures include but are not limited to observation and inspection of service sites, interviews with provider staff, individuals being served, and other interested parties, review of provider administrative records necessary to verify compliance with requirements, review of personnel records and service documentation, and observation of program activities.

1. The review of personnel records includes eligibility for employment, documentation of training, and driver's license related to the billing of service.

(B) The applicant agrees, by act of submitting an application, to allow and assist department representatives in fully and freely conducting these survey procedures and to provide department representatives reasonable and immediate access to premises, individuals, and requested information.

(C) A provider shall cooperate with the certification process. The provider shall provide information and documentation that is accurate and complete. Actions of the provider, including but not limited to falsification or fabrication of any information used to determine compliance with requirements, may be grounds to deny issuance of or to revoke certification.

(7) Surveyor(s) will hold entrance and exit conferences with the provider to discuss survey arrangements and survey findings, respectively. If a surveyor identifies a deficiency that could result in actual jeopardy to the safety, health, or welfare of persons served, the surveyor will not leave the program until an acceptable plan of correction is presented which assures the surveyor that there is no further risk of jeopardy to persons served. The RO will be notified of the conditions that existed and the accepted plan of correction.

(8) Within thirty (30) calendar days after the exit conference, the department will provide a written survey report to the provider's chief executive officer and/or the provider contact on the provider application and the division.

(A) The report details all deficiencies identified during the survey.

(B) Upon specific request, the provider shall make the report available to the staff, individuals served, and to the public.

(9) If deficiencies are identified, the department will include in the survey report a request for the provider to submit a plan of correction.

(A) The plan must address each deficiency and specify the method of correction and the final date of correction, including identification of other individuals having the potential to be affected by the same deficient practice, how the provider will monitor its corrective action including the job title of the individual responsible for monitoring compliance on an ongoing basis, and what systemic changes have been put into place to ensure the deficient practice doesn't occur again. The provider is encouraged to work with the RO to develop a plan of correction. No final date of correction will exceed one hundred eighty (180) calendar days from the exit date of the survey.

(B) Within fifteen (15) calendar days after receiving the plan of correction, the department notifies the provider and the division of its decision to approve, deny, or require revisions of the proposed plan.

(C) The surveyor assures the plan of correction has been implemented and deficiencies corrected. The department determines if it is necessary for the surveyor to make a return visit to the provider based on the criteria of the plan of correction and will notify the division and ROs of revisit.

(D) In the event the provider has not submitted a plan of correction acceptable to the department within sixty (60) calendar days of the original date that written notice of deficiencies was presented by certified mail to the provider, it is subject to expiration of certification.

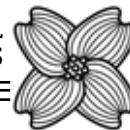
(10) The department sends copies of survey reports, notification about the status of plans of correction, and any other communication relevant to survey to the mailing address and electronic mail address on file in the provider's application and/or the provider's chief executive officer.

(11) The department may grant certification on a temporary, provisional, conditional, or regular status.

(A) Temporary status is granted to a provider if the survey process has not been completed prior to the expiration of an existing certificate and the applicant is not at fault for failure or delay in completing the survey process.

(B) Provisional status for a period not exceeding one (1) year is granted to a new provider, a provider which has undergone a change of ownership, or a currently certified provider adding a waived service based on a review which finds the program in compliance with requirements related to policy and procedure, personnel qualifications and training, and physical plant and fire safety compliance, when applicable, sufficient to begin providing services. Provisional status is effective the date compliance is determined by the Office of Licensure and Certification (OLC) and after the contract with the provider has been executed by the RO.

1. The department shall conduct a comprehensive site survey of the provisionally certified provider and makes further



determination of the provider's certification status no sooner than ninety (90) calendar days after the provider begins providing services to individuals nor later than the expiration date of the provisional certificate.

2. If the provider has begun providing services prior to the expiration of the provisional certificate but for less than ninety (90) calendar days, the OLC director may extend the provisional status for up to one hundred twenty (120) calendar days to allow time for a comprehensive survey to occur.

3. If the provider does not begin serving individuals prior to the expiration date of the provisional certificate, the provisional certificate expires and the provider is required to reapply.

4. If an existing provider of employment services (prevocational services, career planning, job development, and supported employment) wants to add an additional employment service to their certification, the OLC director may waive the provisional certification process and grant regular certification status to the provider for the new service if –

A. The provider submits an application for certification for the new service and the department has determined the application is complete, and all necessary documents have been filed with the application;

B. All required environmental and fire safety surveys have been completed;

C. The provider's certification survey was completed within the past twelve (12) months;

D. The provider is currently in compliance;

E. The RO agrees with waiving the provisional process for the new service; and

F. The provider has not been on conditional status during the past four (4) years.

5. If an existing provider of day habilitation services wants to add community networking or individual skill development, the OLC director may waive the provisional certification and grant regular certification status to the provider for the new service if –

A. The provider submits an application for certification for the new service and the department has determined the application is complete, and all necessary documents have been filed with the application;

B. The provider's certification survey was completed within the past twelve (12) months;

C. The provider is currently in compliance;

D. The RO agrees with waiving the provisional process for the new service; and

E. The provider has not been on conditional status during the past four (4) years.

6. If an existing provider of community networking or individual skill development wants to add community networking or individual skill development to their certification, the OLC director may waive the provisional certification and grant regular certification status to the provider for the new service if –

A. The provider submits an application for certification for the new service and the department has determined the application is complete, and all necessary documents have been filed with the application;

B. The provider's certification survey was completed within the past twelve (12) months;

C. The provider is currently in substantial compliance;

D. The RO agrees with waiving the provisional process for the new service; and

E. The provider has not been on conditional status

during the past four (4) years.

(C) Following the period of provisional status, a regular certificate to provide Medicaid waiver services is awarded to a provider following a comprehensive site survey by the department that determines the provider is in compliance and meets all standards relating to quality of care and the safety, health, rights, and welfare of persons served. If deficiencies are cited during a survey, any and all deficiencies must be corrected prior to the department issuing a certificate. The effective date of the certificate is the date the agency was determined to be in compliance as a result of the comprehensive survey and is effective up to two (2) years.

(D) Conditional status is granted to a provider following a site survey by the department that determines there are pervasive and/or significant deficiencies with standards that may affect quality of care to individuals and there is a reasonable expectation the provider can achieve compliance within a stipulated time period. The department considers patterns and trends of performance identified during the site survey.

1. The period of conditional status shall not exceed one hundred eighty (180) calendar days. The department may directly monitor progress, may require the provider to submit progress reports, or both.

2. The department will conduct an additional site survey within the one hundred eighty (180) calendar day review period and make an additional determination of the provider's compliance with all standards.

3. During the period of conditional status, the department may, at its discretion, take actions per sections (17) and (19) of this rule.

4. At the expiration of conditional status, if the provider is in compliance, the department will issue a certificate with an effective date of the end of the conditional status and expiring two (2) years from the expiration date of the previous certification cycle.

(12) The department may investigate any complaint regarding the operation of a certified or deemed certified program or service. If conditions are found that are not in compliance with applicable certification standards, the department may, at its sole discretion, notify the accrediting organization of any concerns.

(13) The department may conduct a scheduled or unscheduled site survey of a provider at any time to monitor ongoing compliance with the certification standards. If any survey finds conditions that are not in compliance with applicable certification standards, the department may require corrective action steps and may change the provider's certification status consistent with procedures set out in this rule.

(14) The department certifies only the provider(s) named in the application. The provider(s) may not transfer certification without the written approval of the department.

(A) A certificate is the property of the department and is valid only as long as the provider meets standards of care and other requirements.

(B) Within seven (7) calendar days of the effective date that a certified provider has a change in accreditation status or discontinues operation, the provider shall provide written notice to the OLC and RO of any such change.

(C) Within seven (7) calendar days of the effective date



that a certified provider is sold or undergoes a change of ownership, the provider shall submit a written notice to the OLC and the RO of any such change. A change in ownership is considered to have occurred under the following circumstances:

1. A new corporation, partnership, limited partnership, limited liability company, or other entity assumes ownership of the operation;

2. An individual incorporates or forms a partnership;

3. With respect to a certificate holder which is a general partnership, a change occurs in the majority interest of the partners;

4. With respect to a certificate holder which is a limited partnership, a change occurs in the majority interest of the general or limited partners;

5. With respect to a certificate holder which is a corporation, a change occurs in the persons who own, hold, or have the power to vote the majority of any class of stock issued by the corporation; and

6. A certificate holder's change of Federal Employer Identification Number (FEIN).

(D) Providers may not change the premises of a group home, day habilitation program, or onsite employment service site without prior notification to the OLC and RO and approval by DMH and the Missouri Department of Public Safety.

(E) A provider must be certified to provide a waived service prior to providing the service. Any provider that establishes a new program or type of program shall operate that program in accordance with applicable standards. A provisional review, site survey, or comprehensive site survey is conducted as determined by the department.

(15) The department may revoke or deny issuance of certification based on a determination that –

(A) The nature of the deficiencies results in substantial probability of or actual jeopardy to individuals being served;

(B) Serious or repeated incidents of abuse or neglect of individuals being served or violations of rights have occurred;

(C) Fraudulent fiscal practices have transpired or significant and repeated errors in billings to the department have occurred;

(D) Failure to participate in the certification process in good faith, including falsification or fabrication of any information used to determine compliance with requirements;

(E) The nature and extent of deficiencies results in the failure to conform to the certification standards of the program or service being offered;

(F) Compliance with standards has not been attained by a provider upon expiration of conditional certification;

(G) Failure to allow the surveyors entry into service site areas or to access individuals receiving services;

(H) Contract for service delivery has ended with the department;

(I) Any provider, or member, partner, administrator, executive director, or program director is found to have disqualifying offense under section 630.170, RSMo, unless an exception has been granted through the DMH Exceptions Committee under sections 630.656 and 630.170, RSMo; or

(J) Any provider, or member, partner, administrator, executive director, or program director of a certified agency is found to have ever acted or omitted their duty in a manner which materially and adversely affected the health, safety, welfare, or property of an individual receiving services.

(16) If a certified provider discontinues operation as evidenced by the fact that no individual has received a certified service from the provider for the previous twelve (12) months or any time the department is unable to freely gain entry to conduct an inspection, the provider is considered no longer certified. The department notifies the provider in writing that the certificate is void.

(17) The department director, at its discretion, may –

(A) Place a monitor at a program if there is substantial probability of or actual jeopardy to the safety, health, rights, or welfare of individuals being served.

1. The cost of the monitor is charged to the provider at a rate which will recoup all reasonable expenses incurred by the department.

2. The department shall remove the monitor when a determination is made that the safety, health, rights, and welfare of individuals being served are no longer at risk;

(B) Take other action to ensure and protect the safety, health, or welfare of individuals being served; and

(C) Initiate additional service delivery review through other quality integrated functions established within the department.

(18) A provider which has had certification denied or revoked may appeal in writing to the director of the department within thirty (30) calendar days following notice of the denial or revocation being presented by certified mail to the provider. The director of the department shall conduct a hearing under procedures set out in Chapter 536, RSMo, and issue findings of fact, conclusions of law, and a decision which shall be final.

(19) The department has authority to impose administrative sanctions.

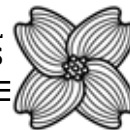
(A) The department may suspend the certification process pending completion of an investigation when a provider that has applied for certification or the staff of that provider is under investigation for fraud, financial abuse, abuse or neglect of persons served, revocation of persons' rights without due process, or improper clinical practices. This includes but is not limited to investigations by any state authority for Medicaid audit and compliance, any state authority for child or adult abuse, neglect or financial exploitation, the Health and Human Services Office of Inspector General, or other local, state, or federal law enforcement.

(B) The department may administratively sanction a certified provider that has been found to have committed fraud, financial abuse, abuse of persons served, or improper clinical practices, or that had reason to know its staff were engaged in such practices.

(C) Administrative sanctions include but are not limited to suspension of certification, clinical utilization review requirements, clinical audit, suspension of new admissions or referrals, implementation of a corrective action plan, denial or revocation of certification, or other actions as determined by the department.

(D) The department has the authority to refuse to accept an application for certification from a provider that has had certification denied or revoked or that has been found to have committed fraud, financial abuse, or improper clinical practices, or whose staff and clinicians were engaged in improper practices.

(E) A provider which has certification denied or revoked



as an administrative sanction may appeal these sanctions pursuant to section (18).

(20) A provider may request the department's exceptions committee waive a requirement for certification if the head of the provider organization provides evidence that a waiver is in the best interests of the individuals it serves.

(A) A request for a waiver is in writing and includes justification for the request.

(B) The request is submitted to Exceptions Committee, Department of Mental Health, PO Box 687, Jefferson City, MO 65102.

(C) The exceptions committee holds meetings in accordance with Chapter 610, RSMo, and responds with a written decision within forty-five (45) calendar days of receiving a request.

(D) The exceptions committee may issue a waiver on a time-limited or other basis.

(E) If a waiver request is denied, the provider has forty-five (45) calendar days from date of denial to fully comply with the standard unless a different time period is specified by the committee.

*AUTHORITY: sections 630.050 and 630.655, RSMo 2016.\* 45 CFR parts 160 and 164, the Health Insurance Portability and Accountability Act of 1996. Emergency rule filed Feb. 13, 2002, effective March 1, 2002, expired Aug. 27, 2002. Original rule filed Feb. 13, 2002, effective Aug. 30, 2002. Emergency amendment filed April 1, 2003, effective April 14, 2003, expired Oct. 14, 2003. Amended: Filed April 1, 2003, effective Oct. 30, 2003. Rescinded and readopted: Filed June 28, 2023, effective Jan. 30, 2024.*

*\*Original authority: 630.050, RSMo 1980, amended 1993, 1995, 2008, and 630.655, RSMo 1980.*

### 9 CSR 45-5.105 Definitions for Fire Safety Rules

*PURPOSE: This rule establishes definitions for the fire safety rules promulgated under this chapter.*

(1) The following terms shall mean:

(A) Alterations, changes made to the structure or floor plan of the facility by removing or adding walls and doors or adding space;

(B) Commercial range is any range or stovetop classified as commercial by the manufacturer or larger in size than a common residential range, equipped with four (4) or more burners/elements and may be equipped with a cooking grill or griddle surface;

(C) Dead-end is a corridor or hallway with no exit at the end that causes occupants to retrace their path to reach an exit;

(D) Department of Public Safety, Division of Fire Safety is the state agency to which the department delegates its authority for fire safety inspections of on-site day habilitation programs and waiver group homes subject to rules promulgated under 9 CSR 45 Chapter 5;

(E) Exit is the portion of a means of egress that is separated from all other areas of the building or structure by construction or equipment required to provide a protected way of travel to the exit discharge. Exits include exterior exit doors, exit passageways, horizontal exits, separated exit stairs, and separated exit ramps;

(F) Exit access is the portion of a means of egress that leads to an exit;

(G) Exit discharge is the portion of a means of egress between

the termination of an exit and a public way;

(H) Fire barrier is a structural element, either vertical or horizontal, such as a wall or floor assembly that is designed and constructed with a specified fire resistance rating to limit the spread of fire and restrict the movement of smoke. Such barriers may have protected openings;

(I) Fire door is a combination of the fire door, frame, hardware and other accessories which together provide a specific degree of fire protection to the opening;

(J) Fire resistance rating is the length of time in minutes or hours that materials or structural elements can withstand fire exposure;

(K) Flame resistant material is the property of material or their structural elements that prevents or retards the passage of excessive heat, hot gases, or flames under the conditions in which they are used;

(L) Flame retardant is a chemical applied to material or other substance that is designed to retard ignition or the spread of fire;

(M) Home type range is a typical home type cooking stove;

(N) Interior finish includes the interior wall and ceiling finish, and interior floor finish;

(O) Level exit discharge is a horizontal plane that is located from the point at which an exit terminates and the exit discharge begins. The horizontal plane shall not vary more than two inches (2") in rise or fall;

(P) Level is the portion of a building included between the upper surface of a floor and the ceiling above it, or any upper surface of a floor and the ceiling above it that is separated by more than five (5) steps on a stairway;

(Q) Means of egress is a continuous and unobstructed way of travel from any point in a building or structure to a public way. A means of egress consists of three (3) distinct parts: the exit access, the exit, and the exit discharge;

(R) Means of escape is a way out of a residential unit that does not conform to the strict definition of means of egress but does meet the intent of the definition by providing an alternative way out of a building;

(S) Mixed occupancy is when a facility is located in the same building or structure as another occupancy. This may include a business or place of assembly;

(T) Non-combustible material is a material that, in the form in which it is used and under the conditions anticipated, will not ignite, burn, support combustion, or release flammable vapors when subjected to fire or heat. Examples of such materials include steel, concrete, and masonry.

(U) Public way is a street, alley, or other similar parcel of land essentially open to the outside air that is deeded, dedicated, or otherwise permanently appropriated to the public for public use and having a clear width and height of not less than ten feet (10');

(V) Remote exit or means of egress is when two (2) exits or two (2) exit access doors are required. Each exit or exit access door shall be placed at a distance apart equal to at least one-half (1/2) the length of the maximum overall diagonal dimension of the building or area to be used;

(W) Self-closing means to be equipped with an approved device that will ensure closing after having been opened;

(X) Smoke barrier is a structural element, either vertical or horizontal, such as a wall, floor, or ceiling assembly that is designed and constructed to restrict the movement of smoke. A smoke barrier may or may not have a fire resistance rating;

(Y) Supervised automatic sprinkler system is a system with the initiating devices monitored by the fire alarm control panel. This may include switches used to monitor the position



of valves, a low air pressure switch, a water flow switch, and a tamper switch; and

(Z) Waiver Group Home- a residential facility owned and operated by a provider that provides Medicaid waiver services. A certified group home is similar in appearance to a single-family dwelling and provides care, supervision, and skills training in activities of daily living, home management, and community integration. Group homes do not provide shared living or individualized supported living services.

(2) In the context of rules promulgated under 9 CSR 45, the term department shall mean the Department of Mental Health (DMH).

(3) Terms not defined in this rule shall be understood as defined in the fire safety code of the National Fire Protection Association (NFPA).

*AUTHORITY: section 630.655, RSMo 2016.\* Original rule filed Sept. 5, 2003, effective April 30, 2004. Amended: Filed March 20, 2018, effective Nov. 30, 2018.*

*\*Original authority: 630.655, RSMo 1980.*

**9 CSR 45-5.110 Fire Safety for Facility-based Day Habilitation and Employment Service Settings**

*PURPOSE: This rule establishes fire safety requirements for facility-based day habilitation and employment service settings funded through the Medicaid home and community-based waivers. The department delegates its authority for fire safety inspections under this rule to the Department of Public Safety, Division of Fire Safety.*

**(1) General Requirements.**

(A) People participating in facility-based day habilitation and employment service settings are restricted to using the floor of the building that is at ground level exit discharge. Exception: People participating in facility-based day habilitation and employment services may use the floor below and above the level of exit discharge if the entire building is protected throughout with an approved automatic sprinkler system.

(B) No facility-based day habilitation and employment service shall be located in the same building as a high hazard occupancy.

(C) The staff of the facility shall conduct at least one (1) fire drill at least once a month. In addition, a natural disaster drill will be conducted at least twice per year. The staff shall maintain a written record at the facility of the date, type of drill, time required to evacuate the building, whether the evacuation was completed, notation of any problems evacuating, and the number of occupants present during the drill.

(D) Unscheduled drills shall be held at the Division of Fire Safety inspector's discretion.

(E) During severe weather, fire drills may be postponed.

(F) Each fire drill shall evacuate all persons from the building and be conducted as follows:

1. Drills simulate an actual fire condition;
2. Occupants and staff members do not obtain clothing or personal effects after the alarm has sounded;
3. The occupants and staff members proceed to a predetermined point outside the building that is sufficiently remote to avoid fire danger, or to a predetermined point inside of the building to defend in place; and
4. Occupants and staff members remain in place until a

recall is issued or until they are dismissed.

(G) No window in a facility shall have bars or any other item placed over it in a stationary manner that would impede a rescue or evacuation attempt.

(H) All flammable/combustible liquids, matches, toxic cleaning supplies, poisonous materials, medicines, or other hazardous items shall be stored so as to be inaccessible to the occupants.

(I) The building numbers shall be plainly visible from the street in case of emergency: at least four (4) inches in height and contrasting color with the building.

(J) Good housekeeping practices ensuring fire safety will be maintained daily.

(K) Stairways, walks, ramps, and porches shall be kept free of ice and snow.

(L) Fresh-cut Christmas trees shall not be used, unless they are treated with a flame resistant material and documentation of the treatment is on file at the facility and available for review by the Division of Fire Safety inspector.

(M) The facility may use a cellular phone when all of the following conditions are met:

1. The phone must always have a signal;
2. The phone must always be charged;
3. The phone must be able to make and receive normal calls;
4. The phone must remain at the facility at all times; and
5. The emergency plan for the facility must address the use of cellular phones.

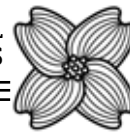
(N) The facility shall notify the nearest fire department that the facility is in operation and have required documentation completed and signed by the local fire authority (fire department notification form) on file at the facility and available for review by the Division of Fire Safety inspector.

(O) Facilities served by a volunteer or membership fire department shall be a member in good standing with the fire department. A copy of the membership or receipt for membership shall be on file at the facility and available for review.

(P) The facility shall, as soon as possible, no later than the following business day, report any fire in the facility to the Division of Fire Safety and the Department of Mental Health.

(Q) The Division of Fire Safety may make additional requirements that provide adequate life safety protection if it is determined that the safety of the occupants is endangered. Every building or structure shall be constructed, arranged, equipped, maintained, and operated to avoid danger to the lives and safety of its occupants from fire, smoke, fumes, or resulting panic during the period of time necessary for escape from the building.

(R) Prior to new construction, remodeling existing structures, and any structural alterations to existing facilities, the provider shall submit two (2) copies of plans and specifications prepared to scale for review and approval. One (1) copy shall be submitted to the Department of Mental Health's Licensure and Certification Unit; the second copy to the Division of Fire Safety. The plans shall include a narrative indicating the utilization of each area of the facility. The architect or contractor shall certify in writing that the plans are in compliance with these certification rules. The provider shall not begin construction until the plans have been reviewed and approved by the Division of Fire Safety. All plans for new construction, remodeling, or additions shall comply with the Americans with Disabilities Act, Accessibility Guidelines.



(S) During the construction or remodeling process, the provider shall request a framing and wiring inspection and an inspection for the rough-in wiring for the fire alarm system by the Division of Fire Safety before the walls are enclosed. Failure to request these inspections in a timely manner may result in an unapproved fire inspection from the Division of Fire Safety.

(T) The ceiling height in all facilities shall be a minimum of seven feet six inches (7'6"). An allowance will be made by the Division of Fire Safety inspector for some areas that are below seven feet six inches (7'6") for the installation of ductwork and plumbing, with no part of the ceiling less than six feet eight inches (6' 8").

(U) Facilities shall comply with all local building codes, fire codes, and ordinances.

(V) The latest edition of the National Fire Protection Association (NFPA), Chapter 101, *Life Safety Code* prevails in the interpretation of these rules.

(W) Each facility-based day habilitation and employment service setting shall be inspected at least once annually by a Division of Fire Safety inspector. The Department of Mental Health will initiate the fire safety inspection. If a facility is found out of compliance with the fire safety rules, the department will apply procedures for achieving compliance as promulgated under 9 CSR 45-5.060.

#### (2) Means of Egress Requirements.

(A) Each floor occupied in the facility shall have not less than two (2) remotely located means of egress. Each exit door in existing approved facilities shall not be less than thirty-two inches (32") wide. All exit doors in new construction and facilities approved for service delivery after the effective date of this rule shall be a minimum of thirty-six inches (36") wide.

(B) No door in the path of travel to the means of egress shall be less than thirty-two inches (32") wide in an approved existing facility.

(C) At no time shall the occupants of the facility exit through a bathroom, storage room, furnace room, kitchen, garage, or any other room deemed hazardous by the Division of Fire Safety inspector.

(D) All exit doors shall swing in the direction of egress travel and have door closures attached. In smaller facilities that care for ten (10) or fewer individuals, the exit doors may swing inward providing all of the individuals are ambulatory. Door closures are not required in smaller facilities.

(E) Emergency lighting that has a battery backup shall be installed to light the path of egress. The location and number of emergency lights shall be determined by the Division of Fire Safety. These lights shall be tested monthly and documentation kept indicating what lights are tested and the date and name of the person performing the test.

(F) Lighted exit signs with a battery backup shall be installed above exit doors and as needed throughout the facility to direct the occupants to the exits. Lighted exit signs shall be tested monthly and documentation kept indicating what lights are tested and the date and name of the person performing the test.

(G) No locks that require a key or special knowledge to unlock the lock from the inside shall be allowed. Delayed egress locks complying with section 7.2.1.6.1 of the 2012 edition NFPA 101 are permitted, provided that no more than one (1) such device is located in any egress path.

(H) Overhead garage doors are not recognized as exit doorways.

(I) Mirrors shall not be placed on exit doors or adjacent to any exit in such a manner to confuse the direction of the exit. All

exit doors shall be readily recognizable.

(J) All hallways shall have a clear width of at least thirty-six inches (36") wide and shall be kept free of all articles that might impede the occupants' evacuation from the home.

(K) Dead-end corridors/hallways shall not exceed twenty feet (20').

(L) All facilities that have a set of stairs or use stairs as an exterior fire escape shall be constructed as follows:

1. All stairs shall be at least thirty-six inches (36") wide. Fire escapes shall be constructed of noncombustible materials;
2. A maximum rise of eight inches (8");
3. A minimum tread of nine inches (9");
4. A maximum height between landings of twelve feet (12');
5. A minimum landing size of forty-four inches (44");
6. Handrails placed on both sides of sturdy construction and positioned thirty-four to thirty-eight inches (34"-38") above the tread;
7. An outside diameter of the handrails of at least one and one-fourth inches (1 1/4") and no greater than two inches (2") in size;
8. Handrails with a clearance of at least one and one-half inches (1 1/2") between the handrail and the wall or upright to which it is attached; and
9. Spiral staircase or winder is not permitted.

(M) Every ramp used in the component of the means of egress shall be a minimum of forty-four inches (44") wide, and have landings at the top and bottom being the same width as the ramp. Ramp height shall comply with the following:

1. Ramps less than three inches (3") in height have a slope of one inch (1") per eight inches (8") of run;
2. Ramps with a height of three to six inches (3"-6") have a slope of one inch (1") per ten inches (10") of run; and
3. Ramps with a height greater than six inches (6") have a slope of one inch (1") per twelve inches (12") of run.

(N) All ramps shall have a slip-resistant surface and be designed so that water or snow does not accumulate on their surface.

(O) All ramps over ten inches (10") in height shall have guardrails and handrails on both sides.

#### (3) Windows for Emergency Rescue and Ventilation.

(A) Every room or space greater than three hundred (300) square feet used by individuals shall have at least one (1) outside window for emergency rescue and ventilation. The window shall comply with the following:

1. Is operable from the inside without the use of tools;
2. Provides a clear opening of at least twenty inches (20") wide, twenty-four inches (24") in height, and has a total clear opening space no less than 5.7 square feet in size;
3. The bottom of the window opening is no more than forty-four inches (44") above the floor;
4. Any latching device is operated easily;
5. Provides a clear opening that is a rectangular solid, with a minimum width and height that provides the required 5.7 square feet opening and a minimum depth of twenty inches (20") to allow passage through the opening;
6. The windows shall be accessible by the fire department and open into an area having access to a public way.

(B) Subsection (3)(A) does not apply in the following situations:

1. In buildings protected throughout by an approved, supervised automatic sprinkler system;
2. When the room or space has a door leading directly to the outside of the building; or
3. If it is an interior room greater than three hundred (300)



square feet in size and has two (2) remotely located means of egress and the egress doors are a minimum of thirty-six inches (36") wide and swings in the direction of egress.

(4) Travel Distance to Exits.

(A) The travel distance between any room door intended as an exit access or an exit shall not exceed one hundred feet (100').

(B) The travel distance between any point in a room and an exit shall not exceed one hundred fifty feet (150').

(C) The travel distance in (A) and (B) above shall be permitted to be increased by fifty feet (50') in buildings protected throughout by a supervised automatic sprinkler system that is approved by the Division of Fire Safety inspector, based on the National Fire Protection Association Standards for Sprinkler Systems.

(5) Protection.

(A) Any vertical openings and stairwells shall be enclosed and protected with a one- (1-) hour fire barrier and self-closing device attached to the door.

(B) All furnace rooms, rooms containing water heaters, boiler rooms, laundry rooms, and storage rooms shall be separated from the remainder of the building by construction having not less than a one- (1-) hour fire resistance rating. All doors to these rooms shall have a self-closing device attached and a one- (1-) hour fire resistive rating. The one- (1-) hour rating required for these rooms or areas are not required if the facility installs a one and three quarters inch (1 3/4") thick solid core wood door or a twenty (20) minute fire rated door with a self-closure device installed and an automatic sprinkler head supplied by the domestic water supply or has an approved automatic sprinkler system. A fire alarm initiating device shall be installed in these rooms or areas. Before approval of the sprinkler installation using plastic pipe the provider must present documentation the pipe (minimum 1/2 inch diameter) and fittings are tested and approved to the 1881 or 1887 standard for use in sprinkler applications. If the sprinkler option is chosen, the above appliances must be enclosed in a smoke resistant enclosure. The door to these rooms shall be a minimum of one and three quarters inch (1 3/4") solid bonded wood core door with a self-closing device or a twenty minute fire rated door. No open penetrations including combustion air or return air vents are allowed to penetrate these enclosures or doors. Louvers that close on activation of the fire alarm or smoke detectors are allowed.

(C) Facility-based day habilitation and employment service settings shall be separated from other occupancies in the same building in accordance with the following:

Use Group	Fire Wall Separation in Hours
Place of assembly	2
Business	1
Mercantile	2
Institutional restrained	1
Hotels or dormitories	2

(6) Interior Finish.

(A) Interior wall and ceiling finishes throughout shall be a minimum Class B finish, as specified in the definition section of these fire safety rules. Textile material having a napped, tufted, looped, woven, non-woven, or similar surface shall not be applied to walls or ceilings. Foam plastic materials or other highly flammable or toxic materials shall not be used as an interior wall, ceiling, or floor finish.

(B) All wall studs, ceiling joists, and floor joists shall be covered with a minimum of Class B finish, and no exposed studs or joists shall be allowed.

(C) Hangings or draperies shall not be placed over exit doors or be located to conceal or obscure any exit. All other hangings and draperies shall be treated with a flame retardant material with verification to this effect on file for the Division of Fire Safety inspector to review. An exception can be made for window valances and shall be noted by the inspector on the fire inspection survey.

(7) Detection, Alarms, Extinguishment.

(A) All facility-based day habilitation and employment service settings programs serving forty-nine (49) people or less shall have smoke detectors installed on each level, in all occupied spaces, storage rooms, and throughout all corridors and in all other locations as deemed necessary by the Division of Fire Safety inspector. All smoke detectors shall be powered by the building's electrical system and have a nine- (9-) volt battery backup and be interconnected. Smoke detectors shall be installed and arranged so that the activation of any smoke detector causes the operation of an alarm in all detectors that is clearly audible throughout the building, including in bathrooms, corridors, and activity rooms, and above the noise of radios, televisions, and noises of normal activity.

(B) All facility-based day habilitation and employment service settings programs serving fifty (50) people or more shall have a full coverage electrical fire alarm system. Pull stations shall be mounted at each exit door, and horns/strobes shall be installed throughout the facility. Smoke detectors shall be installed in all rooms, throughout all corridors, in all living spaces, storage rooms, and offices. Additional smoke detectors may be required by the Division of Fire Safety inspector as deemed necessary. Heat detectors shall be installed in all mechanical rooms, kitchens, laundry rooms, closets, and throughout the attic. The battery backup control panel shall be Underwriters Laboratories, Inc. (UL) or Factory Mutual (F.M.) listed and installed on a dedicated circuit in the breaker box. The fire alarm system shall be installed and maintained in accordance with the NFPA 72 Fire Alarm Code and in good working order.

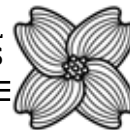
(C) The fire alarm system shall be monitored by a monitoring company or transmitted directly to the fire department when fifty (50) or more individuals are present.

(D) All facilities shall have the fire alarm system tested, inspected, and approved annually by a fire alarm company in accordance with the NFPA 72 Fire Alarm Code. A copy of the test report and approved inspection report of the system shall be kept on file at the facility for review by the Division of Fire Safety inspector and the department.

(E) Occupant notification shall be provided automatically without delay. Pre-signal systems shall be prohibited.

(F) Any facility that has hearing-impaired occupants shall make adequate provisions so that the activation of any fire alarm system shall notify the occupants of the building. The Division of Fire Safety inspector may require additional requirements for the hearing-impaired occupants to insure adequate modification.

(G) All smoke detectors that are ten (10) years old or older shall be replaced with new smoke detectors of the same style. The new smoke detectors shall have the installation date written on the side of the detector for the Division of Fire Safety inspector to reference. All smoke detectors that are connected to a fire alarm system shall be replaced after ten (10) years of service, or recalibrated by the smoke detector's manufacturer. If the smoke detectors are recalibrated, temporary smoke detectors



shall be installed so that the fire alarm system continues working properly and providing protection to the occupants while the original smoke detectors are being serviced.

(H) Facilities using any equipment or appliances using wood or fossil fuel that pose a potential carbon monoxide risk, including facilities with attached garages, shall install a carbon monoxide detector(s). The detector(s) shall be installed according to the manufacturer's instructions. The Division of Fire Safety may require additional carbon monoxide detectors if the Division of Fire Safety inspector determines that the safety of the occupants is endangered.

1. Carbon monoxide detectors shall be in good operating condition. If a battery-operated detector is not operational, the facility shall install a detector that is powered by the building's electrical system with a battery backup.

2. If an elevated carbon monoxide level is detected during a fire inspection, the facility shall have all gas-fired appliances checked by a heating and air conditioning company to identify the source of the carbon monoxide. Until the facility has documentation on file at the facility verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order, and the facility is determined safe by the Division of Fire Safety inspector, the fire inspection shall not be approved.

3. If a level of carbon monoxide is determined that endangers the lives of the occupants in care, the Division of Fire Safety inspector shall take measures necessary to protect the occupants. This may include evacuation of the building or closing the facility. The facility shall obtain and have on file at the facility, documentation verifying all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order. The facility shall be reinspected by the Division of Fire Safety inspector and determined safe before the occupants can return to the building or the facility can reopen.

(I) At least one (1) portable (five pound (5 lb)) 2A-10B:C fire extinguisher shall be required in all facilities. One (1) fire extinguisher shall be located in the kitchen. Additional fire extinguishers shall be placed throughout the facility, with a travel distance no greater than seventy-five feet (75') between fire extinguishers. Additional fire extinguishers may be required by the Division of Fire Safety inspector depending on the floor plan arrangement of space and the number of levels used.

(J) Fire extinguishers shall be installed and maintained according to the instructions of the Division of Fire Safety inspector and inspected and approved annually by a fire extinguisher company. Documentation of the inspection and approval shall be on file at the facility and available for review by the Division of Fire Safety inspector.

(8) Heating, Ventilating, Air Conditioning, and Mechanical Equipment.

(A) Unvented fuel-fired room heaters, portable electric space heaters and floor furnaces shall not be permitted for use.

(B) No facility shall be allowed to heat the facility with a wood burning stove, fireplace, or wood burning furnace located inside of the structure.

(C) All gas and electric heating equipment shall be equipped with thermostatic controls. All water heaters, if gas fired, shall have the exhaust properly vented with galvanized pipe with screws at all joints or with a material recommended by the manufacturer. All water heaters shall have a properly sized pressure relief valve installed with a drip leg. The drip leg pipe on the pressure relief valve shall extend to approximately

six inches (6") above the floor and shall be of rigid material such as copper or black iron pipe. Chlorinated polyvinyl chloride (CPVC) or PVC pipe can only be used if manufactured specifically for use on drip legs. No drip leg may be reduced in size from the opening of temperature and pressure valve.

(D) Facilities with a water heater two hundred thousand British thermal units (200,000 Btus) per hour input or larger, or that is heating with a boiler, shall have a valid permit from the Division of Fire Safety posted on the premises. A copy of the permit shall be kept on file at the Division of Fire Safety.

(E) All furnace rooms shall be properly vented. Furnace flue pipes shall be constructed of galvanized pipe or material recommended by the manufacturer. All galvanized pipe shall be secured by screws at every joint in the pipe.

(F) All joints in the gas supply pipe shall be located outside of the furnace cabinet housing.

(G) Gas shutoff valve shall be located next to all gas appliances, furnaces, hot water heaters.

(H) All furnaces shall be equipped with an electrical fused switch to protect the unit from electrical overloading and to disconnect the electrical supply.

(I) If a furnace or water heater is located inside a garage, the burner or ignition source shall be at least eighteen inches (18") above the finished floor and enclosed inside a fire resistant room having a fire rating of thirty (30) minutes. The door to this room shall also have a fire rating of thirty (30) minutes and have a door closure attached. Open penetrations, including combustion air or return air vents, shall not be allowed to penetrate these enclosures or doors. Louvers that close on activation of the fire alarm or smoke detectors are allowed.

(J) All furnace rooms and rooms containing the water heater shall have adequate combustion air for the units. The vent size opening for the combustion air shall be measured at one (1) square inch per one thousand (1,000) Btus input if the combustion air is drawn from inside the structure and one (1) square inch per four thousand (4,000) Btus input if the air is drawn from outside of the structure. There shall be two (2) combustion air vent openings in each furnace room, one (1) located at the lower level and the other at the upper level. Combustion air or return air vents shall not penetrate the rated or smoke enclosure.

(K) One (1) combustion air vent opening shall be permitted if the vent opening communicates directly to the outside of the structure. This opening shall be one (1) square inch per three thousand (3,000) Btus input of the total gas appliances located in this room. The gas appliances must be installed per manufacturer's instructions and have the proper clearance around the unit or a minimum of one inch (1") from the sides and back, and six inches (6") from the front of the unit.

(L) Air conditioning, heating, ventilating ductwork, and related equipment shall be installed in a safe manner and be in good operating condition as determined by the Division of Fire Safety.

(M) All elevators shall be inspected bi-annually by a state licensed elevator inspector and shall obtain an annual state operating permit form from the Division of Fire Safety and post it as required.

(N) If any combustibles are stored in a furnace room, they must be enclosed in a metal container.

(9) Electrical Services.

(A) Electrical wiring shall be installed and maintained in good working order. If the Division of Fire Safety inspector considers the wiring to be unsafe for the occupants or it is installed improperly, an inspection by a licensed electrician





may be required prior to fire safety approval. The inspection by the licensed electrician shall be based on National Fire Protection Association, Chapter 70, *National Electrical Code*.

(B) No electrical extension cords will be allowed, unless approved in writing by the Division of Fire Safety inspector.

(10) Equivalency Concepts. Nothing in this rule is intended to prevent the use of systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety as alternatives required by this rule. These alternatives may be used only if technical documentation to demonstrate equivalency and the system, method, or device is submitted and approved by the Missouri Division of Fire Safety.

*AUTHORITY: section 630.655, RSMo 2016.\* Original rule filed Sept. 5, 2003, effective April 30, 2004. Amended: Filed March 20, 2018, effective Nov. 30, 2018.*

*\*Original authority: 630.655, RSMo 1980.*

### **9 CSR 45-5.130 Fire Safety for Group Homes Serving 4–9 People**

*PURPOSE: This rule establishes fire safety requirements for group homes serving four to nine (4–9) people funded through the Medicaid home and community-based waiver. This rule does not apply to individual supported living in private residences. The department delegates its authority for fire safety inspections under this rule to the Department of Public Safety, Division of Fire Safety.*

#### **(1) General Requirements.**

(A) The staff shall conduct at least one (1) fire drill per month and one (1) natural disaster drill per quarter, with a minimum of one (1) fire and one (1) natural disaster drill per year conducted while the individuals are sleeping. A drill must be conducted within one (1) week of the arrival of a new individual. The staff shall maintain a written record at the facility of the date, type of drill, time required to evacuate the building, whether the evacuation was completed, notation of any problems evacuating, and number of occupants present during the drill.

(B) Unscheduled drills shall be held at the Division of Fire Safety inspector's discretion.

(C) During severe weather, fire drills may be postponed.

(D) Each fire drill shall evacuate all persons from the building, or evacuate to an area of refuge and defend in place and each fire drill shall be conducted as follows:

1. Drills simulate an actual fire condition;

2. Occupants (referred to hereafter as "individuals") and staff members do not obtain clothing or personal effects after the alarm has sounded;

3. The individuals and staff members proceed to a predetermined point outside the building that is sufficiently remote to avoid fire danger, or in case of natural disaster drill to a predetermined point inside of the building; and

4. Individuals and staff members remain in place until a recall is issued or until they are dismissed.

5. Exception. If there is potential harm to residents during drills because a resident is medically fragile, the provider may arrange the drill to not involve the medically fragile. However, all individuals who are medically fragile must participate in a drill at least once per year. This must be documented in the home.

(E) No window in a facility shall have bars or any other item placed over them in a stationary manner that would impede a

rescue or evacuation.

(F) All flammable/combustible liquids, matches, toxic cleaning supplies, poisonous materials, or other hazardous items shall be stored so as to be inaccessible to the occupants if the occupants cannot handle the materials safely. If there are firearms and/or ammunition on the premises, they shall be kept in a locked space without access by individuals.

(G) Clothes dryers shall be vented to the outside or as recommended by the manufacturer and maintained properly.

(H) The house numbers shall be plainly visible from the street in case of emergency, at least four inches (4") in height and a contrasting color with the building.

(I) Good housekeeping practices ensuring fire safety will be maintained daily.

(J) Stairways, walks, ramps, and porches shall be kept free of ice and snow.

(K) Fresh-cut Christmas trees shall not be used unless they are treated with a flame resistant material and documentation of the treatment is on file at the facility and available for review by the Division of Fire Safety inspector.

(L) Candles and other devices that have an open flame shall not be used indoors. However, short-term supervised use of candles for special occasions or dinners is permitted.

(M) The facility may use a cellular phone when all of the following conditions are met:

1. The phone must always have a signal;

2. The phone must always be charged;

3. The phone must be able to make and receive normal calls;

4. The phone must remain at the facility at all times; and

5. The emergency plan for the facility must address the use of cellular phones.

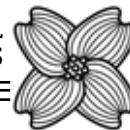
(N) The facility shall notify the nearest fire department that the facility is in operation and have required documentation completed and signed by the local fire authority (fire department notification form) on file at the facility and available for review by the Division of Fire Safety inspector.

(O) Facilities served by a volunteer or membership fire department shall be a member in good standing with the fire department. A copy of the membership or receipt for membership shall be on file at the facility and available for review.

(P) The facility shall, as soon as possible but no later than the following business day, report any fire in the facility to the Division of Fire Safety and the Department of Mental Health.

(Q) The Division of Fire Safety may make additional requirements that provide adequate life safety protection if it is determined that the safety of the occupants is endangered. Every building or structure shall be constructed, arranged, equipped, maintained, and operated to avoid danger to the lives and safety of its occupants from fire, smoke, fumes, or resulting panic during the period of time necessary for escape from the building.

(R) Prior to new construction, remodeling existing structures, and any structural alterations to existing facilities, the provider shall submit two (2) copies of plans and specifications prepared to scale for review and approval. One (1) copy shall be submitted to the Department of Mental Health's Licensure and Certification Unit, the second copy to the Division of Fire Safety. The plans shall include a narrative indicating the utilization of each area of the facility. The architect or contractor shall certify in writing that the plans are in compliance with these certification rules. The provider shall not begin construction until the plans have been reviewed and approved by the Division of Fire Safety. All plans for new



construction, remodeling, or additions shall comply with the Americans with Disabilities Act, Accessibility Guidelines.

(S) During the construction or remodeling process, the provider shall request a framing and wiring inspection and an inspection for the rough-in wiring for the fire alarm system by the Division of Fire Safety before the walls are enclosed. Failure to have these inspections constitutes cause for disapproval by the Division of Fire Safety.

(T) Facilities that were certified and areas approved for care prior to the effective date of this rule shall have ceilings at least seven feet (7') in height. Facilities initially certified and areas initially approved for care on or after the effective date of this rule shall meet all the requirements of this rule and shall have ceilings at least seven feet, six inches (7'6") in height. If structural alterations are made in facilities certified prior to the effective date of this rule, those facilities shall meet all the requirements of this rule and shall have ceilings at least seven feet, six inches (7'6") in height in the altered space. Allowance will be made by the Division of Fire Safety inspector for the installation of ductwork and plumbing. No more than forty percent (40%) of the ceiling in each room shall be below minimal height, with no portion of the ceiling lower than six feet, eight inches (6' 8").

(U) Facilities shall comply with all local building codes, fire codes, and ordinances.

(V) The latest edition of the National Fire Protection Association (NFPA), Chapter 101, *Life Safety Code* prevails in the interpretation of these rules.

(W) Each group home shall be inspected at least once annually by a Division of Fire Safety inspector. The Department of Mental Health will initiate the fire safety inspection. If a facility is found out of compliance with the fire safety rules, the department will apply procedures for achieving compliance as promulgated under 9 CSR 45-5.060.

#### (2) Means of Egress Requirements.

(A) Each floor occupied in the home shall have not less than two (2) remotely located means of egress. Required means of egress shall not be a window. Each exit door shall not be less than thirty inches (30") wide, except that newly constructed doorways shall be at least thirty-six inches (36") wide.

(B) Individual sleeping rooms in all new group homes certified after the effective date of this rule shall have two (2) means of egress, or a primary means of egress and a means of escape.

(C) Wheelchairs, walkers, and other support equipment shall not be stored in corridors.

(D) No door in the path of travel to the means of egress shall be less than thirty inches (30") wide. Except that newly constructed doorways shall be at least thirty-six inches (36").

(E) No primary means of escape or planned exit shall lead through a bathroom, storage room, furnace room, garage, or any other room deemed hazardous by the fire inspector. Exception: Kitchens shall not be considered hazardous unless they have commercial stoves without extinguishing equipment or other features that lend themselves to rapid fire development.

(F) All required outside exit doors shall swing in the direction of egress travel if there are more than six (6) individuals living in the home and one (1) or more person(s) is non-ambulatory. In other words, if there are six (6) individuals or less and all are ambulatory, the required exit doors do NOT have to swing in the direction of egress travel.

(G) Emergency lighting that has a battery backup shall be installed to light the path of egress. The Division of Fire

Safety inspector shall determine the location and number of emergency lights. Emergency lights shall be tested monthly and documentation indicating which lights were tested, the date tested, and the name of the person performing the test kept for review by the Division of Fire Safety.

(H) No locks that require a key or special knowledge to unlock the lock from the inside shall be allowed. Delayed egress locks complying with section 7.2.1.6.1 of the 2012 edition NFPA 101 are permitted, provided that no more than one (1) such device is located in any egress path.

(I) Overhead garage doors are not recognized as exit doorways.

(J) Mirrors shall not be placed on exit doors or adjacent to any exit in such a manner to confuse the direction of the exit. All exit doors shall be readily recognizable.

(K) All hallways shall have a clear width of at least thirty-six inches (36") wide and shall be kept free of all articles that might impede the occupants' evacuation from the home.

(L) Dead-end corridors/hallways shall not exceed twenty feet (20').

(M) Facilities initially certified and areas initially approved on or after the effective date of this rule, shall meet the following requirements. All facilities that have a set of stairs or use stairs as a fire escape shall be constructed as follows:

1. All stairs shall be at least thirty-six inches (36") wide. New fire escapes shall be constructed of noncombustible materials. Existing fire escapes shall be of sturdy construction and, at the discretion of the Division of Fire Safety, may be required to be load tested;

2. A maximum rise of eight inches (8");  
3. A minimum tread of nine inches (9");  
4. A maximum height between landings of twelve feet (12');

5. A minimum landing size of forty-four inches by forty-four inches (44" × 44");

6. Handrails placed on both sides of sturdy construction and positioned thirty-four to thirty-eight inches (34"-38") above the tread;

7. An outside diameter of the handrails of at least one and one-fourth inches (1 1/4") and no greater than two inches (2") in size;

8. Handrails with a clearance of at least one and one-half inches (1 1/2") between the handrail and the wall or upright to which it is attached;

9. Spiral staircases or winders are not permitted.

(N) Every ramp used in the component of the means of egress shall be a minimum of forty-four inches (44") wide, and have landings at the top and bottom being the same width as the ramp. Ramp height shall comply with the following:

1. Ramps less than three inches (3") in height have a slope of one inch (1") per eight inches (8") of run;

2. Ramps with a height of three to six inches (3"-6") have a slope of one inch (1") per ten inches (10") of run;

3. Ramps with a height greater than six inches (6") have a slope of one inch (1") per twelve inches (12") of run.

(O) All ramps shall have a slip-resistant surface and be designed so that water or snow does not accumulate on their surface.

(P) All ramps over ten inches (10") in height shall have guardrails and handrails on both sides.

#### (3) Travel Distance to Exits.

(A) The travel distance between any room door intended as an exit access and an exit shall not exceed one hundred feet (100').



(B) The travel distance between any point in a room and an exit shall not exceed one hundred fifty feet (150').

(C) The travel distance between any point in a sleeping room and an exit access door in that room shall not exceed fifty feet (50'). Exception: The travel distance in (A) and (B) of this subsection shall be permitted to be increased by fifty feet (50') in buildings protected throughout by a supervised automatic sprinkler system that is approved by the Division of Fire Safety inspector, based on the National Fire Protection Association, Standards for Sprinkler Systems.

(4) Protection.

(A) Vertical openings shall be protected so that no primary means of egress is exposed to an unprotected vertical opening. The vertical opening shall be considered protected if the opening is cut off and enclosed in a manner that provides a fire-resisting capability of not less than one- (1-) hour and resists the passage of smoke. All doors or openings shall have fire- and smoke-resisting capability equivalent to that of the enclosure and shall be self-closing or automatic closing.

(B) Exception. Specific residential facilities that were certified prior to the effective date of this rule with or without twenty- (20-) minute fire barriers in interior stairways as required by subsection (4)(A) shall be considered in compliance with current requirements, unless renovations or significant changes have occurred in the way the building is being used or the number of residents is increased.

(C) All furnace rooms, rooms containing water heaters, boiler rooms, storage rooms, laundry rooms, and all other rooms or areas deemed hazardous by the Division of Fire Safety inspector shall be separated from the remainder of the building by a construction having not less than a one- (1-) hour fire resistance rating. Doors to these rooms must be closed at all times. Doors to these rooms shall also have a one- (1-) hour fire resistance rating. The door(s) shall also have door closure(s) attached.

(D) Exception: Specific residential facilities that were certified prior to the effective date of this rule shall be considered in compliance with subsection (4)(C) of this rule if the facility installs a sprinkler head off the domestic water supply or has an approved automatic sprinkler system and a fire alarm initiating device shall be installed in the high hazard area.

(E) Exception. The one- (1-) hour fire resistance rating required for rooms or areas listed in subsection (4)(C) of this rule is not required if the facility installs a sprinkler head off the domestic water supply or has an approved automatic sprinkler system and a fire alarm initiating device shall be installed in the high hazard area, and a one and three-fourths inches (1 3/4") thick solid core door or a twenty- (20-) minute fire rated door is installed with a self-closing device attached to prevent the passage of smoke. Before approval of the sprinkler installation using plastic pipe the provider must present documentation the pipe and fittings are tested and approved to the 1881 or 1887 standard for use in sprinkler applications. If the sprinkler option is chosen, the above appliances must be enclosed in smoke resistant enclosures. The door to these rooms shall be a minimum of one and three-fourths inches (1 3/4") solid bonded wood core door with a self-closing device or a twenty minute fire rated door. No open penetrations including combustion air or return air vents shall be allowed to penetrate these enclosures or doors. Louvers that close on activation of the fire alarm or smoke detectors are allowed.

(F) Every unoccupied attic space shall be subdivided by draft stops having a one- (1-) hour fire rating, into areas not to exceed three thousand (3,000) square feet. Exception: Subdivisions

described in this subsection are not required if the space is protected throughout by an approved, automatic sprinkler system.

(5) Interior Finish.

(A) Interior wall and ceiling finishes throughout shall be a minimum Class B finish, as specified in the definition section of these fire safety rules. Textile material having a napped, tufted, looped, woven, non-woven, or similar surface shall not be applied to walls or ceilings. Foam plastic materials or other highly flammable or toxic materials shall not be used as an interior wall, ceiling, or floor finish.

(B) All wall studs, ceiling joists, and floor joists shall be covered with a minimum of Class B finish, and no exposed studs or joists shall be allowed.

(C) Hangings or draperies shall not be placed over exit doors or be located to conceal or obscure any exit. All other hangings and draperies shall be treated with a flame retardant material with verification to this effect on file for the Division of Fire Safety inspector to review. Exception shall be made for small window valances. These exceptions shall be noted on the fire inspection survey.

(6) Detection, Alarms, Extinguishment.

(A) Smoke detectors shall be installed in all sleeping rooms, throughout all corridors, in all living spaces, storage rooms, offices, and any other areas that are deemed necessary by the Division of Fire Safety inspector. Smoke detectors shall be in good operating condition and functional at all times. Smoke detectors may be battery powered. However, if smoke detectors are not operational during two (2) separate inspections, the facility will be required to install smoke detectors that are powered by the home's electrical system and have a battery backup. These detectors shall be interconnected so that the activation of one (1) detector will cause an alarm in all detectors. Smoke detectors that are not operational must be documented on inspection surveys. All new construction or facilities licensed and approved after the date of these rules shall have smoke detectors powered by the building's electrical system, have a battery backup, and be interconnected so activation of a single smoke alarm causes alarm in all smoke detectors.

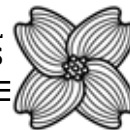
(B) All smoke detectors that are ten (10) years old or older shall be replaced with new smoke detectors of the same style. The new smoke detectors shall have the installation date written on the side of the detector for the Division of Fire Safety inspector to reference.

(C) All smoke detectors that are connected to a fire alarm system shall be replaced after ten (10) years of service, or recalibrated by the smoke detector's manufacturer. If the smoke detectors are recalibrated, temporary smoke detectors shall be installed so that the fire alarm system continues working properly and providing protection to the occupants while the original smoke detectors are being serviced.

(D) Any residence that has hearing-impaired occupants shall make adequate provisions so that the activation of any fire alarm system shall notify the occupants of the home. The Division of Fire Safety inspector may require additional requirements for the hearing-impaired occupants to insure adequate notification.

(E) Occupant notification shall be provided automatically without delay. Pre-signal systems shall be prohibited.

(F) All homes with fire alarm systems shall continue to have the fire alarm system tested, inspected, and approved annually by a fire alarm company and a copy of the test report and



approval of the system kept on file at the residence for review by the Division of Fire Safety inspector.

(G) Residences using any equipment or appliances using wood or fossil fuel that pose a potential carbon monoxide risk, including facilities with attached garages, shall install a carbon monoxide detector(s). The detector(s) shall be installed according to the manufacturer's instructions. The Division of Fire Safety inspector may require additional carbon monoxide detectors if the Division of Fire Safety inspector determines that the safety of the occupants is endangered.

1. Carbon monoxide detectors shall be in good operating condition. If a battery operated detector is not operational, the facility shall install a detector that is powered by the home's electrical system with a battery backup.

2. If an elevated carbon monoxide level is detected during a fire inspection, the residence shall have all gas-fired appliances checked by a heating and air conditioning company to identify the source of the carbon monoxide. Until the residence has documentation on file at the home verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order, and the facility is determined safe by the Division of Fire Safety, the fire inspection shall not be approved.

3. If a level of carbon monoxide is determined that endangers the lives of the occupants, the Division of Fire Safety inspector shall take measures necessary to protect the occupants. This may include evacuation of the home or closing the residence. The residence shall obtain and have on file at the home, documentation verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order. The residence shall be reinspected by the Division of Fire Safety inspector and determined safe before the occupants can return to the home or the residence can reopen.

(H) At least one (1) portable (five pound (5 lb)) 2A-10B:C fire extinguisher shall be required in all homes. One (1) fire extinguisher shall be located in the kitchen. Additional fire extinguishers shall be placed throughout the home and the travel distance shall be no greater than seventy-five feet (75') between fire extinguishers. Additional fire extinguishers may be required by the Division of Fire Safety depending on the floor plan arrangement of space and the number of levels used.

(I) Fire extinguishers shall be installed and maintained according to the instructions of the Division of Fire Safety and inspected and approved annually by a fire extinguisher company. Documentation of the inspection and approval shall be on file at the facility and available for review by the Division of Fire Safety inspector.

(J) Homes shall meet the following requirements of subsections (6)(J) and (6)(K) of this rule. Homes using a commercial stove, deep fryer, or two (2) home type ranges placed side by side, shall be equipped with a range hood and extinguishing system with an automatic cutoff of the fuel supply and exhaust system in case of fire. The hood and hood extinguishment system shall be inspected by a qualified technician to insure they are in good working condition and installed/maintained correctly. The technician shall base this inspection on National Fire Protection Association, Chapter 96, Standard for Fire Protection of Commercial Cooking Operations. Exceptions: 1) Home type ranges separated by an eighteen inch (18") cabinet shall not be required to have an extinguishing system installed above them. 2) Facilities that cook on a home type range with no more than four (4) burners and/or grill, does not need to install a fire extinguishing system above the range.

(K) The range hood fire extinguishment system shall be

connected to the control panel of the fire alarm system. The activation of the range hood fire extinguishment system shall cause the fire alarm system to activate throughout the building.

(7) Heating, Ventilating, Air Conditioning, and Mechanical Equipment.

(A) Unvented fuel-fired room heaters, portable electric space heaters and floor furnaces shall not be permitted for use.

(B) No facility shall be allowed to heat the home with a wood burning stove, fireplace, or wood burning furnace located inside of the structure as a primary source of heat. Fireplaces need to be approved for use by the Division of Fire Safety inspector. If the fireplace is approved for use all chimneys shall be inspected annually and cleaned if necessary by a qualified technician or company, with documentation kept for review by the Division of Fire Safety.

(C) All gas and electric heating equipment shall be equipped with thermostatic controls. All water heaters, if gas fired, shall have the exhaust properly vented with galvanized pipe with screws at all joints or with a material recommended by the manufacturer. All water heaters shall have a properly sized pressure relief valve installed with a drip leg. The drip leg pipe on the pressure relief valve shall extend to approximately six inches (6") above the floor and shall be of rigid material such as copper or black iron pipe. Chlorinated polyvinyl chloride (CPVC) or PVC pipe can only be used if manufactured specifically for use on drip legs. No drip leg may be reduced in size from the opening of temperature and pressure valve.

(D) Facilities with a water heater two hundred thousand British thermal units (200,000 Btus) per hour input or larger, or that are heating with a boiler, shall have a valid permit from the Division of Fire Safety posted on the premises. A copy of the permit shall be kept on file at the Division of Fire Safety.

(E) All furnace rooms shall be properly vented. Furnace flue pipes shall be constructed of galvanized pipe or material recommended by the manufacturer. All galvanized pipe shall be secured by screws at every joint in the pipe.

(F) All joints in the gas supply pipe shall be located outside of the furnace cabinet housing.

(G) A gas shutoff valve shall be located next to all gas appliances, furnaces, and water heaters.

(H) All furnaces shall be equipped with an electrical fused switch to protect the unit from electrical overloading and to disconnect the electrical supply.

(I) If a furnace or water heater is located inside a garage, the burner or ignition source shall be at least eighteen inches (18") above the finished floor and enclosed inside a fire resistant room having a fire rating of thirty (30) minutes. The door to this room shall also have a minimum thirty- (30-) minute fire rating and have a door closure attached. Open penetrations, including combustion air or return air vents, shall not be allowed to penetrate these enclosures or doors. Louvers that close on activation of the fire alarm or smoke detectors are allowed.

(J) All furnace rooms and rooms containing the water heater shall have adequate combustion air for the units. The vent size opening for the combustion air shall be measured at one (1) square inch per one thousand (1,000) Btus input if the combustion air is drawn from inside the structure and one (1) square inch per four thousand (4,000) Btus input if the air is drawn from outside of the structure. There shall be two (2) combustion air vent openings in each furnace room, one (1) located at the lower level and the other at the upper level. Combustion air or return air vents shall not penetrate the rated



or smoke enclosure.

(K) One (1) combustion air vent opening shall be permitted if the vent opening communicates directly to the outside of the structure. This opening shall be one (1) square inch per three thousand (3,000) Btus input of the total gas appliances located in this room. The gas appliances must be installed per the manufacturer's instructions with proper clearance or have a minimum clearance of one inch (1") from the sides and back, and six inches (6") from the front of the unit.

(L) Air conditioning, heating, ventilating ductwork, and related equipment shall be installed in a safe manner and be in good operating condition as determined by the Division of Fire Safety inspector.

(M) Any furnace or air handling equipment that has airflow of two thousand (2,000) cubic feet per minute or more, shall have a fan shutdown switch that is interconnected with the fire alarm system.

(N) All elevators shall be inspected bi-annually by a state licensed elevator inspector and shall obtain an annual state operating permit form from the Division of Fire Safety and post it as required.

(O) If any combustibles are stored in a furnace room, they must be enclosed in a metal container.

**(8) Electrical Services.**

(A) Electrical wiring shall be installed and maintained in good working order. If the Division of Fire Safety considers the wiring to be unsafe for the occupants or it is installed improperly, an inspection by a licensed electrician may be required prior to fire safety approval. The inspection by the licensed electrician shall be based on National Fire Protection Association, Chapter 70, *National Electrical Code*.

(B) No electrical extension cords will be allowed, unless approved in writing by the Division of Fire Safety inspector. Extension cords shall not be permanently affixed to the structure or replace permanent wiring. Exception: The use of Underwriters Laboratories, Inc. (UL) approved fused power surge strips is acceptable.

(9) Equivalency Concepts. Nothing in this rule is intended to prevent the use of systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety as alternatives required by this rule. These alternatives may be used only if technical documentation to demonstrate equivalency and the system, method, or device is submitted and approved by the Missouri Division of Fire Safety.

*AUTHORITY: section 630.655, RSMo 2016.\* Original rule filed Sept. 5, 2003, effective April 30, 2004. Amended: Filed March 20, 2018, effective Nov. 30, 2018.*

*\*Original authority: 630.655, RSMo 1980.*

**9 CSR 45-5.140 Fire Safety for Group Homes Serving 10–16 People**

*PURPOSE: This rule establishes fire safety requirements for group homes serving ten to sixteen (10–16) people funded through the Medicaid home and community-based waiver. The department delegates its authority for fire safety inspections under this rule to the Department of Public Safety, Division of Fire Safety.*

**(1) General Requirements.**

(A) The staff shall conduct at least one (1) fire drill per month

and one (1) natural disaster drill per quarter, with a minimum of two (2) drills, one (1) fire and one (1) natural disaster, conducted annually while the individuals are sleeping. A drill must be conducted within one (1) week of the arrival of a new individual. The staff shall maintain a written record at the facility of the date, type of drill, time required to evacuate the building whether the evacuation was completed, notation of any problems evacuating, and number of occupants present during the drill.

(B) Unscheduled drills shall be held at the Division of Fire Safety inspector's discretion.

(C) During severe weather, fire drills may be postponed.

(D) Each fire drill shall evacuate all persons from the building, or evacuate to an area of refuge and defend in place and conducted as follows:

1. Drills simulate an actual fire condition;

2. Occupants (referred to hereafter as "individuals") and staff members do not obtain clothing or personal effects after the alarm has sounded;

3. The occupants and staff members proceed to a predetermined point outside the building that is sufficiently remote to avoid fire danger, or to a predetermined point inside of the building;

4. Individuals and staff members remain in place until a recall is issued or until they are dismissed; and

5. Exception. If there is potential harm to individuals during drills because a resident is medically fragile, the provider may arrange the drill to not involve the medically fragile. However, all individuals who are medically fragile must participate in a drill at least once per year. This must be documented in the home.

(E) No window in a facility shall have bars or any other item placed over them in a stationary manner that would impede a rescue or evacuation.

(F) All flammable/combustible liquids, matches, toxic cleaning supplies, poisonous materials, or other hazardous items shall be stored so as to be inaccessible to the occupants if the occupants cannot handle the materials safely. If there are firearms and/or ammunition on the premises, they shall be kept in a locked space without access by individuals.

(G) Clothes dryers shall be vented to the outside or as recommended by the manufacturer and maintained properly.

(H) The house numbers shall be plainly visible from the street in case of emergency, at least four inches (4") in height and contrasting color with the building.

(I) Good housekeeping practices ensuring fire safety will be maintained daily.

(J) Stairways, walks, ramps, and porches shall be kept free of ice and snow.

(K) Fresh-cut Christmas trees shall not be used unless they are treated with a flame resistant material and documentation of the treatment is on file at the facility and available for review by the Division of Fire Safety.

(L) Candles and other devices that have an open flame shall not be used indoors. However, short-term supervised use of candles for special occasions or dinners is permitted.

(M) The facility may use a cellular phone when all of the following conditions are met:

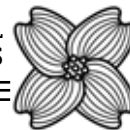
1. The phone must always have a signal;

2. The phone must always be charged;

3. The phone must be able to make and receive normal calls;

4. The phone must remain at the facility at all times; and

5. The emergency plan for the facility must address the use of cellular phones.



(N) The facility shall notify the nearest fire department that the facility is in operation and have required documentation completed and signed by the local fire authority (fire department notification form) on file at the facility and available for review by the Division of Fire Safety inspector.

(O) Facilities served by a volunteer or membership fire department shall be a member in good standing with the fire department. A copy of the membership or receipt for membership shall be on file at the facility and available for review.

(P) The facility shall, as soon as possible but no later than the following business day, report any fire in the facility to the Division of Fire Safety office and the Department of Mental Health.

(Q) The Division of Fire Safety may make additional requirements that provide adequate life safety protection if it is determined that the safety of the occupants is endangered. Every building or structure shall be constructed, arranged, equipped, maintained, and operated to avoid danger to the lives and safety of its occupants from fire, smoke, fumes, or resulting panic during the period of time necessary for escape from the building.

(R) Prior to new construction, remodeling existing structures, and any structural alterations to existing facilities, the provider shall submit two (2) copies of plans and specifications prepared to scale for review and approval. One (1) copy shall be submitted to the Department of Mental Health's Licensure and Certification Unit; the second copy to the Division of Fire Safety. The plans shall include a narrative indicating the utilization of each area of the facility. The architect or contractor shall certify in writing that the plans are in compliance with these certification rules. The provider shall not begin construction until the plans have been reviewed and approved by the Division of Fire Safety. All plans for new construction, remodeling, or additions shall comply with the Americans with Disabilities Act, Accessibility Guidelines.

(S) During the construction or remodeling process, the provider shall request a framing and wiring inspection and an inspection for the rough-in wiring for the fire alarm system by the Division of Fire Safety before the walls are enclosed. Failure to request these inspections in a timely manner may result in an unapproved fire inspection from the Division of Fire Safety.

(T) The ceiling height in all facilities shall be a minimum of seven feet six inches (7'6"). An allowance will be made by the Division of Fire Safety for some areas that are below seven feet six inches (7'6") for the installation of ductwork and plumbing. No more than forty percent (40%) of the ceiling in each room shall be below minimal height, with no portion of the ceiling lower than six feet eight inches (6' 8").

(U) Facilities shall comply with all local building codes, fire codes, and ordinances.

(V) The latest edition of the National Fire Protection Association (NFPA), Chapter 101, *Life Safety Code* prevails in the interpretation of these rules.

(W) Each group home shall be inspected at least once annually by a Division of Fire Safety inspector. The department will initiate the fire safety inspection. If a facility is found out of compliance with the fire safety rules, the department will apply procedures for achieving compliance as promulgated under 9 CSR 45-5.060.

#### (2) Means of Egress Requirements.

(A) Each floor occupied in the home shall have not less than two (2) remotely located means of egress. Required means of egress shall not be a window. Existing licensed and approved

facilities shall have exit doors with a minimum width of thirty inches (30") wide. All new construction and facilities licensed and approved after the effective date of these rules shall have exit doors with a minimum width of thirty-six inches (36").

(B) Individual sleeping rooms in all new group homes certified after the effective date of this rule shall have two (2) means of egress, or a primary means of egress and a means of escape.

(C) Wheelchairs, walkers, and other support equipment shall not be stored in corridors.

(D) No door in the path of travel to the means of egress shall be less than thirty inches (30") wide. Except that newly constructed doorways shall be at least thirty-six inches (36").

(E) No primary means of escape shall lead through a bathroom, storage room, furnace room, kitchen, garage, or any other room deemed hazardous by the Division of Fire Safety.

(F) All exit doors shall swing in the direction of egress travel and shall have door closures attached.

(G) Emergency lighting that has a battery backup shall be installed to light the path of egress. The location and number of emergency lights shall be determined by the Division of Fire Safety inspector. Emergency lights shall be tested once per month and documentation indicating which lights were tested, the date tested, and the name of the person performing the test kept for review by the Division of Fire Safety.

(H) Lighted exit signs with a battery backup shall be installed above exit doors and as needed throughout the facility to direct the occupants to the exits. Lighted exit signs shall be tested once per month and documentation shall be kept for review by the Division of Fire Safety.

(I) No locks that require a key or special knowledge to unlock the lock from the inside shall be allowed. Delayed egress locks complying with section 7.2.1.6.1 of the 2012 edition NFPA 101 are permitted, provided that no more than one (1) such device is located in any egress path.

(J) Overhead garage doors are not recognized as exit doorways.

(K) Mirrors shall not be placed on exit doors or adjacent to any exit in such a manner to confuse the direction of the exit. All exit doors shall be readily recognizable.

(L) All hallways shall have a clear width of at least thirty-six inches (36") wide and shall be kept free of all articles that might impede the occupants' evacuation from the home.

(M) Dead-end corridors/hallways shall not exceed twenty feet (20').

(N) Each wing or corridor of the facility shall be separated into fire compartment areas by fire doors and walls, having not less than a one- (1-) hour rating. All fire doors shall be equipped with a door closure and may be held open at all times with an electrical magnetic switch that is interconnected to the fire alarm system.

(O) Facilities initially certified and areas initially approved on or after the effective date of this rule, shall meet the following requirements. All facilities that have a set of stairs or use stairs as a fire escape shall be constructed as follows:

1. All stairs shall be at least thirty-six inches (36") wide. Fire escapes shall be constructed of noncombustible materials. Existing fire escapes shall be of sturdy construction and, at the discretion of the Division of Fire Safety, may be required to be load tested;

2. A maximum rise of eight inches (8");

3. A minimum tread of nine inches (9");

4. A maximum height between landings of twelve feet (12');

5. A minimum landing size of forty-four inches (44");



6. Handrails placed on both sides of sturdy construction and positioned thirty-four to thirty-eight inches (34"–38") above the tread;

7. An outside diameter of the handrails of at least one and one-fourth inches (1 1/4") and no greater than two inches (2") in size;

8. Handrails with a clearance of at least one and one-half inches (1 1/2") between the handrail and the wall or upright to which it is attached;

9. Spiral staircase or winder is not permitted.

(P) Every ramp used in the component of the means of egress shall be a minimum of forty-four inches (44") wide, and have landings at the top and bottom being the same width as the ramp. Ramp height shall comply with the following:

1. Ramps less than three inches (3") in height have a slope of one inch (1") per eight inches (8") of run;

2. Ramps with a height of three to six inches (3"–6") have a slope of one inch (1") per ten inches (10") of run;

3. Ramps with a height greater than six inches (6") have a slope of one inch (1") per twelve inches (12") of run.

(Q) All ramps shall have a slip-resistant surface and be designed so that water or snow does not accumulate on their surface.

(R) All ramps over ten inches (10") in height shall have guardrails and handrails on both sides.

### (3) Travel Distance to Exits.

(A) The travel distance between any room door intended as an exit access and an exit shall not exceed one hundred feet (100').

(B) The travel distance between any point in a room and an exit shall not exceed one hundred fifty feet (150').

(C) The travel distance between any point in a sleeping room and an exit access door in that room shall not exceed fifty feet (50'). Exception: The travel distance in (A) and (B) of this section shall be permitted to be increased by fifty feet (50') in buildings protected throughout by a supervised automatic sprinkler system that is approved by the Division of Fire Safety, based on the National Fire Protection Association, Standards for Sprinkler Systems.

### (4) Protection.

(A) Vertical openings shall be protected so that no primary means of egress is exposed to an unprotected vertical opening. The vertical opening shall be considered protected if the opening is cut off and enclosed in a manner that provides a fire-resisting capability of not less than one (1) hour and resists the passage of smoke. Any doors or openings shall have fire- and smoke-resisting capability equivalent to that of the enclosure and shall be self-closing or automatic closing.

(B) Exception. Specific residential facilities that were certified prior to the effective date of this rule with twenty- (20-) minute fire barriers shall be considered in compliance with current requirements, unless renovations or significant changes have occurred in the way the building is being used or the number of residents are increased.

(C) Interior stairways shall be closed with one- (1-) hour fire barriers, with all openings equipped with smoke actuated automatic-closing or self-closing doors having a fire resistance comparable to that required for the enclosure.

(D) All furnace rooms, rooms containing water heaters, boiler rooms, storage rooms, laundry rooms, and all other rooms or areas deemed hazardous by the Division of Fire Safety inspector shall be separated from the remainder of the building by construction having not less than a one- (1-) hour

fire-resistance rating. All doors to these rooms shall have a self-closing device attached and shall have a minimum one- (1-) hour fire rating.

(E) Exception. The one- (1-) hour fire resistance rating required for rooms or areas listed in subsection (4)(C) of this rule is not required if the facility installs a sprinkler head off the domestic water supply or has an approved automatic sprinkler system and a fire alarm initiating device shall be installed in the high hazard area. For group homes certified after the effective date of this rule, a one and three-fourths inches (1 3/4") thick solid core door or a twenty- (20-) minute fire rated door shall be installed with a self-closing device attached to prevent the passage of smoke. Before approval of the sprinkler installation using plastic pipe the provider must present documentation the pipe and fittings are tested and approved to the 1881 or 1887 standard for use in sprinkler applications. If the sprinkler option is chosen, the above appliances must be enclosed in smoke resistant enclosures. The door to these rooms shall be a minimum of one and three-fourths inches (1 3/4") solid bonded wood core door with a self-closing device or a twenty minute fire rated door. No open penetrations including combustion air or return air vents shall be allowed to penetrate these enclosures or doors. Louvers that close on activation of the fire alarm or smoke detectors are allowed.

(F) Every unoccupied attic space shall be subdivided by draft stops having a one- (1-) hour fire rating, into areas not to exceed three thousand (3,000) square feet. Exception: Subdivisions described in this subsection are not required if the space is protected throughout by an approved, automatic sprinkler system.

(G) All doors to sleeping rooms shall have a fire resistance rating of twenty (20) minutes.

### (5) Interior Finish.

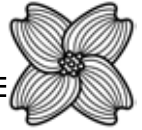
(A) Interior wall and ceiling finishes throughout shall be a minimum Class B finish, as specified in the definition section of these fire safety rules. Textile material having a napped, tufted, looped, woven, non-woven, or similar surface shall not be applied to walls or ceilings. Foam plastic materials or other highly flammable or toxic materials shall not be used as an interior wall, ceiling, or floor finish.

(B) All wall studs, ceiling joists, and floor joists shall be covered with a minimum of Class B finish, and no exposed studs or joists shall be allowed.

(C) Hangings or draperies shall not be placed over exit doors or be located to conceal or obscure any exit. All other hangings and draperies shall be treated with a flame retardant material with verification to this effect on file for the Division of Fire Safety to review. Exception shall be made for small window valances. These exceptions shall be noted on the fire inspection survey.

### (6) Detection, Alarms, Extinguishment.

(A) All facilities shall have a full coverage electrical fire alarm system. Pull stations shall be mounted at each exit door and horn strobes shall be installed throughout the facility. Smoke detectors shall be installed in all sleeping rooms, throughout all corridors, in all living spaces, storage rooms, and offices. Additional smoke detectors may be required by the Division of Fire Safety inspector as deemed necessary. Heat detectors shall be installed in all mechanical rooms, kitchens and throughout the attic. The battery backup control panel shall be Underwriters Laboratory (UL) or Factory Mutual (F.M.) listed and installed on a dedicated circuit breaker box. The fire alarm system shall be installed and maintained in good working



order and shall be UL or F.M. listed. The fire alarm system shall be installed and maintained per the National Fire Alarm Code (NFPA 72) and the *National Electrical Code*.

(B) All smoke detectors that are ten (10) years old or older shall be replaced with new smoke detectors of the same style. The new smoke detectors shall have the installation date written on the side of the detector for the Division of Fire Safety to reference.

(C) All smoke detectors that are connected to a fire alarm system shall be replaced after ten (10) years of service, or recalibrated by the smoke detector's manufacturer. If the smoke detectors are recalibrated, temporary smoke detectors shall be installed so that the fire alarm system continues working properly and providing protection to the occupants while the original smoke detectors are being serviced.

(D) Any residence that has hearing-impaired occupants shall make adequate provisions so that the activation of any fire alarm system shall notify the occupants of the home. The Division of Fire Safety may require additional requirements for the hearing-impaired occupants to insure adequate notification.

(E) Occupant notification shall be provided automatically without delay. Pre-signal systems shall be prohibited.

(F) All facilities shall have the fire alarm system tested, inspected, and approved annually by a fire alarm company and a copy of the test report and approval of the system kept on file at the facility for review by the Division of Fire Safety.

(G) Facilities using any equipment or appliances using wood or fossil fuel, and that pose a potential carbon monoxide risk, including facilities with attached garages, shall install a carbon monoxide detector(s). The detector(s) shall be installed according to the manufacturer's instructions. The Division of Fire Safety inspector may require additional carbon monoxide detectors if the Division of Fire Safety inspector determines that the safety of the occupants is endangered.

1. Carbon monoxide detectors shall be in good operating condition. If a battery-operated detector is not operational, the facility shall install a detector that is powered by the home's electrical system with a battery backup.

2. If an elevated carbon monoxide level is detected during a fire inspection, the facility shall have all gas-fired appliances checked by a heating and air conditioning company to identify the source of the carbon monoxide. Until the facility has documentation on file at the home verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order, and the facility is determined safe by the Division of Fire Safety, the fire inspection shall not be approved.

3. If a level of carbon monoxide is determined that endangers the lives of the occupants, the Division of Fire Safety shall take measures necessary to protect the occupants. This may include evacuation of the building or closing the facility. The facility shall obtain and have on file at the facility, documentation verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order. The facility shall be re-inspected by the Division of Fire Safety and determined safe before the occupants can return to the building or the facility can reopen.

(H) At least one (1) portable (five pound (5 lb)) 2A-10B:C fire extinguisher shall be required in all facilities. One (1) fire extinguisher shall be located in the kitchen. Additional fire extinguishers shall be placed throughout the facility, with a travel distance no greater than seventy-five feet (75') between fire extinguishers. Additional fire extinguishers may be required by the Division of Fire Safety inspector depending

on the floor plan arrangement of space and the number of levels used.

(I) Fire extinguishers shall be installed and maintained according to the instructions of the Division of Fire Safety inspector and inspected and approved annually by a fire extinguisher company. Documentation of the inspection and approval shall be on file at the facility and available for review by the Division of Fire Safety inspector.

(J) Facilities using a commercial stove, deep fryer, or two (2) home type ranges placed side by side, or a home type range that produces a grease laden vapor shall be equipped with a range hood and extinguishing system with an automatic cutoff of the fuel supply and exhaust system in case of fire. A qualified technician shall inspect these systems to insure they are in good working condition and installed/maintained correctly. The qualified technician shall base this inspection on the National Fire Protection Association, Chapter 96, Standard for Fire Protection of Commercial Cooking Operations. Exception: 1) Home type ranges separated by an eighteen inch (18") cabinet shall not be required to have an extinguishing system installed above them. 2) Facilities that cook on a home type range, and have a menu that does not include frying, or emitting a grease laden vapor, and have an approval letter from the Department of Mental Health, do not need to install a fire extinguishing system above the range.

(K) The range hood fire extinguishment system shall be connected to the control panel of the fire alarm system. The activation of the range hood fire extinguishment system shall cause the fire alarm system to activate throughout the building.

(7) Heating, Ventilating, Air Conditioning, and Mechanical Equipment.

(A) Unvented fuel-fired room heaters, portable electric space heaters and floor furnaces shall not be permitted for use.

(B) No facility shall be allowed to heat the home with a wood burning stove, fireplace, or wood burning furnace located inside of the structure as a primary source of heat.

(C) All gas and electric heating equipment shall be equipped with thermostatic controls. All water heaters, if gas fired, shall have the exhaust properly vented with galvanized pipe with screws at all joints or with a material recommended by the manufacturer. All water heaters shall have a properly sized pressure relief valve installed with a drip leg. The drip leg pipe on the pressure relief valve shall extend to approximately six inches (6") above the floor and shall be of rigid material such as copper or black iron pipe. Chlorinated polyvinyl chloride (CPVC) or PVC pipe can only be used if manufactured specifically for use on drip legs. No drip leg may be reduced in size from the opening of temperature and pressure valve.

(D) Facilities with a water heater two hundred thousand British thermal units (200,000 Btus) per hour input or larger, or that is heating with a boiler, shall have a valid permit from the Division of Fire Safety posted on the premises. A copy of the permit shall be kept on file at the Division of Fire Safety.

(E) All furnace rooms shall be properly vented. Furnace flue pipes shall be constructed of galvanized pipe or material recommended by the manufacturer. All galvanized pipe shall be secured by screws at every joint in the pipe.

(F) All joints in the gas supply pipe shall be located outside of the furnace cabinet housing.

(G) A gas shutoff valve shall be located next to all gas appliances, furnaces, and water heaters.

(H) All furnaces shall be equipped with an electrical fused switch to protect the unit from electrical overloading and to





disconnect the electrical supply.

(I) If a furnace or water heater is located inside a garage, the burner or ignition source shall be at least eighteen inches (18") above the finished floor and enclosed inside a fire resistant room having a fire rating of thirty (30) minutes. The door to this room shall also have a minimum thirty- (30-) minute fire rating and have a door closure attached. Open penetrations, including combustion air or return air vents, shall not be allowed to penetrate these enclosures or doors. Louvers that close on activation of the fire alarm or smoke detectors shall be allowed.

(J) All furnace rooms and rooms containing the water heater shall have adequate combustion air for the units. The vent size opening for the combustion air shall be measured at one (1) square inch per one thousand (1,000) Btus input if the combustion air is drawn from inside the structure and one (1) square inch per four thousand (4,000) Btus input if the air is drawn from outside of the structure. There shall be two (2) combustion air vent openings in each furnace room, one (1) located at the lower level and the other at the upper level. Combustion or return openings shall not allow the passage of smoke to the facility.

(K) One (1) combustion air vent opening shall be permitted if the vent opening communicates directly to the outside of the structure. This opening shall be one (1) square inch per three thousand (3,000) Btus input of the total gas appliances located in this room. The gas appliances must be installed per the manufacturer's instructions with proper clearance or have a minimum clearance of one inch (1") from the sides and back, and six inches (6") from the front of the unit.

(L) Air conditioning, heating, ventilating ductwork, and related equipment shall be installed in a safe manner and be in good operating condition as determined by the Division of Fire Safety.

(M) Any furnace or air handling equipment that has air flow of two thousand (2,000) cubic feet per minute or more, shall have a fan shutdown switch that is interconnected with the fire alarm system.

(N) All elevators shall be inspected bi-annually by a state licensed elevator inspector and shall obtain an annual state operating permit form from the Division of Fire Safety and post it as required.

(O) If any combustibles are stored in a furnace room, they must be enclosed in a metal container.

**(8) Electrical Services.**

(A) Electrical wiring shall be installed and maintained in good working order. If the Division of Fire Safety considers the wiring to be unsafe for the occupants or if it is installed improperly, an inspection by a licensed electrician may be required prior to fire safety approval. The inspection by the licensed electrician shall be based on the National Fire Protection Association, Chapter 70, *National Electrical Code*.

(B) No electrical extension cords will be allowed, unless approved in writing by the Division of Fire Safety. Extension cords shall not be permanently affixed to the structure or replace permanent wiring. Exception: The use of Underwriters Laboratories, Inc. (UL) approved fused power surge strips is acceptable.

(9) Equivalency Concepts. Nothing in this rule is intended to prevent the use of systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety as alternatives required by this rule. These alternatives may be used only if technical documentation to

demonstrate equivalency and the system, method, or device is submitted and approved by the Missouri Division of Fire Safety.

*AUTHORITY: section 630.655, RSMo 2016.\* Original rule filed Sept. 5, 2003, effective April 30, 2004. Amended: Filed March 20, 2018, effective Nov. 30, 2018.*

*\*Original authority: 630.655, RSMo 1980.*

**9 CSR 45-5.150 Fire Safety for Group Homes Serving 17 or More People**

*PURPOSE: This rule establishes fire safety requirements for group homes serving seventeen (17) or more people funded through the Medicaid home and community-based waiver. The department delegates its authority for fire safety inspections under this rule to the Department of Public Safety, Division of Fire Safety.*

**(1) General Requirements.**

(A) The staff shall conduct at least one (1) fire drill per month and one (1) natural disaster drill per quarter, with a minimum of two (2) drills, one (1) fire and one (1) natural disaster, conducted annually while the individuals are sleeping. A drill must be conducted within one (1) week of the arrival of a new individual. The staff shall maintain a written record at the facility of the date, type of drill, time required to evacuate the building, whether the evacuation was completed, notation of any problems evacuating, and number of occupants present during the drill.

(B) Unscheduled drills shall be held at the Division of Fire Safety inspector's discretion.

(C) During severe weather, fire drills may be postponed.

(D) Each fire drill shall evacuate all persons from the building, or evacuate to an area of refuge and defend in place and be conducted as follows:

1. Drills simulate an actual fire condition;

2. Occupants (referred to hereafter as "individuals") and staff members do not obtain clothing or personal effects after the alarm has sounded;

3. The individuals and staff members proceed to a predetermined point outside the building that is sufficiently remote to avoid fire danger, or to a predetermined point inside of the building; and

4. Individuals and staff members remain in place until a recall is issued or until they are dismissed.

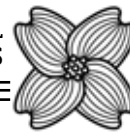
5. Exception. If there is potential harm to individuals during drills because a resident is medically fragile, the provider may arrange the drill to not involve the medically fragile. However, all individuals who are medically fragile must participate in a drill at least once per year. This must be documented in the home.

(E) No window in a facility shall have bars or any other item placed over them in a stationary manner that would impede a rescue or evacuation.

(F) All flammable/combustible liquids, matches, toxic cleaning supplies, poisonous materials, or other hazardous items shall be stored so as to be inaccessible to the occupants if the occupants cannot handle the materials safely. If there are firearms and/or ammunition on the premises, they shall be kept in a locked space without access by individuals.

(G) Clothes dryers shall be vented to the outside and maintained per the manufacturer's instructions.

(H) The house numbers shall be plainly visible from the street in case of emergency, at least four inches (4") in height and contrasting color with the building.



(I) Good housekeeping practices ensuring fire safety will be maintained daily.

(J) Stairways, walks, ramps, and porches shall be kept free of ice and snow.

(K) Fresh-cut Christmas trees shall not be used unless they are treated with a flame resistant material and documentation of the treatment is on file at the facility and available for review by the Division of Fire Safety.

(L) Candles and other devices that have an open flame shall not be used indoors. However, short-term supervised use of candles for special occasions or dinners is permitted.

(M) The facility may use a cellular phone when all of the following conditions are met:

1. The phone must always have a signal;
2. The phone must always be charged;
3. The phone must be able to make and receive normal calls;
4. The phone must remain at the facility at all times; and
5. The emergency plan for the facility must address the use of cellular phones.

(N) The facility shall notify the nearest fire department that the facility is in operation and have required documentation completed and signed by the local fire authority (fire department notification form) on file at the facility and available for review by the Division of Fire Safety inspector.

(O) Facilities served by a volunteer or membership fire department shall be a member in good standing with the fire department. A copy of the membership or receipt for membership shall be on file at the facility and available for review.

(P) The facility shall, as soon as possible, no later than the following business day, report any fire in the facility to the Division of Fire Safety office and the Department of Mental Health.

(Q) The Division of Fire Safety may make additional requirements that provide adequate life safety protection if it is determined that the safety of the occupants is endangered. Every building or structure shall be constructed, arranged, equipped, maintained, and operated to avoid danger to the lives and safety of its occupants from fire, smoke, fumes, or resulting panic during the period of time necessary for escape from the building.

(R) Prior to new construction, remodeling existing structures, and any structural alterations to existing facilities, the provider shall submit two (2) copies of plans and specifications prepared to scale for review and approval. One (1) copy shall be submitted to the Department of Mental Health's Licensure and Certification Unit; the second copy to the Division of Fire Safety. The plans shall include a narrative indicating the utilization of each area of the facility. The architect or contractor shall certify in writing that the plans are in compliance with these certification rules. The provider shall not begin construction until the plans have been reviewed and approved by the Division of Fire Safety. All plans for new construction, remodeling, or additions shall comply with the Americans with Disabilities Act, Accessibility Guidelines.

(S) During the construction or remodeling process, the provider shall request a framing and wiring inspection and an inspection for the rough-in wiring for the fire alarm system by the Division of Fire Safety before the walls are enclosed. Failure to have these inspections conducted will result in an unapproved fire inspection from the Division of Fire Safety.

(T) The ceiling height in all facilities shall be a minimum of seven feet six inches (7'6"). An allowance will be made by the Division of Fire Safety for some areas that are below seven feet

six inches (7'6") for the installation of ductwork and plumbing. No more than forty percent (40%) of the ceiling in each room shall be below minimal height, with no portion of the ceiling less than six feet eight inches (6' 8").

(U) Facilities shall comply with all local building codes, fire codes, and ordinances.

(V) The latest edition of the National Fire Protection Association (NFPA), Chapter 101, *Life Safety Code* prevails in the interpretation of these rules.

(W) Each residential facility shall be inspected at least once annually by a Division of Fire Safety inspector. The department will initiate the fire safety inspection. If a facility is found out of compliance with the fire safety rules, the department will apply procedures for achieving compliance as promulgated under 9 CSR 45-5.060.

#### (2) Means of Egress Requirements.

(A) Each floor occupied in the home shall have not less than two (2) remotely located means of egress. Required means of egress shall not be a window. Each exit door shall not be less than thirty-six inches (36") wide.

(B) Individual sleeping rooms in all new group homes certified after the effective date of this rule shall have two (2) means of egress, or a primary means of egress and a means of escape.

(C) Wheelchairs, walkers, and other support equipment shall not be stored in corridors.

(D) No door in the path of travel to the means of egress shall be less than thirty-six inches (36") wide.

(E) No primary means of escape shall lead through a bathroom, storage room, furnace room, kitchen, garage, or any other room deemed hazardous by the Division of Fire Safety inspector.

(F) All exit doors shall swing in the direction of egress travel and shall have door closures attached.

(G) Emergency lighting that has a battery backup shall be installed to light the path of egress. The location and number of emergency lights shall be determined by the Division of Fire Safety inspector. Emergency lights shall be tested monthly and documentation indicating which lights were tested, the date tested, and the name of the person performing the test kept for review by the Division of Fire Safety.

(H) Lighted exit signs with a battery backup shall be installed above exit doors and as needed throughout the facility to direct the occupants to the exits.

(I) No locks that require a key or special knowledge to unlock the lock from the inside shall be allowed. Delayed egress locks complying with section 7.2.1.6.1 of the 2012 edition NFPA 101 are permitted, provided that no more than one (1) such device is located in any egress path.

(J) Overhead garage doors are not recognized as exit doorways.

(K) Mirrors shall not be placed on exit doors or adjacent to any exit in such a manner to confuse the direction of the exit. All exit doors shall be readily recognizable.

(L) All hallways shall have a clear width of at least thirty-six inches (36") wide and shall be kept free of all articles that might impede the occupants' evacuation from the home.

(M) Dead-end corridors/hallways shall not exceed twenty feet (20').

(N) Each wing or corridor of the facility shall be separated into fire compartment areas by fire doors and walls, having not less than a one- (1-) hour rating. All fire doors shall be equipped with a door closure and may be held open at all times with an electrical magnetic switch that is interconnected to the fire



alarm system.

(O) Facilities initially certified and areas initially approved on or after the effective date of this rule, shall meet the following requirements. All facilities that have a set of stairs, or use stairs as a fire escape shall be constructed as follows:

1. All stairs shall be at least thirty-six inches (36") wide. Fire escapes shall be constructed of noncombustible materials. Existing fire escapes shall be of sturdy construction and, at the discretion of the Division of Fire Safety, may be required to be load tested;

2. A maximum rise of eight inches (8");

3. A minimum tread of nine inches (9");

4. A maximum height between landings of twelve feet (12');

5. A minimum landing size of forty-four inches (44");

6. Handrails placed on both sides of sturdy construction and positioned thirty-four to thirty-eight inches (34"–38") above the tread;

7. An outside diameter of the handrails of at least one and one-fourth inches (1 1/4") and no greater than two inches (2") in size;

8. Handrails with a clearance of at least one and one-half inches (1 1/2") between the handrail and the wall or upright to which it is attached;

9. Spiral staircase or winder is not permitted.

(P) Every ramp used in the component of the means of egress shall be a minimum of forty-four inches (44") wide, and have landings at the top and bottom being the same width as the ramp. Ramp height shall comply with the following:

1. Ramps less than three inches (3") in height have a slope of one inch (1") per eight inches (8") of run;

2. Ramps with a height of three to six inches (3"–6") have a slope of one inch (1") per ten inches (10") of run;

3. Ramps with a height greater than six inches (6") have a slope of one inch (1") per twelve inches (12") of run.

(Q) All ramps shall have a slip-resistant surface and be designed so that water or snow does not accumulate on their surface.

(R) All ramps over ten inches (10") in height shall have guardrails and handrails on both sides.

### (3) Travel Distance to Exits.

(A) The travel distance between any room door intended as an exit access or an exit shall not exceed one hundred feet (100').

(B) The travel distance between any point in a room and an exit shall not exceed one hundred fifty feet (150').

(C) At the discretion of the Division of Fire Safety inspector and in consideration of the presence of an automated sprinkler system, the distances in subsections (A) and (B) of this section may be extended by fifty feet (50').

### (4) Protection.

(A) Vertical openings shall be protected so that no primary means of egress is exposed to an unprotected vertical opening. The vertical opening shall be considered protected if the opening is cut off and enclosed in a manner that provides a fire-resisting capability of not less than one- (1-) hour and resists the passage of smoke. Any doors or openings shall have fire- and smoke-resisting capability equivalent to that of the enclosure and shall be self-closing or automatic closing.

(B) Exception. Specific residential facilities that were certified prior to the effective date of this rule with twenty- (20-) minute fire barriers shall be considered in compliance with current requirements, unless renovations or significant changes have

occurred in the way the building is being used or the number of residents is increased.

(C) Interior stairways shall be closed with one- (1-) hour fire barriers, with all openings equipped with smoke-actuated automatic-closing or self-closing doors having a fire resistance comparable to that required for the enclosure.

(D) All furnace rooms, rooms containing water heaters, boiler rooms, storage rooms, laundry rooms, and all other rooms or areas deemed hazardous by the Division of Fire Safety inspector shall be separated from the remainder of the building by construction having not less than a one- (1-) hour fire resistance rating. All doors to these rooms shall have a self-closing device attached and shall have a minimum one- (1-) hour fire rating.

(E) All doors to sleeping rooms shall have a fire resistance rating of twenty (20) minutes.

(F) All buildings shall be protected throughout by an approved, automatic sprinkler system installed and maintained in accordance with the National Fire Protection Association, Standards for Installation of Sprinkler Systems. Quick response or residential sprinkler heads shall be installed throughout the structure.

(G) The sprinkler system shall initiate the fire alarm system upon activation of water flow.

(H) Tamper switches shall be installed on the sprinkler system valves and shall transmit a supervisory signal to the fire alarm control panel.

(I) All facilities shall have the sprinkler system tested, inspected, and approved annually by a fire sprinkler company. A copy of the test report and approval of the system shall be kept on file at the facility for review by the Division of Fire Safety inspector.

### (5) Interior Finish.

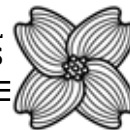
(A) Interior wall and ceiling finishes throughout shall be a minimum Class B finish, as specified in the definition section of these fire safety rules. Textile material having a napped, tufted, looped, woven, non-woven, or similar surface shall not be applied to walls or ceilings. Foam plastic materials or other highly flammable or toxic materials shall not be used as an interior wall, ceiling, or floor finish.

(B) All wall studs, ceiling joists, and floor joists shall be covered with a minimum of Class B finish, and no exposed studs or joists shall be allowed.

(C) Hangings or draperies shall not be placed over exit doors or be located to conceal or obscure any exit. All other hangings and draperies shall be treated with a flame retardant material with verification to this effect on file for the Division of Fire Safety inspector to review. Exception shall be made for small window valances. These exceptions shall be noted on the fire inspection survey.

### (6) Detection, Alarms, Extinguishment.

(A) All facilities shall have a full coverage electrical fire alarm system. Pull stations shall be mounted at each exit door. Horns and strobe lights connected to the fire alarm shall be installed throughout the facility. Smoke detectors shall be installed in all sleeping rooms, throughout all corridors, in all living spaces, storage rooms, and offices. Additional smoke detectors may be required by the Division of Fire Safety as deemed necessary. Heat detectors shall be installed in all mechanical rooms, kitchens, and throughout the attic. The battery backup control panel shall be Underwriters Laboratories, Inc. (UL) or Factory Mutual (F.M.) listed and installed on a dedicated circuit in the breaker box. The fire alarm system shall be installed and



maintained in good working order and should be Underwriters Laboratories, Inc. (UL) or Factory Mutual (F.M.) listed. The fire system shall be installed and maintained per the National Fire Alarm Code (NFPA 72) and the *National Electrical Code*.

(B) All smoke detectors that are ten (10) years old or older shall be replaced with new smoke detectors of the same style. The new smoke detectors shall have the installation date written on the side of the detector for the Division of Fire Safety to reference.

(C) All smoke detectors that are connected to a fire alarm system shall be replaced after ten (10) years of service, or recalibrated by the smoke detector's manufacturer. If the smoke detectors are recalibrated, temporary smoke detectors shall be installed so that the fire alarm system continues working properly and providing protection to the occupants while the original smoke detectors are being serviced.

(D) Any facility that has hearing-impaired occupants shall make adequate provisions so that the activation of any fire alarm system shall notify the occupants of the home. The Division of Fire Safety inspector may require additional requirements for the hearing-impaired occupants to insure adequate notification.

(E) Occupant notification shall be provided automatically without delay. Pre-signal systems shall be prohibited.

(F) All facilities shall have the fire alarm system tested, inspected, and approved annually by a fire alarm company and a copy of the test report and approval of the system kept on file at the facility for review by the Division of Fire Safety inspector.

(G) Facilities using any equipment or appliances using wood or fossil fuel, and that pose a potential carbon monoxide risk, including facilities with attached garages, shall install a carbon monoxide detector(s). The detector(s) shall be installed according to the manufacturer's instructions. The Division of Fire Safety inspector may require additional carbon monoxide detectors if the Division of Fire Safety inspector determines that the safety of the occupants is endangered.

1. Carbon monoxide detectors shall be in good operating condition. If a battery-operated detector is not operational, the facility shall install a detector that is powered by the home's electrical system with a battery backup.

2. If an elevated carbon monoxide level is detected during a fire inspection, the facility shall have all gas-fired appliances checked by a heating and air conditioning company to identify the source of the carbon monoxide. Until the facility has documentation on file at the home verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order, and the facility is determined safe by the Division of Fire Safety inspector, the fire inspection shall not be approved.

3. If a level of carbon monoxide is determined that endangers the lives of the occupants, the Division of Fire Safety inspector shall take measures necessary to protect the occupants. This may include evacuation of the building or closing the facility. The facility shall obtain and have on file at the facility, documentation verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order. The facility shall be reinspected by the fire inspector and determined safe before the occupants can return to the building or the facility can reopen.

(H) At least one (1) portable (five pound (5 lb)) 2A-10B:C fire extinguisher shall be required in all facilities. One (1) fire extinguisher shall be located in the kitchen. Additional fire extinguishers shall be placed throughout the facility, with a travel distance no greater than seventy-five feet (75')

between fire extinguishers. Additional fire extinguishers may be required by the Division of Fire Safety inspector depending on the floor plan arrangement of space and the number of levels used.

(I) Fire extinguishers shall be installed and maintained according to the instructions of the Division of Fire Safety inspector and inspected and approved annually by a fire extinguisher company. Documentation of the inspection and approval shall be on file at the facility and available for review by the Division of Fire Safety inspector.

(J) Facilities using a commercial stove, deep fryer, or two (2) home type ranges placed side by side, or a home type range that produces a grease laden vapor shall be equipped with a range hood and extinguishing system with an automatic cutoff of the fuel supply and exhaust system in case of fire. The Division of Fire Safety inspector shall inspect these systems to insure they are in good working condition and installed/maintained correctly. The Division of Fire Safety inspector shall base this inspection on the National Fire Protection Association, Chapter 96, *Standard for Fire Protection of Commercial Cooking Operations*.

(K) The range hood fire extinguishment system shall be connected to the control panel of the fire alarm system. The activation of the range hood fire extinguishment system shall cause the fire alarm system to activate throughout the building.

(7) Heating, Ventilating, Air Conditioning, and Mechanical Equipment.

(A) Unvented fuel-fired room heaters, portable electric space heaters and floor furnaces shall not be permitted for use.

(B) No facility shall be allowed to heat the home with a wood burning stove, fireplace, or wood burning furnace located inside of the structure as a primary source of heat.

(C) All gas and electric heating equipment shall be equipped with thermostatic controls. All water heaters, if gas fired, shall have the exhaust properly vented with galvanized pipe with screws at all joints or with a material recommended by the manufacturer. All water heaters shall have a properly sized pressure relief valve installed with a drip leg. The drip leg pipe on the pressure relief valve shall extend to approximately six inches (6") above the floor and shall be of rigid material such as copper or black iron pipe. Chlorinated polyvinyl chloride (CPVC) or PVC pipe can only be used if manufactured specifically for use on drip legs. No drip leg may be reduced in size from the opening of the temperature and pressure valve.

(D) Facilities with a water heater two hundred thousand British thermal units (200,000 Btus) per hour input or larger, or that is heating with a boiler, shall have a valid permit from the Division of Fire Safety posted on the premises. A copy of the permit shall be kept on file at the Division of Fire Safety.

(E) All furnace rooms shall be properly vented. Furnace flue pipes shall be constructed of galvanized pipe or material recommended by the manufacturer. All galvanized pipe shall be secured by screws at every joint in the pipe.

(F) All joints in the gas supply pipe shall be located outside of the furnace cabinet housing.

(G) A gas shutoff valve shall be located next to all gas appliances, furnaces, and hot water heaters.

(H) All furnaces shall be equipped with an electrical fused switch to protect the unit from electrical overloading and to disconnect the electrical supply.

(I) If a furnace or water heater is located inside a garage, the burner or ignition source shall be at least eighteen inches (18") above the finished floor and enclosed inside a fire resistant



room as described in subsection (4)(C) of this rule having a fire rating of thirty (30) minutes. The door to this room shall also have a minimum thirty (30) minute fire rating and have a door closure attached. Open penetrations, including combustion air or return air vents, shall not be allowed to penetrate these enclosures or doors. Louvers that close on activation of the fire alarm or smoke detectors are allowed.

(J) All furnace rooms and rooms containing the gas water heater shall have adequate combustion air for the units. The vent size opening for the combustion air shall be measured at one (1) square inch per one thousand (1,000) Btus input if the combustion air is drawn from inside the structure and one (1) square inch per four thousand (4,000) Btus input if the air is drawn from outside of the structure. There shall be two (2) combustion air vent openings in each furnace room, one (1) located at the lower level and the other at the upper level. Combustion air or return air vents shall not penetrate the rated or smoke enclosure.

(K) One (1) combustion air vent opening shall be permitted if the vent opening communicates directly to the outside of the structure. This opening shall be one (1) square inch per three thousand (3,000) Btus input of the total gas appliances located in this room. The gas appliances must be installed per the manufacturer's instructions with proper clearance or have a minimum clearance of one inch (1") from the sides and back, and six inches (6") from the front of the unit.

(L) Air conditioning, heating, ventilating ductwork, and related equipment shall be installed in a safe manner and be in good operating condition as determined by the Division of Fire Safety inspector.

(M) Any furnace or air handling equipment that has airflow of two thousand (2,000) cubic feet per minute or more, shall have a fan shutdown switch that is interconnected with the fire alarm system.

(N) All elevators shall be inspected bi-annually by a state licensed elevator inspector and shall obtain an annual state operating permit form from the Division of Fire Safety and post it as required.

(O) If any combustibles are stored in a furnace room, they must be enclosed in a metal container.

(8) Electrical Services.

(A) Electrical wiring shall be installed and maintained in good working order. If the Division of Fire Safety considers the wiring to be unsafe for the occupants or if it is installed improperly, an inspection by a licensed electrician may be required prior to fire safety approval. The inspection by the licensed electrician shall be based on the National Fire Protection Association, Chapter 70, *National Electrical Code*.

(B) No electrical extension cords will be allowed, unless approved in writing by the Division of Fire Safety. Extension cords shall not be permanently affixed to the structure or replace permanent wiring. Exception: The use of UL approved fused power surge strips is acceptable.

(9) Equivalency Concepts. Nothing in this rule is intended to prevent the use of systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety as alternatives required by this rule. These alternatives may be used only if technical documentation to demonstrate equivalency and the system, method, or device is submitted and approved by the Missouri Division of Fire Safety.

*AUTHORITY: section 630.655, RSMo 2016.\* Original rule filed Sept. 5, 2003, effective April 30, 2004. Amended: Filed March 20, 2018,*

*effective Nov. 30, 2018.*

*\*Original authority: 630.655, RSMo 1980.*