



Rules of
Department of Mental Health
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and Substance Use
Disorder Treatment Programs

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**Title 9—DEPARTMENT OF
MENTAL HEALTH**

**Division 10—Director, Department of
Mental Health**

**Chapter 7—Core Rules for Psychiatric
and Substance Use Disorder Treatment
Programs**

**9 CSR 10-7.010 Treatment Principles and
Outcomes**

PURPOSE: This rule describes treatment principles and outcomes in Alcohol and Drug Abuse Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs, Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs. The performance indicators listed in this rule are examples of how a treatment principle can be met and do not constitute a list of specific requirements. The indicators include not only data that may be compiled by a program but also circumstances that a surveyor may observe or monitor, consumer satisfaction and feedback compiled by the department, and other data that the department may compile and distribute. A program may also use additional or other means to demonstrate achievement of these principles and outcomes.

(1) Applying the Treatment Principles. The organization's service delivery shall apply the key principles listed in this rule in a manner that is:

(A) Adapted to the needs of different populations served;

(B) Understood and practiced by staff in providing services and supports; and

(C) Consistent with clinical studies and practice guidelines for achieving positive outcomes.

(2) Outcome Domains. Services shall achieve positive outcomes in the emotional, behavioral, social and family functioning of individuals. Positive outcomes shall be expected to occur in the following domains:

(A) Safety for the individual and others in his or her environment;

(B) Improved management of daily activities, including the management of the symptoms associated with a psychiatric and/or substance use disorder and also the reduction of distress related to these symptoms;

(C) Improved functioning related to occupational/educational status, legal situation, social and family relationships, living arrangements, and health and wellness; and

(D) Consumer satisfaction with services.

(3) Outcome Measures and Instruments. An organization shall measure outcomes for the individuals it serves and shall collect data related to the domains listed in section (2) of this rule. In order to promote consistency and the wider applicability of outcome data, the department may require, at its option, the use of designated outcome measures and instruments. The required use of particular measures or instruments shall be applicable only to those services funded by the department or provided through a service network authorized by the department.

(4) Essential Treatment Principle—Therapeutic Alliance.

(A) The organization shall promote initial attendance, engagement and development of an ongoing therapeutic alliance by—

1. Treating people with respect and dignity;

2. Enhancing motivation and self-direction through identification of meaningful goals that establish positive expectations;

3. Working with other sources (such as family, guardian or courts) to promote the individual's participation;

4. Addressing barriers to treatment;

5. Providing consumer and family education to promote understanding of services and supports in relationship to individual functioning or symptoms and to promote understanding of individual responsibilities in the process;

6. Encouraging individuals to assume an active role in developing and achieving productive goals; and

7. Delivering services in a manner that is responsive to each individual's age, cultural background, gender, language and communication skills, and other factors, as indicated.

(B) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization to demonstrate achievement of this essential treatment principle. Indicators of a therapeutic alliance can include, but are not limited to, the following:

1. Convenient hours of operation consistent with the needs and schedules of persons served;

2. Geographic accessibility including transportation arrangements, as needed;

3. Rate of attendance at scheduled services;

4. Individuals consistently reporting that staff listen to and understand them;

5. Treatment dropout rate;

6. Rate of successfully completing treatment goals and/or the treatment episode; and

7. Consumer satisfaction and feedback.

(5) Essential Treatment Principle—Individualized Treatment.

(A) Services and supports shall be individualized in accordance with the needs and situation of each individual served.

(B) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization to demonstrate achievement of this essential treatment principle. Indicators can include, but are not limited to, the following:

1. There is variability in the type and amount of services that individuals receive, consistent with their needs, goals and progress;

2. There is variability in the length of stay for individuals to successfully complete a level of care or treatment episode, consistent with their severity of need and treatment progress;

3. In structured and intensive levels of care, group education/counseling sessions are available to deal with special therapeutic issues applicable to some, but not all, individuals;

4. Services on a one-to-one basis between an individual served and a staff member (such as individual counseling and community support) are routinely available and scheduled, as needed; and

5. Individuals consistently report that program staffs are helping them to achieve their personal goals.

(6) Essential Treatment Principle—Least Restrictive Environment.

(A) Services and supports shall be provided in the most appropriate setting available, consistent with the individual's safety, protection from harm, and other designated utilization criteria.

(B) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization to demonstrate achievement of this essential treatment principle. Indicators can include, but are not limited to the following:

1. Utilization rate of inpatient hospitalization and residential treatment;

2. Length of stay for inpatient and residential treatment;

3. Consistent use of admission/place-ment criteria;

4. Distribution of individuals served among levels of care;

5. Consumer satisfaction and feedback.

(7) Essential Treatment Principle—Array of Services.

(A) A range of services shall be available to provide service options consistent with individual need. Emotional, mental, physical



and spiritual needs shall be addressed whenever applicable.

1. The organization has a process that determines appropriate services and ensures access to the level of care appropriate for the individual.

2. Each individual shall be provided the least intensive and restrictive set of services, consistent with the individual's needs, progress, and other designated utilization criteria.

3. To best ensure each individual's access to a range of services and supports within the community, the organization shall maintain effective working relationships with other community resources. Community resources include, but are not limited to, other organizations expected to make referrals to and receive referrals from the program.

4. Assistance in accessing transportation, childcare and safe and appropriate housing shall be utilized as necessary for the individual to participate in treatment and rehabilitation services or otherwise meet recovery goals.

5. Assistance in accessing employment, vocational and educational resources in the community shall be offered, in accordance with the individual's recovery goals.

(B) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization to demonstrate achievement of this essential treatment principle. Indicators can include, but are not limited to, the following:

1. Percentages of individuals who complete inpatient or residential treatment and receive continuing services on an outpatient basis;

2. Readmission rates to inpatient or residential treatment;

3. Number of individuals receiving detoxification who continue treatment;

4. Number of individuals who have progressed from more intensive to less intensive levels of care;

5. Feedback from referral sources and other community resources; and

6. Consumer satisfaction and feedback.

(8) Essential Treatment Principle—Recovery.

(A) Services shall promote the independence, responsibility, and choices of individuals.

1. An individual shall be encouraged to achieve positive social, family and occupational/educational functioning in the community to the fullest extent possible.

2. Every effort shall be made to accommodate an individual's schedule, daily activities and responsibilities when arranging ser-

vices, unless otherwise warranted by factors related to safety or protection from harm.

3. Individuals shall be encouraged to accomplish tasks and goals in an independent manner without undue staff assistance.

(B) Reducing the frequency and severity of symptoms and functional limitations are important for continuing recovery.

(C) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization to demonstrate achievement of this essential treatment principle. Indicators can include, but are not limited to, the following:

1. Measures of symptom frequency and severity;

2. Improved functioning related to—

A. Occupational/educational status;

B. Legal situation;

C. Social and family relationships;

D. Living arrangements; and

E. Health and wellness;

3. Tapering the intensity and frequency of services, consistent with individual progress; and

4. Consumer satisfaction and feedback.

(9) Essential Treatment Principle—Peer Support and Social Networks.

(A) The organization shall mobilize peer support and social networks among those individuals it serves.

1. The organization shall encourage participation in self-help groups.

2. Opportunities and resources in the community are used by individuals, to the fullest extent possible.

(B) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization to demonstrate achievement of this essential treatment principle. Indicators can include, but are not limited to, the following:

1. Rate of participation in community-based self help groups;

2. Involvement with a wide range of individuals in social activities and networks (such as church, clubs, sporting activities, etc.);

3. Open discussion of therapeutic issues in group counseling and education sessions with individuals giving constructive feedback to one another; and

4. Consumer satisfaction and feedback.

(10) Essential Treatment Principle—Family Involvement.

(A) Efforts shall be made to involve family members, whenever appropriate, in order to promote positive relationships.

1. Family ties and supports shall be encouraged in order to enrich and support recovery goals.

2. Family members shall be routinely informed of available services, and the program shall demonstrate the ability to effectively engage family members in a recovery process.

3. When the family situation has been marked by circumstances that may jeopardize safety (such as domestic violence, child abuse and neglect, separation and divorce, or financial and legal difficulties), family members shall be encouraged to participate in education and counseling sessions to better understand these effects and to reduce the risk of further occurrences.

(B) Particular emphasis on family involvement shall be demonstrated by those programs serving adolescents and children.

(C) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization to demonstrate achievement of this essential treatment principle. Indicators can include, but are not limited to, the following:

1. Rate of family participation in treatment planning;

2. Rate of family participation in direct services, such as family therapy;

3. Improved family relationships;

4. Reduction of family conflict; and

5. Satisfaction of family members with services.

(11) Pharmacological Treatment. When clinically indicated for the person served, pharmacological treatment shall be provided or arranged to ameliorate psychiatric and substance abuse problems.

(12) Co-Occurring Disorders. For individuals with clearly established co-occurring disorders, coordinated services for these disorders shall be provided or arranged.

(A) Each individual shall have access to a full range of services provided by qualified, trained staff.

(B) Each individual shall receive services necessary to fully address his/her treatment needs. The program providing screening and assessment shall—

1. Directly provide all necessary services in accordance with the program's capabilities and certification;

2. Make a referral to a program which can provide all necessary services and maintain appropriate involvement until the individual is admitted to the other program; or

3. Provide those services within its capability and promptly arrange additional services from another program.



(C) Services shall be continuously coordinated between programs, where applicable. Programs shall—

1. Ensure that services are not redundant or conflicting; and

2. Maintain communication regarding the individual's treatment plan and progress.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 630.055, RSMo 1980.*

9 CSR 10-7.020 Rights, Responsibilities, and Grievances

PURPOSE: This rule describes the rights of individuals being served and grievance procedures in Alcohol and Drug Abuse Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs, Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) General Policy and Practice. The organization shall demonstrate through its policies, procedures and practices an ongoing commitment to the rights, dignity, and respect of the individuals it serves. In addition to the requirements of this rule, the organization must also comply with 9 CSR 10-5.200 regarding protection from abuse and neglect and investigations of any such allegations.

(2) Information and Orientation. Immediately upon admission, each individual shall be informed and oriented as to what will happen as care and treatment are provided.

(A) An individual who is admitted on a voluntary basis shall be expected to give written, informed consent to care and treatment.

(B) The orientation given to each individual shall address service costs, availability of crisis assistance, rights, responsibilities, and grievance procedures.

1. Information regarding responsibilities shall include applicable program rules, participation requirements or other expectations.

2. Information regarding grievance procedures shall include how to file a grievance, time frames, rights of appeal, and notification of outcome.

3. Each client shall be given the name, address and phone number of the department's client rights monitor and informed that the monitor may be contacted regarding

a complaint of abuse, neglect or violation of rights.

(C) The orientation information shall be provided in written form using simple, straightforward language understandable to the individual and explained by staff as necessary.

(D) When appropriate, families receive information to promote their participation in or decisions about care and treatment.

(3) Rights Which Cannot Be Limited. Each individual has basic rights to humane care and treatment that cannot be limited under any circumstances.

(A) The following rights apply to all settings:

1. To receive prompt evaluation, care and treatment;

2. To receive these services in the least restrictive environment;

3. To receive these services in a clean and safe setting;

4. To not be denied admission or services because of race, gender, sexual preference, creed, marital status, national origin, disability or age;

5. To confidentiality of information and records in accordance with federal and state law and regulation;

6. To be treated with dignity and addressed in a respectful, age appropriate manner;

7. To be free from abuse, neglect, corporal punishment and other mistreatment such as humiliation, threats or exploitation;

8. To be the subject of an experiment or research only with one's informed, written consent, or the consent of an individual legally authorized to act;

9. To medical care and treatment in accordance with accepted standards of medical practice, if the certified substance abuse or psychiatric program offers medical care and treatment; and

10. To consult with a private, licensed practitioner at one's own expense.

(B) The following additional rights apply to residential settings, and where otherwise applicable, and shall not be limited under any circumstances:

1. To a nourishing, well-balanced, varied diet;

2. To attend or not attend religious services;

3. To communicate by sealed mail with the department and, if applicable, legal counsel and court of jurisdiction;

4. To receive visits from one's attorney, physician or clergy in private at reasonable times; and

5. To be paid for work unrelated to treatment, except that an individual may be expected to perform limited tasks and chores

within the program that are designed to promote personal involvement and responsibility, skill building or peer support. Any tasks and chores beyond routine care and cleaning of activity or bedroom areas within the program must be directly related to recovery and treatment plan goals developed with the individual.

(4) Rights Subject to Limitation. Each individual shall have further rights and privileges, which can be limited only to ensure personal safety or the safety of others.

(A) Any limitation due to safety considerations shall occur only if it is—

1. Applied on an individual basis;

2. Authorized by the organization's director or designee;

3. Documented in the individual's record;

4. Justified by sufficient documentation;

5. Reviewed on a regular basis at the time of each individualized treatment plan review; and

6. Rescinded at the earliest clinically appropriate moment.

(B) In all care and treatment settings, each individual shall have the right to see and review one's own record, except that specific information or records provided by other individuals or agencies may be excluded from such review. The organization may require a staff member to be present whenever an individual accesses the record.

(C) The following additional rights and privileges apply to individuals in residential settings, and where otherwise applicable:

1. To wear one's own clothes and keep and use one's own personal possessions;

2. To keep and be allowed to spend a reasonable amount of one's own funds;

3. To have reasonable access to a telephone to make and to receive confidential calls;

4. To have reasonable access to current newspapers, magazines and radio and television programming;

5. To be free from seclusion and restraint;

6. To have opportunities for physical exercise and outdoor recreation;

7. To receive visitors of one's choosing at reasonable hours; and

8. To communicate by sealed mail with individuals outside the facility.

(5) Other Legal Rights. The organization shall ensure that all individuals have the same legal rights and responsibilities as any other citizen, unless otherwise limited by law.

(6) Access to Services. An individual shall not be denied admission or services solely on the grounds of prior treatment, withdrawal



from treatment against advice, or continuation or return of symptoms after prior treatment.

(7) Grievances. The organization shall establish policies, procedures and practices to ensure a prompt, responsive, impartial review of any grievance or alleged violation of rights.

(A) Reasonable assistance shall be given to an individual wishing to file a grievance.

(B) The review shall be consistent with principles of due process.

(C) The organization shall cooperate with the department in any review or investigation conducted by the department or its authorized representative.

(8) Practices to Promote Safety and Well-Being. The organization shall demonstrate a commitment to the safety and well-being of the individuals it serves. The organization's policies, procedures and practices shall—

(A) Promote therapeutic progress by addressing matters such as medication compliance, missed appointments, use of alcohol and drugs, and other program expectations or rules;

(B) Encourage appropriate behavior by providing positive instruction and guidance; and

(C) Ensure safety by effectively responding to any threats of suicide, violence or harm. Any use of seclusion or restraint shall be in accordance with 9 CSR 10-7.060 Behavior Management.

(9) All certified agencies, upon learning of the death of a client receiving services, must report the death to the Department of Mental Health (DMH) within twenty-four (24) hours. DMH report form 9719 shall be completed and faxed to the appropriate division director.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Dec. 12, 2001, effective June 30, 2002. Amended: Filed July 29, 2002, effective March 30, 2003.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 630.055, RSMo 1980.*

9 CSR 10-7.030 Service Delivery Process and Documentation

PURPOSE: This rule describes requirements for the delivery and documentation of services in Alcohol and Drug Abuse Treatment Programs, Comprehensive Substance Treatment and Rehabilitation (CSTAR), Compul-

sive Gambling Treatment Programs, Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) Screening. Each individual requesting services shall have prompt access to a screening in order to determine eligibility and to plan an initial course of action, including referral to other services and resources, as needed.

(A) At the individual's first contact with the organization (whether by telephone or face-to-face contact), any emergency or urgent service needs shall be identified and addressed.

1. Emergency service needs are indicated when a person presents a likelihood of immediate harm to self or others. A person who presents at the program site with emergency service needs shall be seen by a qualified staff member within fifteen (15) minutes of presentation. If emergency service needs are reported by telephone, the program shall initiate face-to-face contact within one (1) hour of telephone contact or shall immediately notify local emergency personnel capable of promptly responding to the report.

2. Urgent service needs are indicated when a person presents a significant impairment in the ability to care for self but does not pose a likelihood of immediate harm to self or others. A person with urgent service needs shall be seen within forty-eight (48) hours, or the program shall provide information about treatment alternatives or community supports where available.

3. Routine service needs are indicated when a person requests services or follow-up but otherwise presents no significant impairment in the ability to care for self and no apparent harm to self or others. A person with routine service needs should be seen as soon as possible to the extent that resources are available.

(B) The screening shall include basic information about the individual's presenting situation and symptoms, presence of factors related to harm or safety, and demographic and other identifying data.

(C) The screening—

1. Shall be conducted by trained staff;

2. Shall be responsive to the individual's request and needs; and

3. Shall include notice to the individual regarding service eligibility and an initial course of action. If indicated, the individual shall be linked to other appropriate services and resources in the community.

(2) Assessment and Individualized Treatment Plan. Each individual shall participate in an

assessment that more fully identifies their needs and goals and develops an individualized plan. The participation of family and other collateral parties (e.g., referral source, employer, school, other community agencies) in assessment and individualized plan development shall be encouraged, as appropriate to the age, guardianship, services provided or wishes of the individual.

(A) The assessment shall assist in ensuring an appropriate level of care, identifying necessary services, and developing an individualized treatment plan. The assessment data shall subsequently be used in determining progress and outcomes. Documentation of the screening and assessment must include, but is not limited to, the following:

1. Demographic and identifying information;

2. Statement of needs, goals and treatment expectations from the individual requesting services. The family's perceptions are also obtained, when appropriate and available;

3. Presenting situation/problem and referral source;

4. History of previous psychiatric and/or substance abuse treatment including number and type of admissions;

5. Health screening;

6. Current medications and identification of any medication allergies and adverse reactions;

7. Recent alcohol and drug use for at least the past thirty (30) days and, when indicated, a substance use history that includes duration, patterns, and consequences of use;

8. Current psychiatric symptoms;

9. Family, social, legal, and vocational/educational status and functioning. The collection and assessment of historical data is also required, unless short-term crisis intervention or detoxification are the only services being provided;

10. Current use of resources and services from other community agencies;

11. Personal and social resources and strengths, including the availability and use of family, social, peer and other natural supports; and

12. Multi-axis diagnosis or diagnostic impression in accordance with the current edition of the *Diagnostic and Statistical Manual* of the American Psychiatric Association.

(B) Recommendations for specialized services may require more extensive diagnostic testing.

(C) Each person shall directly participate in developing his/her individualized treatment plan including, but not limited to, signing the treatment plan.



(D) The individualized treatment plan shall reflect the person's unique needs and goals. The plan shall include, but is not limited to, the following:

1. Measurable goals and outcomes;
2. Services, supports and actions to accomplish each goal/outcome. This includes services and supports and the staff member responsible, as well as action steps of the individual and other supports (family, social, peer, and other natural supports);
3. Involvement of family, when indicated;
4. Service needs beyond the scope of the organization or program that are being addressed by referral or services at another community organization, where applicable;
5. Projected time frame for the completion of each goal/outcome; and
6. Estimated completion/discharge date for the level of care.

(3) Ongoing Service Delivery. The individualized treatment plan shall guide ongoing service delivery. However, services may begin before the assessment is completed and the plan is fully developed.

(A) Services shall be provided in accordance with applicable eligibility and utilization criteria. Criteria specified in program rules shall be incorporated into the treatment process, applied to each individual, and used to guide the intensity, duration, and type of services provided. Decisions regarding the level of care and the treatment setting shall be based on—

1. Personal safety and protection from harm;
2. Severity of the psychiatric or substance abuse problem;
3. Emotional and behavioral functioning and need for structure;
4. Social, family and community functioning;
5. Readiness and social supports for recovery;
6. Ability to avoid high risk behaviors; and
7. Ability to cooperate with and benefit from the services offered.

(B) Services shall be appropriate to the individual's age and development and shall be responsive to the individual's social/cultural situation and any linguistic/communication needs.

(C) There is a designated staff member who coordinates services and ensures implementation of the plan. Coordination of care shall also be demonstrated when services and supports are being provided by multiple agencies or programs.

(D) To the fullest extent possible, individuals shall be responsible for action steps to achieve their goals. Services and supports provided by staff shall be readily available to encourage and assist the individuals in their recovery.

(E) Services and supports shall be provided by staff with appropriate licenses or credentials.

(4) Crisis Assistance and Intervention. During the course of service delivery, ready access to crisis assistance and intervention is available, when needed. The organization shall provide or arrange crisis assistance twenty-four (24) hours per day, seven (7) days per week which is provided by qualified staff in accordance with any applicable program rules and includes face-to-face intervention, when clinically indicated.

(5) Missed Appointments. Agencies shall establish policies and procedures, consistent with needs and requirements of clients, to contact persons who fail to appear at a scheduled program activity.

(A) Such efforts should be initiated within forty-eight (48) hours, unless circumstances indicate a more immediate contact should be made due to the person's symptoms and functioning or the nature of the scheduled service.

(B) Efforts to contact the person shall be documented in the individual's record.

(6) Reviewing Treatment Goals and Outcomes. Progress toward treatment goals and outcomes shall be reviewed on a periodic basis.

(A) Each person shall directly participate in the review of their individualized treatment plan.

(B) The frequency of treatment plan reviews shall be based on the individual's level of care or other applicable program rules. The occurrence of a crisis or significant clinical event may require a further review and modification of the treatment plan.

(C) The individualized treatment plan shall be updated and changed as indicated.

(7) Effective Practices. Service delivery shall be consistent with the current state of knowledge and generally accepted practices in the following areas:

(A) Support of personal recovery process which addresses clinical issues such as overcoming denial, recognizing feelings and behavior, encouraging personal responsibility, and constructively using leisure time;

(B) Provision of information and education about the person's disorder(s), principles and

availability of self-help groups, and health and nutrition;

(C) Skill development which addresses clinical issues such as communication, stress reduction and management, conflict resolution, decision making, assertiveness and parenting;

(D) Promotion of positive family relationships; and

(E) Relapse prevention.

(8) Clinical Utilization Review. Services may be subject to clinical utilization review when funded by the department or provided through a service network authorized by the department. Clinical utilization review shall promote the delivery of services that are necessary, appropriate, likely to benefit the individual and provided in accordance with admission criteria and service definitions.

(A) The department shall have authority in all matters subject to clinical utilization review including client eligibility and service definition, authorization and limitations.

(B) Clinical utilization review may be required of any individual's situation and needs prior to initial or continued service authorization.

(C) Clinical utilization review shall include, but is not limited to, unusual patterns of service or utilization for individual clients based on periodic data analysis and norms compiled by the department.

(D) Clinical utilization review may include, but is not limited to, the following situations regarding a program:

1. Unusual patterns of service or utilization, based on periodic data analysis and norms compiled by the department regarding the use of particular services and total service cost; and

2. Compliance issues related to certification standards or contract requirements that can reasonably be monitored through clinical utilization review.

(E) Staff who conduct clinical utilization review shall be credentialed with relevant professional experience.

(9) Discharge Summary and Aftercare Plan. Each individual shall be actively involved in planning for discharge and aftercare. The participation of family and other collateral parties (e.g., referral source, employer, school, other community agencies) in such planning shall be encouraged, as appropriate to the age, guardianship, service provided or wishes of the individual.

(A) A written discharge summary and, where applicable, an aftercare plan shall be prepared upon—

1. Transferring to a different provider;
2. Successfully completing treatment; or



3. Discontinuing further participation in services.

(B) A discharge summary shall include, but is not limited to, the following:

1. Dates of admission and discharge;
2. Reason for admission and referral source;
3. Diagnosis or diagnostic impression;
4. Description of services provided and outcomes achieved, including any prescribed medication, dosage, and response;
5. Reason for or type of discharge;
6. Medical status and needs that may require ongoing monitoring and support; and

(C) An aftercare plan shall be completed prior to discharge. The plan shall identify services, designated provider(s), or other planned activities designed to promote further recovery.

(D) The organization shall consistently implement criteria regarding discharge or successful completion; termination or removal from the program; and readmission following discharge or termination.

(10) Designated or Required Instruments. In order to promote consistency in clinical practice, eligibility determination, service documentation, and outcome measurement, the department may require the use of designated instruments in the screening, assessment and treatment process. The required use of particular instruments shall be applicable only to those services funded by the department or provided through a service network authorized by the department.

(11) Organized Record System. The organization has an organized record system for each individual.

(A) Records shall be maintained in a manner which ensures confidentiality and security.

1. The organization shall abide by all local, state and federal laws and regulations concerning the confidentiality of records.

2. If records are maintained on computer systems, there must be a backup system to safeguard records in the event of operator or equipment failure and to ensure security from inadvertent or unauthorized access.

3. The organization shall retain individual records for at least five (5) years or until all litigation, adverse audit findings, or both, are resolved.

4. The organization shall assure ready access to the record by authorized staff and other authorized parties including department staff.

(B) All entries in the individual record shall be legible, clear, complete, accurate and recorded in a timely fashion. Entries shall be

dated and authenticated by the staff member providing the service, including name and title. Any errors shall be marked through with a single line, initialed and dated.

(C) There shall be documentation of services provided and results accomplished. Documentation shall be made with indelible ink or print.

(D) The documentation of services funded by the department or provided through a service network authorized by the department shall include the following:

1. Description of the specific service provided;
2. The date and actual time (beginning and ending times) the service was rendered;
3. Name and title of the person who rendered the service;
4. The setting in which the service was rendered;
5. The relationship of the services to the individual treatment plan; and
6. Description of the individual's response to services provided.

(E) The record of each person served shall include documentation of screening, consent to treatment, orientation, assessment, diagnostic interview, individualized treatment plan and reviews, service delivery and progress reports, and discharge summary with plans for continuing recovery. Where applicable, the record shall also include documentation of referrals to other services or community resources and the outcome of these referrals, signed authorization to release confidential information, missed appointments and efforts to reengage the individual, urine drug screening or other toxicology reports, and crisis or other significant clinical events.

(12) Service System Reporting. For those services funded by the department or provided through a service network authorized by the department, the organization shall provide information to the department which includes, but is not limited to, admission and demographic data, services provided, costs, outcomes, and discharge or transfer information.

(A) The organization shall maintain equipment and capabilities necessary for this purpose.

(B) The organization shall submit information in a timely manner. Information regarding discharge or transfer shall be submitted within the following time frames:

1. Within fifteen (15) days of discharge or transfer from residential or inpatient staff;
2. Within thirty (30) days of completing outpatient treatment in a planned manner; and

3. Within one hundred eighty (180) days of the date of last outpatient service delivery if the individual discontinues services in an unplanned manner.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Dec. 12, 2001, effective June 30, 2002.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 630.055, RSMo 1980.*

9 CSR 10-7.035 Behavioral Health Healthcare Home

PURPOSE: This rule establishes the requirements for designation as a Behavioral Health Healthcare Home by the department. A Healthcare Home is an alternative approach to the delivery of healthcare services that have a reasonable likelihood of resulting in a better experience and improved outcomes for individuals served as compared to traditional healthcare.

(1) Behavioral Health Healthcare Home Qualifications.

(A) Initial Provider Qualifications. In order to be recognized as a Behavioral Health Healthcare Home, a provider must, at a minimum, meet the following criteria:

1. Have a substantial percentage of individuals served enrolled in Medicaid, with special consideration given to those with a considerable volume of needy individuals. Percentage requirements will be determined by the department;

2. Have strong, engaged leadership committed to and capable of leading the organization through the transformation process to Healthcare Home service delivery practices and sustaining those practices as demonstrated through the application process and agreement to participate in learning activities, including in-person sessions and regularly scheduled phone calls as required by the department;

3. Meet the department's minimum access requirements. Prior to implementation of Behavioral Health Healthcare Home service coverage, provide assurance to the department of enhanced access to the Care Team by individuals served, including the development of alternatives to face-to-face visits, such as telephone or email, twenty-four (24) hours per day, seven (7) days per week;

4. Actively use the department's identified health information technology tool to conduct care coordination, input metabolic syndrome screening results, track and measure care of individuals, automate care



reminders, produce exception reports for care planning, and monitor prescriptions;

5. Routinely use a behavioral pharmacy management system to determine problematic prescribing patterns;

6. Conduct wellness interventions as indicated based on the individual's level of risk;

7. Complete status reports to document the individual's housing, legal, employment, education, and custody status;

8. Agree to convene regular, ongoing, and documented internal Healthcare Home team meetings to plan and implement goals and objectives of ongoing practice transformation;

9. Agree to participate in department-approved evaluation activities;

10. Agree to develop required reports describing Healthcare Home activities, efforts, and progress in implementing Healthcare Home services;

11. Maintain compliance with all of the terms and conditions as a Behavioral Health Healthcare Home provider or face termination as a provider of Healthcare Home services; and

12. Present a proposed Behavioral Health Healthcare Home service delivery model the department determines will have a reasonable likelihood of being cost effective. Cost effectiveness will be determined based on the size of the proposed Behavioral Health Healthcare Home, Medicaid caseload, percentage of caseload with eligible chronic conditions, and other factors to be determined by the department.

(B) Ongoing Provider Qualifications. Each provider must also—

1. Coordinate care and build relationships with regional hospital(s) or system(s) to develop a structure for transitional care planning, including communication of inpatient admissions of Healthcare Home participants, and maintain a mutual awareness and collaboration to identify individuals seeking emergency department services who might benefit from connection with a Healthcare Home, and encourage hospital staff to notify the area Behavioral Health Healthcare Home staff of such opportunities;

2. Develop quality improvement plans to address gaps and opportunities for improvement identified during and after the application process;

3. Demonstrate continuing development of fundamental Healthcare Home functionality through an assessment process to be determined by the department;

4. Demonstrate significant improvement on clinical indicators specified by and reported to the department;

5. Meet accreditation standards approved by the department; and

6. Provide Behavioral Health Healthcare Home services that demonstrate overall cost effectiveness.

(2) Scope of Services. This section describes the activities behavioral health providers will be required to engage in, and the responsibilities they will fulfill, if recognized as a Behavioral Health Healthcare Home.

(A) Healthcare Home Services. The Healthcare Home Team shall assure the following health services are received, as necessary, by all individuals served in the Behavioral Health Healthcare Home:

1. Comprehensive Care Management. Comprehensive care management includes the following services:

A. Identification of high-risk individuals and use of information obtained during the enrollment process to determine level of participation in care management services;

B. Assessment of preliminary service needs;

C. Development of treatment plans including individual goals, preferences, and optimal clinical outcomes;

D. Assignment of Care Team roles and responsibilities;

E. Development of treatment guidelines that establish clinical pathways for Care Teams to follow across risk levels or health conditions;

F. Monitor individual and population health status and service use to determine adherence to, or variance from, treatment guidelines; and

G. Development and dissemination of reports that indicate progress toward meeting outcomes for individual satisfaction, health status, service delivery, and costs.

2. Care coordination. Care coordination consists of the implementation of the individualized treatment plan through appropriate linkages, referrals, coordination, and follow-up to needed services and supports, including referral and linkage to long-term services and supports. Specific care coordination activities include, but are not limited to:

A. Appointment scheduling;

B. Conducting referrals and follow up monitoring;

C. Participating in hospital discharge processes; and

D. Communicating with other providers and the individual/family members.

3. Health promotion services. Services shall minimally consist of health education specific to an individual's chronic conditions, development of self-management plans with the individual, education regarding the importance of immunizations and screenings, child physical and emotional development, providing support for improving social networks, and healthy lifestyle interventions,

including, but not limited to:

A. Substance use prevention;

B. Smoking prevention and cessation;

C. Nutritional counseling;

D. Obesity reduction and prevention; and

E. Increasing physical activity.

Health promotion services also assist individuals in the implementation of their treatment plan and place a strong emphasis on person-centered empowerment to understand and self-manage chronic health conditions.

4. Comprehensive transitional care. Members of the Care Team must provide care coordination services designed to streamline plans of care, reduce hospital admissions, ease the transition to long-term services and supports, and interrupt patterns of frequent hospital emergency department use. Members of the Care Team collaborate with physicians, nurses, social workers, discharge planners, pharmacists, and others to continue implementation of the treatment plan with a specific focus on increasing individuals' and family members' ability to manage care and live safely in the community and shift the use of reactive care and treatment to proactive health promotion and self-management.

5. Individual and family support services. Services include, but are not limited to: advocating for individuals and families; assisting with, obtaining, and adhering to medications and other prescribed treatments. Care Team members are responsible for identifying resources for individuals to support them in attaining their highest level of health and functioning in their families and in the community, including transportation to medically-necessary services. A primary focus will be increasing health literacy, ability to self-manage care, and facilitate participation in the ongoing revision of their care/treatment plan. For individuals with developmental disabilities (DD), the Care Team will refer to, and coordinate with, the approved DD case management entity for services more directly related to habilitation or a particular healthcare condition.

6. Referral to community and social support including long-term services and supports. This involves providing assistance for individuals to obtain and maintain eligibility for healthcare, disability benefits, housing, personal need, and legal services, as examples. For individuals with DD, the Care Team will refer to, and coordinate with, the approved DD case management entity for this service.

(B) Healthcare Home Staffing. Behavioral Health Healthcare Home providers will augment their current treatment teams by adding a Health Home Director, Primary Care Physician Consultant, and Nurse Care Manager(s) to provide consultation as part of the



Care Team and assist in delivering Healthcare Home services. Care Coordinators will also be funded to assist with Healthcare Home supporting functions.

(C) Learning Activities. Behavioral health providers will be supported in transforming service delivery by participating in statewide learning activities. Providers will participate in a variety of learning supports, up to and including learning collaboratives specifically designed to demonstrate how to operate as a Behavioral Health Healthcare Home and provide care using a whole person approach that integrates behavioral health, primary care, and other needed services and supports. Learning activities will be supplemented with periodic calls to reinforce the learning sessions, practice coaching, and monthly practice reporting (data and narrative) and feedback.

1. Learning activities will support Behavioral Health Healthcare Home providers in addressing the following:

A. Providing quality-driven, cost-effective, culturally-appropriate, and person- and family-centered healthcare home services;

B. Coordinating and providing access to high-quality healthcare services informed by evidence-based clinical practice guidelines;

C. Coordinating and providing access to preventive and health promotion services, including prevention of mental illness and substance use disorders;

D. Coordinating and providing access to mental health and substance use services;

E. Coordinating and providing access to comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of healthcare;

F. Coordinating and providing access to chronic disease management, including self-management support to individuals and their families;

G. Coordinating and providing access to individual and family supports, including referral to community, social support, and recovery services;

H. Coordinating and providing access to long-term care supports and services;

I. Developing a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical healthcare related needs and services;

J. Demonstrating a capacity to use health information technology to link services, facilitate communication among team members and between the Care Team and individual and family caregivers, and provide

feedback to practices, as feasible and appropriate; and

K. Establishing a continuous quality improvement program and collecting and reporting on data that permits an evaluation of increased coordination of care and chronic disease management on individual level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.

(D) Patient Registry. Behavioral Health Healthcare Homes shall utilize the patient registry approved by the department. A patient registry is a system for tracking information the department deems critical to the management of the health of the population being served through a Healthcare Home, including dates of delivered and needed services, laboratory values needed to track chronic conditions, and other measures of health status. The registry shall be used for—

1. Tracking;

2. Risk stratification;

3. Analysis of population health status and individual needs; and

4. Reporting as specified by the department.

(E) Data Reporting. Behavioral Health Healthcare Homes shall submit the following reports to the department as specified:

1. Monthly updates identifying the Behavioral Health Healthcare Home's staffing patterns, enrollment status, hospital follow-ups, and notifications provided to primary healthcare providers; and

2. Other reports as specified by the department.

(F) Demonstrated Evidence of Healthcare Home Transformation. Providers are required to demonstrate evidence of transformation to the Behavioral Health Healthcare Home model on an ongoing basis using measures and standards established by the department and communicated to the providers. Transformation to the Behavioral Health Healthcare Home service delivery model is exhibited when a provider—

1. Demonstrates development of fundamental Healthcare Home functionality at six (6) months and twelve (12) months based on an assessment process determined by the department. Providers must demonstrate continued improvement and functionality for as long as they maintain their Behavioral Health Healthcare Home designation; and

2. Demonstrates improvement on clinical indicators specified by and reported to the department.

(G) Participation in Evaluation. Providers shall participate in ongoing evaluation. Participation may entail responding to surveys and requests for interviews with Behavioral Health Healthcare Home staff and individuals served. Providers shall provide all requested

information to the evaluator in a timely fashion.

(H) Notification of Staffing Changes. Providers are required to notify the department within five (5) working days of staff changes in the Behavioral Health Healthcare Home Director, Primary Care Physician Consultant, Nurse Care Manager(s), and Care Coordinators.

(I) Providers shall work cooperatively with the department to support approved training, technology, and administrative services required for ongoing implementation and support of the Behavioral Health Healthcare Homes.

(3) Patient Eligibility and Enrollment. This section describes eligibility and enrollment requirements for Behavioral Health Healthcare Homes.

(A) Individuals receiving Medicaid benefits must meet one (1) of the following criteria to be eligible for services from a designated Behavioral Health Healthcare Home:

1. Be diagnosed with a serious and persistent mental health condition (adults with Serious Mental Illness (SMI) and children with Severe Emotional Disturbance (SED)); or

2. Be diagnosed with a mental health condition and substance use disorder; or

3. Be diagnosed with a mental health condition and/or substance use disorder, and one (1) other chronic condition including diabetes, chronic obstructive pulmonary disease (COPD), asthma, cardiovascular disease, overweight (body mass index (BMI) > 25), tobacco use, and developmental disability.

(B) Providers may determine enrollment in the Behavioral Health Healthcare Home for individuals being served within their organization who meet eligibility requirements in accordance with the following:

1. Enrollment is based on the choice of individuals served; and

2. Individuals may choose not to enroll in the Behavioral Health Healthcare Home or may choose another provider's Behavioral Health Healthcare Home if one exists in their area.

(C) Behavioral Health Healthcare Homes must follow Healthcare Home enrollment procedures, including submittal of the required Healthcare Home enrollment form(s).

(4) Healthcare Home Payment Components. This section describes the payment process for Behavioral Health Healthcare Homes.

(A) General.

1. All payments to a Behavioral Health Healthcare Home are contingent on the site meeting the Behavioral Health Healthcare Home requirements set forth in this rule.



Failure to meet these requirements is grounds for revocation of a site's designation as a Behavioral Health Healthcare Home and for termination of payments specified within this rule.

2. Reimbursement for Healthcare Home services will be in addition to a provider's existing reimbursement for services and procedures and will not change existing reimbursement for services and procedures that are not part of the Behavioral Health Healthcare Home.

3. The department reserves the right to make changes to the payment methodology.

(B) Types of Payments.

1. Clinical Care Management Per Member Per Month (PMPM). PMPM reimburses for the cost of staff primarily responsible for delivery of Behavioral Health Healthcare Home services not covered by other reimbursement and whose duties are not otherwise reimbursable by Medicaid.

AUTHORITY: section 630.050, RSMo 2016. This rule originally filed as 9 CSR 10-5.240. Emergency rule filed Dec. 20, 2011, effective Jan. 1, 2012, expired June 28, 2012. Original rule filed Oct. 17, 2011, effective June 29, 2012. Moved to 9 CSR 10-7.035 and amended: Filed Sept. 14, 2018, effective March 30, 2019.*

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

9 CSR 10-7.040 Quality Improvement

PURPOSE: This rule describes requirements for quality improvement activities in Alcohol and Drug Abuse Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs, Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) The organization develops and implements a written plan for a systematic quality assessment and improvement process that is accountable to the governing body and addresses those programs and services certified by the department.

(A) An individual or committee is designated as responsible for coordinating and implementing the quality improvement plan.

(B) Direct service staff and consumers are involved in the planning, design, implementation and review of the organization's quality improvement activities.

(C) Records and reports of quality improvement activities are maintained.

(D) The organization updates its plan for quality assessment and improvement at least annually.

(2) Data are collected to assess quality, monitor service delivery processes and outcomes, identify opportunities for improvement, and monitor improvement efforts.

(A) Data collection shall reflect priority areas identified in the plan.

(B) Consumer satisfaction data shall be included as part of the organization's quality assessment and improvement process. Such data must be collected in a manner that promotes participation by all consumers.

(C) Data are systematically aggregated and analyzed on an ongoing basis.

(D) Data collection analyses are performed using valid, reliable processes.

(E) The organization compares its performance over time and with other sources of information.

(F) Undesirable patterns in performance and sentinel events are intensively analyzed.

(3) The organization develops and implements strategies for service improvement, based on the data analysis.

(A) The organization evaluates the effectiveness of those strategies in achieving improved services delivery and outcomes.

(B) If improved service delivery and outcomes have not been achieved, the organization revises and implements new strategies.

(4) The department may require, at its option, the use of designated measures or instruments in the quality assessment and improvement process, in order to promote consistency in data collection, analysis, and applicability. The required use of particular measures or instruments shall be applicable only to those programs or services funded by the department or provided through a service network authorized by the department.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 630.055, RSMo 1980.*

9 CSR 10-7.050 Research

PURPOSE: This rule establishes standards and procedures for conducting research in Alcohol and Drug Abuse Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs, Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Commu-

nity Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) General Policy. The organization shall have a written policy regarding research activities involving individuals served. The organization may prohibit research activities.

(2) Policies and Practices in Conducting Research. If research is conducted, the organization shall assure that—

(A) Compliance is maintained with all federal, state and local laws and regulations concerning the conduct of research including, but not limited to, sections 630.192, 630.199, 630.194, and 630.115, RSMo, 9 CSR 60-1.010 and 9 CSR 60-1.015;

(B) Participating individuals are not the subject of experimental research without their prior written and informed consent or that of their parents or guardian, if minors;

(C) Participating individuals understand that they may decide not to participate or may withdraw from any research at any time for any reason.

(3) Notice to the Department. If any participating individual is receiving services funded by the department or provided through a service network authorized by the department, the organization shall assure that the research has the prior approval of the department. The organization shall immediately inform the department of any adverse outcome experienced by an individual served due to participation in a research project.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 630.055, RSMo 1980.*

9 CSR 10-7.060 Behavior Management

PURPOSE: This rule establishes requirements for the use of restraint, seclusion and time out in Alcohol and Drug Abuse Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) General Policy. Any behavior management methods used by an organization shall



promote the rights, dignity and safety of individuals being served. An organization may prohibit by policy and practice the use of behavior management, including physical, mechanical and chemical restraint; seclusion; time out; and the use of behavior management plans for selected individuals. If any of these methods of behavior management are to be used within the organization, it shall develop policies and procedures which define, describe and limit the conditions and circumstances of their use.

(A) Organizations utilizing seclusion and restraint must obtain a separate written authorization from the appropriate division of the Department of Mental Health, in addition to other requirements of this rule. The department may issue such authorization on a time-limited basis subject to renewal.

(B) The organization must prohibit by policy and practice:

1. Aversive conditioning of any kind. Aversive conditioning is defined as the application of startling, unpleasant or painful stimulus or stimuli that have a potentially noxious effect on an individual in an effort to decrease maladaptive behavior;

2. Withholding of food, water or bathroom privileges;

3. Painful stimuli;

4. Corporal punishment; and

5. Use of seclusion, restraint, time out, discipline or coercion for staff convenience.

(C) Behavior management policies and procedures shall be:

1. Approved by the organization's board of directors;

2. Made available to all program employees and providers;

3. Made available to the individuals served, their families and others upon request;

4. Developed with the participation of the individuals and, whenever possible, their family members or advocates, or both; and

5. Consistent with department rules regarding individual rights.

(2) Seclusion and Restraint.

(A) The organization shall assure that seclusion and restraint are only used when an individual's behavior presents an immediate risk of danger to themselves or others and no other safe or effective treatment intervention is possible. They shall only be implemented when alternative, less restrictive interventions have failed or cannot be safely implemented. Seclusion and restraint are never used as a treatment intervention. They are emergency/security measures to maintain safety when all other less restrictive interventions are inadequate.

(B) Seclusion and restraint shall only be implemented by competent, trained staff.

(C) The organization shall assure that seclusion or restraint is used only when ordered by a licensed practitioner trained in the use of emergency safety interventions or a certified substance abuse counselor trained in the use of emergency safety interventions. Orders for seclusion or restraint must define specific time limits. Seclusion and restraint shall be ended at the earliest possible time.

1. If seclusion or restraint is initiated prior to obtaining an order, staff must obtain an order immediately.

2. Within one (1) hour of the initiation of the seclusion or restraint a certified substance abuse counselor or licensed practitioner trained in the use of emergency safety interventions and assessment of the physical and psychological well being of residents, must conduct a face-to-face assessment of the physical and psychological well-being of the resident, including but not limited to:

- A. The resident's physical and psychological status;

- B. The resident's behavior;

- C. The appropriateness of the intervention measures; and

- D. Any complications resulting from the intervention.

3. Standing or *pro re nata* (PRN) orders for seclusion or restraint are not allowed.

4. An order cannot exceed four (4) hours for adults, two (2) hours for children and adolescents ages nine to seventeen (9-17), or one (1) hour for children under age nine (9). When nonlicensed staff initiate seclusion or restraint, an order based on a face-to-face evaluation must be obtained from a licensed practitioner trained in the use of emergency safety interventions or a certified substance abuse counselor trained in the use of emergency safety interventions within one (1) hour.

5. Individuals in restraint shall be monitored continuously. Monitoring may be face-to-face by assigned staff or by audiovisual equipment.

6. Individuals in seclusion shall be visually monitored at least every fifteen (15) minutes.

7. Individuals in seclusion or restraint are offered regular food, fluid and an opportunity to meet their personal hygiene needs no less than every two (2) hours.

8. The need for continuing seclusion or restraint shall be evaluated by and, where necessary, re-ordered by a licensed practitioner trained in the use of emergency safety interventions or certified substance abuse counselor trained in the use of emergency safety interventions at least every four (4)

hours for adults, two (2) hours for children and adolescents ages nine through seventeen inclusively (9-17), or one (1) hour for children under age nine (9).

9. The evaluation for the first renewal following an order based on a face-to-face evaluation by a licensed practitioner trained in the use of emergency safety interventions or certified substance abuse counselor trained in the use of emergency safety interventions may be based on a telephone consultation between a licensed practitioner trained in the use of emergency safety interventions or a certified substance abuse counselor trained in the use of emergency safety intervention and on-site staff who have done a face-to-face evaluation with the person in seclusion or restraint. The evaluation for every alternate renewal period shall be based on face-to-face observation and/or interview with the individual by the licensed practitioner or certified substance abuse counselor trained in the use of emergency safety interventions.

10. The organization's clinical director or quality improvement coordinator shall review every episode of seclusion or restraint within seventy-two (72) hours.

11. Any incident of restraint or seclusion shall be promptly reported to the person's parent or legal guardian, when applicable.

(3) Individualized Behavioral Management Plan.

(A) Definitions. The following terms shall mean:

1. Behavioral management plan, array of positive and negative reinforcement to reduce unacceptable or maladaptive interactions and behaviors;

2. Time out, an individual's voluntary compliance with the request to remove himself or herself from a service area to a separate location.

(B) The need for a behavioral management plan shall be evaluated upon—

1. Any incident of seclusion or restraint;

2. The use of time-out two (2) or more times per day; or

3. The use of time-out three (3) or more times per week.

(C) Behavioral plan shall include the input of the individual being served and family, if appropriate.

(D) The plan shall identify what the individual is attempting to communicate or achieve through the maladaptive behavior before identifying interventions to change it.

(E) The plan shall be reevaluated within the first seven (7) calendar days and every seven (7) days thereafter to determine whether maladaptive and unacceptable



behaviors are being reduced and more functional alternatives acquired.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed April 15, 2002, effective Nov. 30, 2002.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 630.055, RSMo 1980.*

9 CSR 10-7.070 Medications

PURPOSE: This rule describes training and procedures for the proper storage, use and administration of medications in Alcohol and Drug Abuse Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs, Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) General Guidelines, Policies and Practices. The following requirements apply to all programs, where applicable.

(A) The organization shall assure that staff authorized by the organization and by law to conduct medical, nursing and pharmaceutical services do so using sound clinical practices and following all applicable state and federal laws and regulations.

(B) The organization shall have written policies and procedures on how medications are prescribed, obtained, stored, administered and disposed.

(C) The organization shall implement policies that prevent the use of medications as punishment, for the convenience of staff, as a substitute for services or other treatment, or in quantities that interfere with the individual's participation in treatment and rehabilitation services.

(D) The organization shall allow individuals to take prescribed medication as directed.

1. Individuals cannot be denied service due to taking prescribed medication as directed. If the organization believes that a prescribed medication is subject to abuse or could be an obstacle to other treatment goals, then the organization's treatment staff shall attempt to engage the prescribing physician in a collaborative discussion and treatment planning process. If the prescribing physician is nonresponsive, a second opinion by another physician may be used.

2. Individuals shall not be denied service solely due to not taking prescribed medication as directed. However, a person may be

denied service if he or she is unable to adequately participate in and benefit from the service offered due to not taking medication as directed.

(2) Medication Profile. Where applicable, the individual's record shall include a medication profile that includes name, age, weight, current diagnosis, current medication and dosage, prescribing physician, allergies to medication, non-prescription medication and supplements, medication compliance; and other pertinent information related to the individual's medication regimen.

(3) Prescription of Medication. If a program prescribes medications, there shall be documentation of each medication service episode including description of the individual's presenting condition and symptoms, pertinent medical and psychiatric findings, other observations, response to medication, and action taken.

(4) Medication Administration and Related Requirements. The following requirements apply to programs that prescribe or administer medication and to those programs where individuals self-administer medication under staff observation.

(A) Staff Training and Competence. The organization shall ensure the training and competence of staff in the administration of medication and observation for adverse drug reactions and medication errors, consistent with each staff individual's job duties.

1. Staff whose duties include the administration of medication shall complete Level I medication aide training in accordance with 19 CSR 30-84.030. This requirement shall not apply to those staff who—

A. Have prior education and training which meets or exceeds the Level I medication aide training hours and skill objectives; or

B. Work in settings where clients self-administer their own medication under staff observation.

2. Staff whose duties are limited to observing clients self-administer their own medication or to documenting that medication is taken as prescribed shall have available to them a physician, pharmacist, registered nurse or reference material for consultation regarding medications and their actions, possible side effects, and potential adverse reactions.

3. Staff whose duties are limited to observing clients self-administer their own medication or to documenting that medication is taken as prescribed shall receive education on general actions, possible side

effects, and potential adverse reactions to medications.

(B) Education. If medication is part of the treatment plan, the organization shall document that the individual and family member, if appropriate, understands the purpose and side effects of the medication.

(C) Compliance. The program shall take steps to ensure that each individual takes medication as prescribed and the program shall document any refusal of medications. A licensed physician shall be informed of any ongoing refusal of medication.

(D) Medication Errors. The program shall establish and implement policies defining the types of medication errors that must be reported to a licensed physician.

(E) Adverse Drug Reactions. A licensed physician shall be immediately notified of any adverse reaction. The type of reaction, physician recommendation and subsequent action taken by the program shall be documented in the individual's record.

(F) Records and Documentation. The organization shall maintain records to track and account for all prescribed medications in residential programs and, where applicable, in nonresidential programs.

1. Each individual receiving medication shall have a medication intake sheet which includes the individual's name, known allergies, type and amount of medication, dose and frequency of administration, date and time of intake, and name of staff who administered or observed the medication intake. If medication is self-administered, the individual shall sign or initial the medication intake sheet.

2. The amount of medication originally present and the amount remaining can be validated by the medication intake sheet.

3. Documentation of medication intake shall include over-the-counter products.

4. Medication shall be administered in single doses to the extent possible.

5. The organization shall establish a mechanism for the positive identification of individuals at the time medication is dispensed, administered or self-administered under staff observation.

(G) Emergency Situations. The organization's policies shall address the administration of medication in emergency situations.

1. Medical/nursing staff shall accept telephone medication orders only from physicians who are included in the organization's list of authorized physicians and who are known to the staff receiving the orders. A physician's signature shall authenticate verbal orders within five (5) working days of the receipt of the initial telephone order.



2. The organization may prohibit telephone medication orders, if warranted by staffing patterns and staff credentials.

(H) Periodic Review. The organization shall document that individuals' medications are evaluated by qualified staff at least every six (6) months to determine their continued effectiveness.

(I) Individuals Bringing Their Own Medication. Any medication brought to the program by an individual served is allowed to be administered or self-administered only when the medication is appropriately labeled.

(J) Labeling. All medication shall be properly labeled. Labeling for each medication shall include drug name, strength, dispense date, amount dispensed, directions for administration, expiration date, name of individual being served, and name of the prescribing physician.

(K) Storage. The organization shall implement written policies and procedures on how medications are to be stored.

1. The organization shall establish a locked storage area for all medications that provides suitable conditions regarding sanitation, ventilation, lighting and moisture.

2. The organization shall store ingestible medications separately from noningestible medications and other substances.

3. The organization shall maintain a list of personnel who have been authorized access to the locked medication area and who are qualified to administer medications.

(L) Inventory. Where applicable, the organization shall implement written policies and procedures for:

1. Receipt and disposition of stock pharmaceuticals must be accurately documented;

2. A log shall be maintained for each stock pharmaceutical that documents receipts and disposition;

3. At least quarterly, each stock pharmaceutical shall be reconciled as to the amount received and the amount dispensed; and

4. A stock supply of a controlled substance must be registered with the Drug Enforcement Administration and the Missouri Department of Health, Bureau of Narcotics and Dangerous Drugs.

(M) Disposal. The organization shall implement written procedures and policies for the disposal of medication.

1. Medication must be removed on or before the expiration date and destroyed.

2. Any medication left by an individual at discharge shall be destroyed within thirty (30) days.

3. The disposal of all medications shall be witnessed and documented by two (2) staff members.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed April 15, 2002, effective Nov. 30, 2002.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 630.055, RSMo 1980.*

9 CSR 10-7.080 Dietary Service

PURPOSE: This rule establishes dietary and food service requirements in Alcohol and Drug Abuse Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs, Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) Dietary Standards for Programs with an Incidental Dietary Component.

(A) Programs defined as having only an incidental dietary component shall include:

1. A permanent residence serving no more than four (4) individuals; or

2. Programs and service sites that do not provide for the preparation, storage or provision of food including food brought by the individuals being served.

(B) Programs and service sites defined as having only an incidental dietary component shall address diet and food preparation on a person's individualized treatment plan, if it is identified as an area in need of intervention based on the assessment.

(C) Where the program does not provide meals, but individuals are allowed to bring their own food, the following standards apply:

1. All appliances must be clean and in safe and proper operating condition; and

2. Hand washing facilities including hot and cold water, soap and hand drying means shall be readily accessible.

(2) Dietary Standards for Programs and Treatment Sites with Minimal Dietary Component.

(A) A program or service site shall be defined as having a minimal dietary component if one of the following criteria apply and it does not meet the definition of incidental dietary component:

1. It provides for the preparation, storage or consumption of no more than one (1) meal a day; or

2. The program or service site has an average length of stay of less than five (5) days.

(B) The following standards apply for programs with a minimal dietary component:

1. Meals shall be nutritious, balanced and varied based on the latest edition of the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The practical application of these recommendations can be met by following the Dietary Guidelines for Americans and the Food Guide Pyramid of U.S. Department of Agriculture and the U.S. Department of Health and Human Services;

2. Special diets for medical reasons must be provided;

3. Menus shall be responsive to the cultural and religious beliefs of individuals;

4. Food will be served at realistic meal times in a pleasant, relaxed dining area;

5. Food will be stored safely, appropriately and sanitarily;

6. Food shall be in sound condition, free from spoilage, filth or other contamination and safe for human consumption;

7. All appliances shall be in safe and proper operating condition;

8. Food preparation areas will be cleaned regularly and kept in good repair. Utensils shall be sanitized according to Missouri Department of Health standards;

9. Hand washing facilities that include hot and cold water, soap and a means of hand drying shall be readily available; and

10. Paragraphs 5.-9. of this subsection shall be met if the site has a current inspection in compliance with 19 CSR 20-1.010.

(3) Dietary Standards for Programs and Treatment Sites with a Substantial Dietary Component.

(A) Programs with a substantial dietary component shall be defined as meeting one of the following criteria and are not the permanent residence of more than four (4) individuals:

1. Programs or treatment sites that serve more than one (1) meal per day; and

2. Programs or treatment sites with an average length of stay of over five (5) days.

(B) Programs with a substantial dietary component shall have the following:

1. An annual inspection finding them in compliance with the provisions of 19 CSR 20-1.010. Inspections should be conducted by the local health department or by the Department of Health;

2. Those organizations arranging for provision of food services by agreement or contract with the second party shall assure



that the provider has demonstrated compliance with this rule;

3. Programs providing meals shall implement a written plan to meet the dietary needs of the individuals being served, including:

A. Written menus developed and annually reviewed by a registered dietitian or qualified nutritionist who has at least a bachelor's degree from an accredited college with emphasis on foods and nutrition. The organization must maintain a copy of the dietitian's current registration or the qualified nutritionist's academic record.

B. Any changes or substitution in menus must be noted;

C. Menus for at least the past three (3) months shall be maintained;

D. The written dietary plan shall insure that special diets for medical reasons are provided. Menu samples shall be maintained showing how special diets are developed or obtained;

E. Menus shall be responsive to cultural and religious beliefs of individuals;

4. Meals shall be served in a pleasant, relaxed dining area; and

5. Hand washing facilities including hot and cold water, soap and hand drying means shall be readily accessible.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 630.055, RSMo 1980.*

9 CSR 10-7.090 Governing Authority and Program Administration

PURPOSE: This rule describes requirements for and responsibilities of the governing body in Alcohol and Drug Abuse Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs, Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) Governing Body. The organization has a designated governing body with legal authority and responsibility for the operation of the program(s).

(A) The organization is incorporated in the state of Missouri, maintains good standing in accordance with state law and regulation, and

has bylaws identifying the structure of its governing body.

(B) Methods for selecting members of the governing body are delineated. A current list of members is maintained.

(C) Requirements of section (1) are not applicable to government entities, except that a government entity or public agency must have an administrative structure with identified lines of authority to ensure responsibility and accountability for the successful operation of its psychiatric and substance abuse services.

(2) Functions of the Governing Body. The governing body shall effectively implement the functions of—

(A) Providing fiscal planning and oversight;

(B) Ensuring organizational planning and quality improvement in service delivery;

(C) Establishing policies to guide administrative operations and service delivery;

(D) Ensuring responsiveness to the communities and individuals being served;

(E) Delegating operational management to an executive director and, as necessary, to program managers in order to effectively operate its services; and

(F) Designating contractual authority.

(3) Meetings. The governing body shall meet at least quarterly and maintain an accurate record of its meetings. Minutes of meetings must identify dates, those attending, discussion items, and actions taken.

(4) Policy and Procedure Manual. The organization maintains a current policy and procedure manual which accurately describes and guides the operation of its services, promotes compliance with applicable regulations, and is readily available to staff and the public upon request.

(5) Each agency shall develop a corporate compliance plan designed to prevent, detect, and report health care fraud and abuse.

(A) An individual shall be identified as a corporate compliance officer who shall have responsibility for coordinating, implementing, and monitoring the plan.

(B) The corporate compliance plan shall include education and training of staff and specific oversight activities to monitor and detect potential fraud and abuse.

(6) Accountability. The organization establishes a formal, accountable relationship with any contractor or affiliate who provides direct service but who is not an employee of the organization.

(7) Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulatory Compliance. The organization must comply with other applicable requirements as set forth in 9 CSR 10-5.220.

AUTHORITY: section 630.050, RSMo Supp. 2009 and section 630.055, RSMo 2000. 45 CFR parts 160 and 164, the Health Insurance Portability and Accountability Act of 1996. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Emergency amendment filed April 1, 2003, effective April 14, 2003, expired Oct. 14, 2003. Amended: Filed April 1, 2003, effective Oct. 30, 2003. Amended: Filed March 15, 2010, effective Sept. 30, 2010.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995, 2008 and 630.055, RSMo 1980.*

9 CSR 10-7.100 Fiscal Management

PURPOSE: This rule describes fiscal policies and procedures for Alcohol and Drug Abuse Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs, Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) Generally Accepted Accounting Principles. The organization has fiscal management policies, procedures and practices consistent with generally accepted accounting principles and, as applicable, state and federal law, regulation, or funding requirements.

(2) Monitoring and Reporting Financial Activity. The organization assigns responsibility for fiscal management to a designated staff member who has the skills, authority and support to fulfill these responsibilities.

(A) There is an annual budget of revenue by source and expenses by category that is approved in a timely manner by the governing body. Fiscal reports are prepared on at least a quarterly basis which compare the budget to actual experience. Fiscal reports are provided to and reviewed by the governing body and administrative staff who have ongoing responsibility for financial and program management.

(B) The organization utilizes financial activity measures to monitor and ensure its ability to pay current liabilities and to maintain adequate cash flows.

(C) There are adequate internal controls for safeguarding or avoiding misuse of assets.



(D) The organization has an annual audit by an independent, certified public accountant if required by funding sources or otherwise required by federal or state law or regulation.

(3) Fee Schedule. The organization has a current written fee schedule approved by the governing body and available to staff and individuals being served.

(4) Retention of Fiscal Records. Fiscal records shall be retained for at least five (5) years or until any litigation or adverse audit findings, or both, are resolved.

(5) Insurance Coverage. The organization shall have adequate insurance coverage to protect its physical and financial resources. Insurance coverage for all people, buildings and equipment shall be maintained and shall include fidelity bond, automobile liability, where applicable, and broad form comprehensive general liability for property damage, and bodily injury including wrongful death and incidental malpractice.

(6) Accountability for the Funds of Persons Served. If the organization is responsible for funds belonging to persons served, there shall be procedures that identify those funds and provide accountability for any expenditure of those funds. Such funds shall be expended or invested only with the informed consent and approval of the individuals or, if applicable, their legally appointed representatives. The individuals shall have access to the records of their funds. When benefits or personal allowance monies are received on behalf of individuals or when the organization acts as representative payee, such funds are segregated for each individual for accounting purposes and are used only for the purposes for which those funds were received.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 630.055, RSMo 1980.*

9 CSR 10-7.110 Personnel

PURPOSE: This rule describes personnel policies and procedures for Alcohol and Drug Abuse Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs, Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric

Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) Policies and Procedures. The organization shall maintain personnel policies, procedures and practices in accordance with local, state and federal law and regulation. In addition to the requirements of this rule, the organization must also comply with 9 CSR 10-5.190 regarding criminal record background check and eligibility for employment.

(A) The policies and procedures shall include written job descriptions for each position and a current table of organization reflecting each position and, where applicable, the relationship to the larger organization of which the program or service is a part.

(B) Policies and procedures shall be consistently and fairly applied in the recruitment, selection, development and termination of staff.

(2) Qualified and Trained Staff. Qualified staff shall be available in sufficient numbers to ensure effective service delivery.

(A) The organization shall ensure that staff possess the training, experience and credentials to effectively perform their assigned services and duties.

(B) A background screening shall be conducted in accordance with 9 CSR 10-5.190.

(C) Qualifications and credentials of staff shall be verified prior to employment, with primary source verification completed within ninety (90) days.

(D) There is clinical supervision of direct service staff that ensures adequate supervisory oversight and guidance, particularly for those staff who may lack credentials for independent practice in Missouri.

(E) Training and continuing education opportunities are available to all direct service staff, in accordance with their job duties and any licensing or credentialing requirements.

1. All staff who provide services or are responsible for the supervision of persons served shall participate in at least thirty-six (36) clock hours of relevant training during a two (2)-year period.

2. Training shall assist staff in meeting the needs of persons served, including persons with co-occurring disorders.

3. The organization shall maintain a record of participation in training and staff development activities.

(F) When services and supervision are provided twenty-four (24) hours per day, the organization maintains staff on duty, awake and fully dressed at all times. A schedule or log is maintained which accurately documents staff coverage.

(3) Ethical Standards of Behavior. Staff shall adhere to ethical standards of behavior in their relationships with individuals being served.

(A) Staff shall maintain an objective, professional relationship with individuals being served at all times.

(B) Staff shall not enter dual or conflicting relationships with individuals being served which might affect professional judgment or increase the risk of exploitation.

(C) The organization shall establish policies and procedures regarding staff relationships with both individuals currently being served and individuals previously served.

(4) Volunteers. If the agency uses volunteers, it shall establish and consistently implement policies and procedures to guide the roles and activities of volunteers in an organized and productive manner. The agency shall ensure that volunteers have a background screening in accordance with 9 CSR 10-5.190 and adequate supervision.

(5) Practicum/Intern Students. A practicum/intern student if used in a Department of Mental Health (DMH) program must be enrolled and participating in an accredited college/university in a field of study including but not limited to social work, psychology, sociology or nursing.

(A) The student and agency must have a written plan documenting the following:

1. Name of individual, educational institution, and degree program;

2. Brief description of the status of the individual with respect to degree completion, including: semester/hours remaining, projected completion date, and time period of the practicum or internship;

3. A description of the specific job status of the individual with respect to agency program and client population;

4. A specific plan for supervision of the student, including name and title of the direct supervisor. The plan must detail the frequency and duration of the supervision activities including the scope of case/record reviews, the location of the supervisor with respect to the service delivery locations, and emergency backup supervision arrangements; and

5. A list of the specific Purchase of Service (POS) services the agency has approved for the student to deliver. Students may not deliver Medicaid-eligible services unless they meet the provider eligibility requirements through prior experience and education.



(B) The student must have a letter from their academic advisor attesting to their qualifications and eligibility for the proposed practicum.

(C) The student must be under the close supervision of the direct clinical supervising professional of the agency. The person providing the supervision must be qualified to provide the services they are supervising.

1. For providing counseling services a student must be in a master's program or above, and be approved for the practicum by the college/university.

2. To provide case management and community support work, and other support services, a student must be in the final year of a bachelor's program or above.

3. A student may be assigned a limited caseload based on background and prior experience.

(D) A student must be background screened, oriented and trained as consistent with the agency's policies for new employees.

(E) Service delivery by the student must be documented according to department standards and policy.

1. All documentation of billable services must be reviewed and countersigned by an individual who meets the division criteria for a qualified mental health professional or supervisor of counselors, a community support worker, or case manager, as appropriate.

2. Services shall be billed using appropriate existing service codes and reimbursed at the established contract rate for the anticipated degree, unless a distinct student rate has been established for the service.

(F) For Division of Alcohol and Drug Abuse funded contracts, the services are limited to individual counseling, group counseling, group education and community support work.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Aug. 28, 2002, effective April 30, 2003.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 630.055, RSMo 1980.*

9 CSR 10-7.120 Physical Plant and Safety

PURPOSE: This rule describes requirements for the physical facilities and safety in Alcohol and Drug Treatment Abuse Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs, Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs

(REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) Applicable Requirements for All Facilities and for Residential Facilities. This rule is organized as follows:

(A) Sections (2) through (9) apply to all facilities and program sites subject to certification by the department; and

(B) Section (10) applies to residential facilities only.

(2) Safety Inspections. Each individual shall be served in a safe facility.

(A) All buildings used for programmatic activities or residential services by the organization shall meet applicable state and local fire safety and health requirements. At the time of the initial application and after that, whenever renovations are made, the organization shall submit to the department verification that the facility complies with requirements for the building, electrical system, plumbing, heating system and, where applicable, water supply.

(B) The organization shall maintain documentation of all inspections and correction of all cited deficiencies to assure compliance with applicable state and local fire safety and health requirements. These inspection and documentation requirements may be waived for a nonresidential service site that operates less than three (3) hours per day, two (2) days per week.

(C) A currently certified organization that relocates any program into new physical facilities shall have the new facilities comply with this rule in order to maintain certification. All additions or expansions to existing physical facilities must meet the requirements of this rule.

(3) Physical Access. Individuals are able to readily access the organization's services. The organization shall demonstrate an ability to remove architectural and other barriers that may confront individuals otherwise eligible for services.

(4) Adequate Space and Furnishings. Individuals are served in a setting with adequate space, equipment and furnishings for all program activities and for maintaining privacy and confidentiality.

(A) In keeping with the specific purpose of the service, the organization shall make available—

1. A reception/waiting area;
2. Private areas for individual counseling and family therapy;
3. A private area(s) for group counseling, education and other group services;

4. An area(s) for indoor social and recreational activities in residential settings and in nonresidential settings where individuals are scheduled for more than four (4) hours per day; and

5. Separate toilet facilities for each sex, except where reasonable evidence is shown to the department that this is not necessary.

(B) The organization shall have appropriate furnishings which are clean and in good repair.

(C) The use of appliances such as television, radio and stereo equipment shall not interfere with the therapeutic program.

(5) Clean and Comfortable Setting. Individuals are served in settings that are clean and comfortable, in good repair, and in safe operating order. The organization shall—

(A) Provide adequate and comfortable lighting;

(B) Maintain a comfortable room temperature between sixty-eight degrees Fahrenheit (68°F) and eighty degrees Fahrenheit (80°F);

(C) Provide screens on outside doors and windows if they are to be kept open;

(D) Provide effective pest control measures;

(E) Store refuse in covered containers so as not to create a nuisance or health hazard;

(F) Maintain the facility free of undesirable odors;

(G) Provide stocked, readily accessible first-aid supplies; and

(H) Take measures to prevent, detect and control infections among individuals and personnel, and have protocols for proper treatment.

(6) Off-Site Functions. If the organization offers certain services at locations in the community other than at its facilities, the organization shall take usual and reasonable precautions to preserve the safety of individuals participating in these off-site locations.

(7) Emergency Preparedness. The organization shall have an emergency preparedness plan.

(A) The plan shall address medical emergencies and natural disasters.

(B) Evacuation routes shall be posted, or the organization shall maintain a written evacuation plan.

(C) Staff shall demonstrate knowledge and ability to effect the emergency preparedness plan and, where applicable, the evacuation plan.

(D) Emergency numbers for the fire department, police and poison control shall be posted and readily visible near the telephone.



(8) Fire Safety. The organization shall maintain fire safety equipment and practices to protect all occupants.

(A) Portable ABC type fire extinguishers shall be located on each floor used by individuals being served so that no one will have to travel more than one hundred feet (100') from any point to reach the nearest extinguisher. Additional fire extinguishers shall be provided, where applicable, for the kitchen, laundry and furnace areas.

(B) Fire extinguishers shall be clearly visible and maintained with a charge.

(C) There shall be at least two (2) means of exit on each floor used by individuals being served, which are independent of and remote from one another.

1. Outside fire escape stairs may constitute one (1) means of exit in existing buildings. Fire escape ladders shall not constitute one (1) of the required means of exit.

2. The means of exit shall be free of any item that would obstruct the exit route.

3. Outside stairways shall be substantially constructed to support people during evacuation. Newly constructed fire exits shall meet requirements of the National Fire Protection Association (NFPA) *Life Safety Code*.

4. Outside stairways shall be reasonably protected against blockage by a fire. This may be accomplished by physical separation, distance, arrangement of the stairs, protection of openings exposing the stairs or other means acceptable to the fire authority.

5. Outside stairways at facilities with three (3) or more stories shall be constructed of noncombustible material, such as iron or steel.

(D) Unless otherwise determined by the fire inspector based on a facility's overall size and use, the requirement of two (2) or more means of exit on each floor shall be waived for those sites that meet each of the following conditions:

1. Do not offer overnight sleeping accommodations;

2. Do not cook meals on a regular basis; and

3. Do not provide services on-site to twenty (20) or more individuals at a given time as a usual and customary pattern of service delivery.

(E) The requirement for two (2) means of exit from the second floor shall be waived for a residential facility if it serves no more than four (4) individuals and each of those individuals—

1. Is able to hear and see;

2. Is able to recognize a fire alarm as a sign of danger;

3. Is ambulatory and able to evacuate the home without assistance in an emergency; and

4. Has staff available in the event that assistance is needed.

(F) Ceiling height shall be at least seven feet ten inches (7'10") in all rooms used by persons served except as follows:

1. Hallways and bathrooms shall have a ceiling height of at least seven feet six inches (7'6"); and

2. Existing facilities inspected and approved by the department during a certification site survey prior to the effective date of this rule may request an exception from this ceiling height requirement.

(G) Combustible supplies and equipment, such as oil base paint, paint thinner and gasoline, shall be separated from other parts of the building in accordance with stipulations of the fire authority.

(H) The use of wood, gas or electric fireplaces shall not be permitted unless they are installed in compliance with the NFPA codes and the facility has prior approval of the department.

(I) The *Life Safety Code* of the NFPA shall prevail in the interpretation of these fire safety standards.

(J) Fire protection equipment required shall be installed in accordance with NFPA codes.

(K) The facility shall be smoke-free, unless otherwise stipulated in program specific rules.

(9) Safe Transportation. Where applicable, the organization shall implement measures to ensure safe transportation for persons served.

(A) Agency owned vehicles which are used by the organization to transport persons served shall have—

1. Regular inspection and maintenance as legally required; and

2. Adequate first-aid supplies and fire suppression equipment which are secured in any van, bus or other vehicle used to transport more than four (4) clients. Staff which operate such a vehicle shall have training in emergency procedures and the handling of accidents and road emergencies.

(B) All staff who transport persons served shall be properly licensed with driving records acceptable to the agency.

(C) There shall be a current certificate of insurance for agency owned vehicles in accordance with the organization's requirements.

(10) Residential Facilities. In addition to the requirements under sections (1) through (8) of this rule, residential facilities shall also meet the following additional requirements:

(A) Residential facilities shall provide—

1. At least one (1) toilet, one (1) lavatory with a mirror and one (1) tub or shower for each six (6) individuals provided overnight sleeping accommodations;

2. Bathroom(s) in close proximity to the bedroom area(s);

3. Privacy for personal hygiene, including stalls or other means of separation acceptable to the department when a bathroom has multiple toilets, urinals or showers;

4. Laundry area or service;

5. Adequate supply of hot water;

6. Lockable storage space for the use of each individual being served;

7. Furniture and furnishings suitable to the purpose of the facility and individuals;

8. Books, newspapers, magazines, educational materials, table games and recreational equipment, in accordance with the interests and needs of individuals;

9. An area(s) for dining;

10. Windows which afford visual access to out-of-doors and, if accessible from the outside, are lockable; and

11. Availability of outdoor activities;

(B) Bedrooms in residential facilities shall:

1. Have no more than four (4) individuals per bedroom;

2. Have separate areas for males and females subject to the department's approval;

3. Provide at least sixty (60) square feet of floor space per individual in multiple sleeping rooms and eighty (80) square feet per individual in single sleeping rooms. Additional space shall be required, if necessary to accommodate special medical or other equipment needed by individuals. In the computation of space in a bedroom with a sloped ceiling, floor space shall be limited to that proportion of the room having a ceiling height as required elsewhere in this rule. Square feet of contiguous floor space for each individual shall be computed by using the inside dimensions of the room in which the person's bed is physically located less that square footage of floor space required by any other individuals and less any walled, closed space within the room;

4. Have a separate bed with adequate headroom for each individual. Cots and convertibles shall not be used. If bunk beds are used they shall be sturdy, have braces to prevent rolling from the top bunk, and be convertible to two (2) floor beds if an individual does not desire a bunk bed;

5. Provide storage space for the belongings of each individual, including space for hanging clothes;

6. Encourage the display of personal belongings in accordance with treatment goals;



7. Provide a set of linens, a bedspread, a pillow and blankets as needed;

8. Have at least one (1) window which operates as designed;

9. Have a floor level which is no more than three feet (3') below the outside grade on the window side of the room; and

10. Not be housed in a mobile home, unless otherwise stipulated in program specific rules;

(C) Activity space in residential facilities shall:

1. Total eighty (80) square feet for each individual, except that additional space shall be required, if necessary to accommodate special medical or other equipment needed by individuals. Activity space includes the living room, dining room, counseling areas, recreational and other activity areas. Activity space does not include the laundry area, hallways, bedrooms, bathrooms or supply storage area; and

2. Not be used for other purposes if it reduces the quality of services;

(D) In all residential facilities, fire safety precautions shall include—

1. An adequate fire detection and notification system which detects smoke, fumes and/or heat, and which sounds an alarm which can be heard throughout the facility above the noise of normal activities, radios and televisions;

2. Bedroom walls and doors that are smoke resistant. Transfer grilles are prohibited;

3. A range hood and extinguishing system for a commercial stove or deep fryer. The extinguishing system shall include automatic cutoff of fuel supply and exhaust system in case of fire; and

4. An annual inspection in accordance with the *Life Safety Code* of the National Fire Protection Association (NFPA);

(E) Residential facilities with more than four (4) individuals shall provide—

1. Smoke detectors powered by the electrical system with an emergency power backup. These detectors shall activate the alarm system. They shall be installed on all floors, including basements. Detectors shall be installed in living rooms or lounges. Heat detectors may be used in utility rooms, furnace rooms and unoccupied basements and attics;

2. Smoke detectors in each sleeping room. Those detectors may be battery operated and are not required to initiate the building fire alarm system;

3. At least one (1) manual fire alarm station per floor arranged to continuously sound the smoke detection alarm system or other continuously sounding manual alarms acceptable to the authority having jurisdiction. The

requirement of at least one (1) manual fire alarm station per floor may be waived where there is an alarm station at a central control point under continuous supervision of a responsible employee;

4. An alarm which is audible in all areas. There shall be an annual inspection of the alarm system by a competent authority;

5. A primary means of egress which is a protected vertical opening. Protected vertical openings shall have doors that are self-closing or automatic closing upon detection of smoke. Doors shall be at least one and one-half inches (1 1/2") in existing facilities and one and three-fourths inches (1 3/4") in new construction, of solid bonded wood core construction or other construction of equal or greater fire resistance;

6. Emergency lighting of the means of egress; and

7. Readily visible, approved exit signs, except at doors leading directly from rooms to an exit corridor and except at doors leading obviously to the outside from the entrance floor. Every exit sign shall be visible in both the normal and emergency lighting mode;

(F) In residential facilities with more than twenty (20) individuals—

1. Neither of the required exits shall be through a kitchen;

2. No floor below the level of exit discharge, used only for storage, heating equipment or purposes other than residential occupancy shall have unprotected openings to floors used for residential purposes;

3. Doors between bedrooms and corridors shall be one and one-half inches (1 1/2") in existing facilities, and one and three-fourths inches (1 3/4") in new construction, solid bonded wood core construction or other construction of equal or greater fire resistance;

4. Unprotected openings shall be prohibited in interior corridors serving as exit access from bedrooms; and

5. A primary means of egress which is an enclosed vertical opening. This vertical opening shall be enclosed with twenty (20)-minute fire barriers and doors that are self-closing or automatic closing upon detection of smoke.

(G) In detoxification programs—

1. The means of exit shall not involve windows;

2. The interior shall be fully sheathed in plaster or gypsum board, unless the group can evacuate in eight (8) minutes or less; and

3. Bedroom doors shall be one and one-half inches (1 1/2") in existing facilities, and one and three-fourths inches (1 3/4") in new construction, solid bonded wood core construction or other construction of equal or

greater fire resistance, unless the group can evacuate in eight (8) minutes or less.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 630.055, RSMo 1980.*

9 CSR 10-7.130 Procedures to Obtain Certification

PURPOSE: This rule describes procedures to obtain certification as Alcohol and Drug Abuse Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) Under sections 630.655, 630.010, and 376.779.3 and 4, RSMo, the department is mandated to develop certification standards and to certify an organization's level of service, treatment or rehabilitation as necessary for the organization to operate, receive funds from the department, or participate in a service network authorized by the department and eligible for Medicaid reimbursement. However, certification in itself does not constitute an assurance or guarantee that the department will fund designated services or programs.

(A) A key goal of certification is to enhance the quality of care and services with a focus on the needs and outcomes of persons served.

(B) The primary function of the certification process is assessment of an organization's compliance with standards of care. A further function is to identify and encourage developmental steps toward improved program operations, client satisfaction and positive outcomes.

(2) An organization may request certification by completing an application form, as required by the department for this purpose, and submitting the application form, and other documentation, as may be specified, to the Department of Mental Health, PO Box 687, Jefferson City, MO 65102.

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

(B) A new applicant shall not use a name which implies a relationship with another



organization, government agency or judicial system when a formal organizational relationship does not exist.

(C) Certification fees are not required, except for the Substance Abuse Traffic Offender Program (SATOP). A nonrefundable fee of one hundred twenty-five dollars (\$125) is required upon initial application. Renewal fees are as follows:

1. A fee of one hundred twenty-five dollars (\$125) is required if the aggregate number of individuals being served in the SATOP program(s) during the preceding state fiscal year was less than two hundred fifty (250) individuals;

2. A fee of two hundred fifty dollars (\$250) is required if the aggregate number of individuals being served in the SATOP program(s) during the preceding state fiscal year was at least two hundred fifty (250) but no more than four hundred ninety-nine (499); or

3. A fee of five hundred dollars (\$500) is required if the aggregate number of individuals being served in the SATOP program(s) during the preceding state fiscal year was at least five hundred (500).

(D) The fee schedule may be adjusted annually by the department.

(E) The department will review a completed application within thirty (30) calendar days of receipt to determine whether the applicant organization would be appropriate for certification. The department will notify the organization of its determination. Where applicable, an organization may qualify for expedited certification in accordance with subsections (3)(B) and (C) of this rule by submitting to the department required documentation and verification of its accreditation or other deemed status.

(F) An organization that wishes to apply for recertification shall submit its application forms to the department at least sixty (60) days before expiration of its existing certificate.

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

(3) The department shall conduct a site survey at an organization to assure compliance with standards of care and other requirements. The department shall determine which standards and requirements are applicable, based on the application submitted and the on-site survey.

(A) The department shall conduct a comprehensive site survey for the purpose of determining compliance with core rules and program/service rules, except as stipulated in subsections (3)(B) and (C).

(B) The department shall conduct an expedited site survey when an organization has attained full accreditation under standards for behavioral healthcare from the Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or the Council on Accreditation of Services to Families and Children (COA).

1. The survey shall monitor compliance with applicable program/service rules promulgated by the department.

2. The survey shall not monitor core rules, except for those requirements designated by the department as essential to—

A. Providing and documenting services funded by the department or provided through a service network authorized by the department;

B. Assuring the qualifications and credentials of staff members providing these services;

C. Protecting the rights of individuals being served, including mechanisms for grievances and investigations; and

D. Funding, contractual, or other legal relationship between the organization and the department.

(C) The department shall grant a certificate, upon receipt of a completed application, to an organization which has attained full accreditation under standards for behavioral healthcare from CARF, JCAHO or COA; does not provide methadone treatment; does not receive funding from the department; and does not participate in a service network authorized by the department.

1. The organization must submit a copy of the most recent accreditation survey report and verification of the accreditation time period and dates.

2. The department shall review its categories of programs and services available for certification and shall determine those which are applicable to the organization. The department, at its option, may visit the organization's program site(s) solely for the purpose of clarifying information contained in the organization's application and its description of programs and services, and/or determining those programs and services eligible for certification by the department.

(4) The department shall provide advance notice and scheduling of routine, planned site surveys.

(A) The department shall notify the applicant regarding survey date(s), procedures and a copy of any survey instrument that may be used. Survey procedures may include, but are not limited to, interviews with organization staff, individuals being served and other

interested parties; tour and inspection of treatment sites; review of organization administrative records necessary to verify compliance with requirements; review of personnel records and service documentation; observation of program activities; and review of data regarding practice patterns and outcome measures, as available.

(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) An organization must engage in the certification process in good faith. The organization must provide information and documentation that is accurate, and complete. Failure to participate in good faith, including falsification or fabrication of any information used to determine compliance with requirements, may be grounds to deny issuance of or to revoke certification.

(D) The surveyor(s) shall hold entrance and exit conferences with the organization to discuss survey arrangements and survey findings, respectively. A surveyor shall immediately cite any deficiency which could result in actual jeopardy to the safety, health or welfare of persons served. The surveyor shall 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.

(E) Within thirty (30) calendar days after the exit conference, the department shall provide a written survey report to the organization's director and governing authority.

1. The report shall note any deficiencies identified during the survey for which there was not prompt, remedial action.

2. The organization shall make the report available to the staff and to the public upon request.

3. Where applicable, the department shall send a notice of deficiency by certified mail, return receipt requested.

(F) Within thirty (30) calendar days of the date that a notice of deficiency is presented by certified mail to the organization, it shall submit to the department a plan of correction.

1. The plan must address each deficiency, specifying the method of correction and the date the correction shall be completed.

2. Within fifteen (15) calendar days after receiving the plan of correction, the department shall notify the organization of its decision to approve, disapprove, or require revisions of the proposed plan.

3. In the event that the organization has not submitted a plan of correction acceptable



to the department within ninety (90) days of the original date that written notice of deficiencies was presented by certified mail to the organization, it shall be subject to expiration of certification.

(5) The department may grant certification on a temporary, provisional, conditional, or compliance status. In determining certification status, the department shall consider patterns and trends of performance identified during the site survey.

(A) Temporary status shall be granted to an organization 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 of one hundred eighty (180) calendar days shall be granted to a new organization or program based on a site review which finds the program in compliance with requirements related to policy and procedure, facility, personnel, and staffing patterns sufficient to begin providing services.

1. In the department's initial determination and granting of provisional certification, the organization shall not be expected to fully comply with those standards which reflect ongoing program activities.

2. Within one hundred eighty (180) calendar days of granting provisional certification, the department shall conduct a comprehensive or expedited site survey and shall make a further determination of the organization's certification status.

(C) Conditional status shall be granted to an organization which, upon a site survey by the department, is found to have numerous or significant deficiencies with standards that may affect quality of care to individuals but there is reasonable expectation that the organization can achieve compliance within a stipulated time period.

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

2. The department shall conduct a further site survey within the one hundred eighty (180)-day period and make a further determination of the organization's compliance with standards.

(D) Compliance status for a period of three (3) years shall be awarded to an organization which, upon a site survey by the department, is found to meet all standards relating to quality of care and the safety, health and welfare of persons served.

(E) For organizations that have attained

full accreditation under standards for behavioral healthcare from CARF, JCAHO, and COA, and that receive an expedited site survey from the department, compliance status from the department shall be for a period of time equal to the length of the accreditation received from the accrediting entity.

(6) The department may investigate any written complaint regarding the operation of a certified program or service.

(7) The department may conduct a scheduled or unscheduled site survey of an organization at any time to monitor ongoing compliance with these rules. 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 organization's certification status consistent with procedures set out in this rule.

(8) The department shall certify only the organization named in the application, and the organization 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 organization meets standards of care and other requirements.

(B) The organization shall maintain the certificate issued by the department in a readily available location.

(C) Within seven (7) calendar days of the time a certified organization is sold, leased, discontinued, moved to a new location, has a change in its accreditation status, appoints a new director, or changes programs or services offered, the organization shall provide written notice to the department of any such change.

(D) A certified organization that establishes a new program or type of program shall operate that program in accordance with applicable standards. A provisional review, expedited site survey or comprehensive site survey shall be conducted, as determined by the department.

(9) The department may deny issuance of and may revoke 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 basic principles and requirements of the program or service being offered; or

(F) Compliance with standards has not been attained by an organization upon expiration of conditional certification.

(10) The department, at its discretion, may—

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

1. The cost of the monitor shall be charged to the organization at a rate which recoups all reasonable expenses incurred by the department.

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

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

(11) An organization which has had certification denied or revoked may appeal 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 organization. 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.

(12) The department shall have authority to impose administrative sanctions.

(A) The department may suspend the certification process pending completion of an investigation when an organization that has applied for certification or the staff of that organization is under investigation for fraud, financial abuse, abuse of persons served, or improper clinical practices.

(B) The department may administratively sanction a certified organization 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, suspension of new admissions, denial or revocation of certification, or other actions as determined by the department.



(D) The department shall have the authority to refuse to accept for a period of up to twenty-four (24) months an application for certification from an organization 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) An organization may appeal these sanctions pursuant to section (11).

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

(A) A request for a waiver shall be in writing and shall include justification for the request.

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

(C) The exceptions committee shall hold meetings in accordance with Chapter 610, RSMo and shall respond 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 exceptions committee shall give the organization forty-five (45) calendar days to fully comply with the standard, unless a different time period is specified by the committee.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Sept. 25, 2002, effective April 30, 2003. Amended: Filed March 3, 2003, effective Sept. 30, 2003.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 630.055, RSMo 1980.*

9 CSR 10-7.140 Definitions

PURPOSE: This rule defines terms used in the certification of psychiatric and substance abuse programs.

(1) The definitions included in this rule shall apply to:

(A) 9 CSR 10-7 Core Rules for Psychiatric and Substance Abuse Programs;

(B) 9 CSR 30-3 Certification Standards for Alcohol and Drug Abuse; and

(C) 9 CSR 30-4 Certification Standards for Mental Health Programs.

(2) Unless the context clearly indicates otherwise, the following terms shall mean:

(A) Abstinence, the non-use of alcohol and other drugs;

(B) Admission, entry into the treatment and rehabilitation process after an organization has determined an individual meets eligibility criteria for receiving its services;

(C) Adolescent, a person between the ages of twelve through seventeen (12–17) years inclusive;

(D) Agency, this term may be used interchangeably with organization. See the definition of organization;

(E) Alcohol or drug-related traffic offense, an offense of driving while intoxicated, driving with excessive blood alcohol content, or driving under the influence of alcohol or drugs in violation of state law;

(F) Alcohol or drug treatment and rehabilitation program, a program certified by the Department of Mental Health as providing treatment and rehabilitation of substance abuse in accordance with service and program requirements under 9 CSR 30-3.100 through 9 CSR 30-3.199;

(G) Applicant, an organization seeking certification from the department under 9 CSR 30;

(H) Assessment, systematically collecting information regarding the individual's current situation, symptoms, status and background, and developing a treatment plan that identifies appropriate service delivery;

(I) Associate substance abuse counselor, a trainee that must meet requirements for registration, supervision, and professional development as set forth by either—

1. The Missouri Substance Abuse Counselors Certification Board, Inc.; or

2. The appropriate board of professional registration within the Department of Economic Development for licensure as a psychologist, professional counselor, or social worker;

(J) Certification, determination and recognition by the Department of Mental Health that an organization complies with applicable rules and standards of care under 9 CSR;

(K) Client, this term may be used interchangeably with individual. See the definition of individual;

(L) Clinical utilization review, a process of service authorization and/or review established by the department and conducted by credentialed staff in order to promote the delivery of services that are necessary, appropriate, likely to benefit the individual, and provided in accordance with admission criteria and service definitions;

(M) Compulsive gambling, the chronic and progressive preoccupation with gambling and

the urge to gamble. This term may be used interchangeably with pathological gambling;

(N) Co-occurring disorders, presence of both substance and psychiatric disorders which impede the individual's functioning or ability to manage daily activities, consistent with diagnostic criteria established in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association;

(O) Corporal punishment, purposeful infliction of physical pain upon an individual for punitive or disciplinary reasons;

(P) Crisis, an event or time period for an individual characterized by substantial increase in symptoms, legal or medical problems, and/or loss of housing or employment or personal supports;

(Q) Day, a calendar day unless specifically stated otherwise;

(R) Deficiency, a condition, event or omission that does not comply with a certification rule;

(S) Department, the Department of Mental Health;

(T) Director, the Department of Mental Health director or designee;

(U) Discharge, the time when an individual's active involvement with the program concludes in accordance with treatment plan goals, any applicable utilization criteria, and/or program rules;

(V) Discharge planning, an activity to assist an individual's further participation in services and supports in order to promote continued recovery upon completion of a program or level of care;

(W) Facility, physical plant or site used to provide services;

(X) Family/family members, persons who comprise a household or are otherwise related by marriage or ancestry and are being affected by the psychiatric or substance abuse problems of another member of the household or family;

(Y) Improper clinical practices, performance or behavior which constitutes a repeated pattern of negligence or which constitutes a continuing pattern of violations of laws, rules, or regulations;

(Z) Individual, a person/consumer/client receiving services from a program certified under 9 CSR 30;

(AA) Least restrictive environment and set of services, a reasonably available setting or program where care, treatment, and rehabilitation is particularly suited to the type and intensity of services necessary to implement a person's treatment plan and to assist the person in maximizing functioning and participating as freely as feasible in normal living activities, giving due consideration to the



safety of the individual, other persons in the program, and the general public;

(BB) Licensed independent practitioner, a person who is licensed by the state of Missouri to independently perform specified practices in the health care field;

(CC) Medication, a drug prescribed by a physician or other legally authorized professional for the purpose of treating a medical condition;

(DD) Medication (self-administration under staff observation), actions wherein an individual takes prescribed medication, including selection of the appropriate dose from a properly labeled container. The individual has primary responsibility for taking medication as prescribed, with the staff role to ensure client access to their personal medication in a timely manner and to observe clients as they select and ingest medication;

(EE) Mental health, a broad term referring to disorders related to substance abuse, mental illness and/or developmental disability;

(FF) Mental illness, impairment or disorder that impedes an individual's functioning or ability to manage daily activities and otherwise meets eligibility criteria established by the Division of Comprehensive Psychiatric Services;

(GG) Neglect (Class I), in accordance with 9 CSR 10-5.200;

(HH) Neglect (Class II), in accordance with 9 CSR 10-5.200;

(II) Nonresidential, service delivery by an organization that does not include overnight sleeping accommodations as a component of providing twenty-four (24) hour per day supervision and structure;

(JJ) Organization, an agency that is incorporated and in good standing under the requirements of the Office of the Secretary of State of Missouri and that provides care, treatment or rehabilitation services to persons with mental illness or substance abuse;

(KK) Outcome, a specific measurable result of services provided to an individual or identified target population;

(LL) Peer support, mutual assistance in promoting recovery offered by other persons experiencing similar psychiatric or substance abuse challenges;

(MM) Performance indicator, data used to measure the extent to which a treatment principle, expected outcome, or desired process has been achieved;

(NN) Physical abuse, in accordance with 9 CSR 10-5.200;

(OO) Primary diagnosis, a diagnosis of a mental illness, disability, or substance abuse disorder that is not due to a co-existing illness. A person with a primary diagnosis would still meet full criteria for that diag-

nosis in the absence of any co-existing disorder. A person may have several primary diagnoses, and a primary diagnosis is not necessarily the diagnosis causing the most severe impairment.

(PP) Program, an array of services designed to achieve specific goals for an identified target population in accordance with designated procedures and practices;

(QQ) Qualified mental health professional—any of the following:

1. A physician licensed under Missouri law to practice medicine or osteopathy and with training in mental health services or one (1) year of experience, under supervision, in treating problems related to mental illness or specialized training;

2. A psychiatrist, a physician licensed under Missouri law who has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program identified as equivalent by the department;

3. A psychologist licensed under Missouri law to practice psychology with specialized training in mental health services;

4. A professional counselor licensed under Missouri law to practice counseling and with specialized training in mental health services;

5. A clinical social worker licensed under Missouri law with a master's degree in social work from an accredited program and with specialized training in mental health services;

6. A psychiatric nurse, a registered professional nurse licensed under Chapter 335, RSMo with at least two (2) years of experience in a psychiatric setting or a master's degree in psychiatric nursing;

7. An individual possessing a master's or doctorate degree in counseling and guidance, rehabilitation counseling and guidance, rehabilitation counseling, vocational counseling, psychology, pastoral counseling or family therapy or related field who has successfully completed a practicum or has one (1) year of experience under the supervision of a mental health professional;

8. An occupational therapist certified by the American Occupational Therapy Certification Board, registered in Missouri, has a bachelor's degree and has completed a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting, or has a master's degree and has completed either a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting;

9. An advanced practice nurse—as set forth in section 335.011, RSMo, a nurse who

has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for advanced practice nurses established by the Board of Nursing; and

10. A psychiatric pharmacist as defined in 9 CSR 30-4.030;

(RR) Qualified substance abuse professional, a person who demonstrates substantial knowledge and skill regarding substance abuse by being one (1) of the following:

1. A physician or qualified mental health professional licensed or provisionally licensed in Missouri; or

2. A person who is certified or registered as a substance abuse professional by the Missouri Credentialing Board;

(SS) Quality improvement, an approach to the continuous study and improvement of the service delivery process and outcomes in order to effectively meet the needs of persons served;

(TT) Recovery, continuing steps toward a positive state of health that includes stabilized symptoms of mental illness, substance abuse or both, meaningful and productive relationships and roles within the community, and a sense of personal well-being, independence, choice and responsibility to the fullest extent possible;

(UU) Rehabilitation, a process of restoring a person's ability to attain or maintain normal or optimum health or constructive activity by providing services and supports;

(VV) Relapse, recurrence of substance abuse in an individual who has previously achieved and maintained abstinence for a significant period of time beyond detoxification;

(WW) Relapse prevention, assisting individuals to identify and anticipate high risk situations for substance use, develop action steps to avoid or manage high risk situations, and maintain recovery;

(XX) Research, in accordance with 9 CSR 60-1.010 this term is defined as experimentation or intervention with or on individuals, including behavioral or psychological research, biomedical research, and pharmacological research. Excluded are those instances where the manipulation or application is intended solely and explicitly for individual treatment of a condition, falls within the prerogative of accepted practice and is subject to appropriate quality assurance review. Also excluded are activities limited to program evaluation conducted by staff members as a regular part of their jobs, the collection or analysis of management information system data, archival research or the use of departmental statistics;



(YY) Residential, service delivery by an organization that includes overnight sleeping accommodations as a component of providing twenty-four (24) hour per day supervision and structure;

(ZZ) Restraint, restricting an individual's ability to move by physical, chemical or mechanical methods in order to maintain safety when all other less restrictive interventions are inadequate;

(AAA) Restraint (chemical), medication not prescribed to treat an individual's medical condition and administered with the primary intent of restraining an individual who presents a likelihood of physical injury to self or others;

(BBB) Restraint (mechanical), the use of any mechanical device that restricts the movement of an individual's limbs or body and that cannot be easily removed by the person being restrained;

(CCC) Restraint (physical), physically holding an individual and restricting freedom of movement to restrain temporarily for a period longer than ten (10) minutes an individual who presents a likelihood of physical injury to self or others;

(DDD) Screening, the process in which a trained staff member gathers and evaluates relevant information through an initial telephone or face-to-face interview with a person seeking services in order to determine that services offered by the program are appropriate for the person;

(EEE) Seclusion, placing an individual alone in a separate room with either a locked door or other method that prevents the individual from leaving the room;

(FFF) Sentinel event, a serious event that triggers further investigation each time it occurs. It is typically an undesirable and rare event;

(GGG) Service, the provision of prevention, care, treatment, or rehabilitation to persons affected by mental illness or substance abuse;

(HHH) Sexual abuse, in accordance with 9 CSR 10-5.200;

(III) Staff member/personnel, an employee of a certified organization or a person providing services on a contractual basis on behalf of the organization;

(JJJ) Substance, alcohol or other drugs, or both;

(KKK) Substance abuse, unless the context clearly indicates otherwise, a broad term referring to alcohol or other drug abuse or dependency in accordance with criteria established in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association;

(LLL) Supports, array of activities, resources, relationships and services designed to assist an individual's integration into the community, participation in treatment, improved functioning, or recovery;

(MMM) Treatment, application of planned procedures intended to accomplish a change in the cognitive or emotional conditions or the behavior of a person served consistent with generally recognized principles or practices in the mental health field;

(NNN) Treatment plan, a document which sets forth individualized care, treatment, and rehabilitation goals and the specific methods to achieve these goals for persons affected by mental illness or substance abuse, and which details the individual's treatment program as required by law, rules, and funding sources;

(OOO) Treatment principle, basic precept or approach to promote the effectiveness of care, treatment and rehabilitation services and the dignity and involvement of persons served; and

(PPP) Verbal abuse, in accordance with 9 CSR 10-5.200.

(3) Singular terms include the plural and vice versa, unless the context clearly indicates otherwise.

AUTHORITY: section 630.050, RSMo Supp. 2013, and section 630.055, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed April 15, 2002, effective Nov. 30, 2002. Amended: Filed Aug. 31, 2006, effective April 30, 2007. Amended: Filed March 3, 2016, effective Oct. 30, 2016.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995, 2008 and 630.055, RSMo 1980.*