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SALUS POPULI SUPREMA LEX ESTO

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



JOHN R. ASHCROFT
SECRETARY OF STATE

MISSOURI
REGISTER

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SECRETARY OF STATE

JOHN R. ASHCROFT

Administrative Rules Division
James C. Kirkpatrick State Information Center
600 W. Main
Jefferson City, MO 65101
(573) 751-4015

EDITOR-IN-CHIEF

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•

MANAGING EDITOR

AMANDA MCKAY

•

EDITOR

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•

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•

PUBLICATION SPECIALIST

JACQUELINE D. WHITE

•

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•

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THOMAS HUBER

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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at www.sos.mo.gov/adrules/pubsched.

HOW TO CITE RULES AND RSMO

RULES

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

Title		Division	Chapter	Rule
3	CSR	10-	4	.115
Department	<i>Code of State Regulations</i>	Agency Division	General area regulated	Specific area regulated

and should be cited in this manner: 3 CSR 10-4.115.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraphs 1., subparagraphs A., parts (I), subparts (a), items I. and subitems a.

The rule is properly cited by using the full citation, for example, 3 CSR 10-4.115 NOT Rule 10-4.115.

Citations of RSMo are to the *Missouri Revised Statutes* as of the date indicated.

Code and Register on the Internet

The *Code of State Regulations* and *Missouri Register* are available on the Internet.

The *Code* address is www.sos.mo.gov/adrules/csr/csr

The *Register* address is www.sos.mo.gov/adrules/moreg/moreg

These websites contain rulemakings and regulations as they appear in the *Code* and *Registers*.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2016. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

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

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

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2110—Missouri Dental Board
Chapter 2—General Rules**

EMERGENCY RULE

20 CSR 2110-2.250 Prescribing Opioids

PURPOSE: This rule provides for regulation of prescriptions for opioid pain medication.

EMERGENCY STATEMENT: This emergency rule is being promulgated to protect the lives of Missouri citizens by establishing safe prescription requirements for opioid pain medication. This proposed rule incorporates guidelines from the Centers for Disease Control (CDC) and the American Dental Association (ADA) to regulate the way that dentists prescribe opioid controlled substances to their patients. Pursuant to section 536.025, RSMo, this rule proposal is being filed as an emergency rule due to the current public health crisis facing Missouri and the rest of the United States.

A March 26, 2018 statement from the American Dental Association reported that in 2016, opioids (including prescription opioids, heroin and fentanyl) killed more than forty-two thousand (42,000) people in the United States, more than any year on record. Forty percent (40%) of those deaths involved a prescription pain reliever, according to the

Centers for Disease Control and Prevention.

In statements in Executive Orders 17-18 and 17-19, the Missouri Governor's office reported that in 2016, more than nine hundred (900) Missourians died from an opioid overdose and estimated that two (2) Missourians die from narcotic overdose and two (2) babies are born with narcotic withdrawal every day somewhere in Missouri.

Dentists write a significant number of the opioid prescriptions issued in the United States every year. This proposed rule will not limit a dentist's ability to treat patients' pain. It will require them to document the steps taken in that treatment and will require them to provide treatment within the standards recommended by the Centers for Disease Control as well as the American Dental Association. As a result, the Missouri Dental Board finds there is an immediate danger to the public health, safety, and/or welfare and a compelling governmental interest that requires this emergency action. A proposed rule, which covers the same material, is published in this issue of the Missouri Register. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The Missouri Dental Board believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed November 7, 2018, becomes effective November 17, 2018, and expires May 15, 2019.

(1) Dentists shall consider non-opioid medications and therapies for treatment of mild to moderate acute dental pain prior to prescribing an opioid controlled substance. Options for non-opioid treatments shall be discussed with the patient and the patient advised of the risks associated with opioid related treatments and the discussion documented in the patient's dental record.

(2) Before prescribing an opioid controlled substance to a patient experiencing dental pain, a dentist shall assess the patient for potential opioid use disorder. At a minimum, this should include collecting and maintaining a thorough medical history of the patient including any history of substance abuse disorders, mental health conditions, or sleep-disordered breathing. Dentists shall thoroughly discuss and document in the patient's record any medications the patient may be receiving from any other healthcare providers.

(3) A dentist shall not issue an initial prescription for more than a seven- (7-) day supply of any opioid controlled substance for treatment of a patient's acute pain. A dentist may not issue any renewal, refill, or new prescription for an opioid controlled substance for treatment of the same acute pain without first performing an examination of the patient to determine the need and appropriateness of the renewal, refill, or new prescription. Any appropriate renewals, refills, or new prescriptions of opioids for treatment of the same acute pain shall also be limited to a seven- (7-) day supply and shall be in compliance with the general provisions of Chapters 195 and 579. If, in the professional judgment of the dentist, more than a seven- (7-) day supply is required to treat the patient's acute pain, the dentist may issue a prescription for the quantity needed to treat the patient, provided that the dentist shall document in the patient's dental record the reason for the necessity for more than a seven- (7-) day supply and that a non-opioid alternative was not appropriate to address the patient's condition.

AUTHORITY: section 332.031, RSMo 2016. Emergency rule filed Nov. 7, 2018, effective Nov. 17, 2018, expires May 15, 2019. A proposed rule covering this same material is published in this issue of the Missouri Register.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2231—Division of Professional Registration
Chapter 3—Modified Application and Renewal
Procedures of the Division**

EMERGENCY RULE

20 CSR 2231-3.010 Fee Waiver for Military Families and Low-Income Individuals

PURPOSE: This rule complies with section 324.015.6, RSMo, which requires the Division of Professional Registration to promulgate rules to implement the provisions of section 324.015, RSMo, the waiver of occupational fees for military families and low-income individuals for a period of two (2) years.

EMERGENCY STATEMENT: This emergency rule is necessary because on August 28, 2018 when Senate Bill 843 becomes effective, licensing boards, commissions, committees, councils, and offices will have to, upon request, provide the waiver of all occupational fees to military families and qualifying low-income individuals.

Senate Bill 843, section 324.015, RSMo, provides that, upon request, individuals can seek a waiver of all occupational fees for a two- (2-) year period from licensing authorities in the State of Missouri. The provision requires licensing authorities to waive all occupational fees for a two- (2-) year period beginning upon approval of an application for military families and low-income individuals that meet the requirements detailed in section 324.015, RSMo. Section 324.015.6, RSMo, requires that the Division of Professional Registration promulgate a rule to implement the provisions of section 324.015, RSMo. Senate Bill 843 becomes effective August 28, 2018 and it is in the best interest of the state to make the waiver available to qualifying applicants as soon as possible.

As a result, the Division of Professional Registration finds that there is a compelling governmental interest that requires this emergency action. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri* and *United States Constitutions*. The Division of Professional Registration believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed November 7, 2018, becomes effective November 17, 2018, and expires May 15, 2019.

(1) For purposes of this regulation, all terms shall have the same definition as contained in section 324.015.1, RSMo.

(2) Individuals seeking a waiver must apply to the respective licensing authority within the Division of Professional Registration in writing and include documentation that establishes eligibility for the waiver pursuant to 324.015, RSMo.

AUTHORITY: section 324.015, RSMo Supp. 2018. Emergency rule filed Nov. 7, 2018, effective Nov. 17, 2018, expires May 15, 2019. A proposed rule covering this same material is published in this issue of the *Missouri Register*.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2232—Missouri State Committee of Interpreters
Chapter 1—General Rules**

EMERGENCY AMENDMENT

20 CSR 2232-1.040 Fees. The committee is amending section (1).

PURPOSE: This amendment reduces the renewal and reactivation

fee.

EMERGENCY STATEMENT: The State Committee of Interpreters is statutorily obligated to enforce and administer the provisions of sections 209.319 to 209.339, RSMo, governing the practice of sign language interpreting. Section 209.332, RSMo establishes in the state treasury a fund to be known as the "State Committee of Interpreters Fund". The provisions of section 209.332, RSMo, to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds two (2) times the amount of the appropriation from the committee's fund for the preceding fiscal year or, if the board requires by rule license renewal fees less frequently than yearly, then three (3) times the appropriation from the fund for the preceding fiscal year. The amount if any, in the fund which shall lapse is the amount in the fund which exceeds the appropriate multiple of the appropriations from the fund for the preceding year. Based on the committee's five- (5-) year projections, the committee finds it necessary to reduce renewal fees for Missouri licensed interpreters.

The Missouri State Committee of Interpreters is statutorily obligated to set all fees, by regulation, necessary to administer sections 209.319 to 209.339, RSMo. Pursuant to section 209.328, RSMo, the committee shall set the appropriate amount of fees by rule, so that the revenue produced shall not substantially exceed the cost and expense of administering the provisions of sections 209.319 to 209.339, RSMo. Therefore, the committee is proposing to decrease the renewal fees for Missouri interpreters from ninety dollars (\$90) to forty dollars (\$40) and the reactivation fee from sixty dollars (\$60) to ten dollars (\$10). Interpreter renewal notices will be mailed on December 1, 2018. Without this emergency amendment, the decreased fee requirements will not be effective prior to mailing and the committee will collect more revenue than it is statutorily authorized to collect. The scope of the emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri* and *United States Constitutions*. In developing this emergency amendment, the committee has determined that the fee decrease is necessary for the 2019–2020 renewal period to prevent funds from exceeding the maximum fund balance thereby resulting in a transfer from the fund to general revenue as set forth in section 209.332.2, RSMo. Pursuant to section 324.001.10, RSMo, a compelling governmental interest is deemed to exist for the purposes of section 536.025, RSMo, for licensure fees to be reduced by emergency amendment, if the projected fund balance of any agency assigned to the Division of Professional Registration is reasonably expected to exceed an amount that would require transfer from that fund to general revenue. The committee believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed November 7, 2018, becomes effective November 7, 2018, and expires May 15, 2019.

(1) The following fees are established and are payable in the form of a cashier's check, personal check, or money order:

(B) Annual License Renewal Fee	\$90
1. Effective December 1, 2018 through November 30, 2019	\$40
(E) Reactivation Fee	\$60
1. Effective December 1, 2018 through November 30, 2019	\$10

AUTHORITY: section 43.543, 209.328.2(2), and 324.039, [RSMo 2000, and sections 43.543 and 324.039,] RSMo [Supp. 2013] 2016. This rule originally filed as 4 CSR 232-1.040. Original rule filed Feb. 18, 1999, effective July 30, 1999. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed Nov. 7, 2018, effective Nov. 17, 2018, expires May 15, 2019. A proposed amendment covering this same material is published in this issue of the *Missouri Register*.

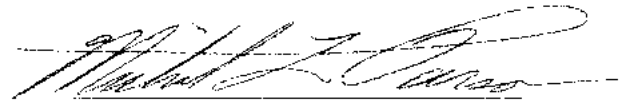
The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo 2016.

**EXECUTIVE ORDER
18-11**

TO ALL DEPARTMENTS AND AGENCIES:

This is to advise that state offices will be closed on Monday, December 24, 2018.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 30th day of November, 2018.

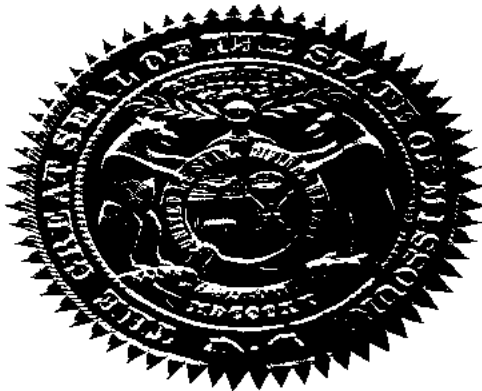


MICHAEL L. PARSON
GOVERNOR

ATTEST:



JOHN R. ASHCROFT
SECRETARY OF STATE



Under this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbolology under the heading of proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment, or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety- (90-) day-count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

sel reports to the general counsel. However, the staff counsel's office performs its advocacy functions independently, under the direction of the chief staff counsel in consultation with the executive director and the directors of the operations and utility services divisions.]

AUTHORITY: section 386.410, RSMo [2000] 2016. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. For intervening history, please consult the Code of State Regulations. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed amendment with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 18, 2019, and should include a reference to Commission Case No. AX-2018-0395. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 29, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed amendment, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 240—Public Service Commission
Chapter 2—Practice and Procedure**

PROPOSED AMENDMENT

4 CSR 240-2.010 Definitions. The commission is amending section (21).

PURPOSE: This amendment reflects the actual organization or practice of the Staff Counsel's Office; there is no longer an executive director, operations division, or utility services division.

(21) Staff counsel means any attorney employed to represent the commission staff in proceedings before the commission. *[For administrative purposes only, the staff counsel's office is considered part of the general counsel's office, and the chief staff coun-*

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 240—Public Service Commission
Chapter 2—Practice and Procedure**

PROPOSED AMENDMENT

4 CSR 240-2.070 Complaints. The commission is amending sections (8) and (15).

PURPOSE: This amendment changes the method of service and is intended to result in jurisdiction acceptable to a reviewing court and removes language barring Staff from advocating a position.

(8) Upon the filing of a complaint in compliance with these rules, the secretary of the commission shall serve by certified mail, postage prepaid, a copy of the complaint upon the person, corporation, or public utility against whom the complaint has been filed, which shall be accompanied by a notice that the matter complained of be satisfied or that the complaint be answered by the respondent, unless otherwise ordered, within thirty (30) days of the date of the notice. **Additionally, the complainant may accomplish service of the complaint upon the respondent(s) by any method authorized by**

Supreme Court Rule 54, having first obtained authorization from the commission for use of a special process server. Any person eligible to serve process under Supreme Court Rule 54 may be nominated as a special process server. A return of service shall be promptly filed with the commission as in the circuit courts of this state.

(15) Small Formal Complaint Case. If a customer of a utility files a formal complaint regarding any dispute involving less than three thousand dollars (\$3,000), the process set forth in this section shall be followed for such complaints. The provisions of sections (1)–(14) of this rule shall also apply to small formal complaints.

(D) The commission's staff shall, within forty-five (45) days after the complaint is filed, investigate the complaint and file a report detailing staff's findings and recommendations. The regulatory law judge may allow staff additional time to complete its investigation for good cause shown. The member or members of the commission's staff who investigate the complaint shall be available as a witness at the hearing if the regulatory law judge or any party wishes to call them to testify. *[Staff shall not advocate a position beyond reporting the results of its investigation. If staff believes it should advocate a position, it may file a motion to change the status of the complaint under subsection (B) of this section.]*

AUTHORITY: section 386.410, RSMo [2000] 2016. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. For intervening history, please consult the Code of State Regulations. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: *Anyone may file a statement in support of or in opposition to the proposed amendment with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 18, 2019, and should include a reference to Commission Case No. AX-2018-0395. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 29, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed amendment, and may be asked to respond to commission questions.*

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 240—Public Service Commission
Chapter 2—Practice and Procedure**

PROPOSED AMENDMENT

4 CSR 240-2.120 Presiding Officers. The commission is amending

section (1).

PURPOSE: This amendment reflects current practice.

(1) A presiding officer shall have the duty to conduct full, fair and impartial hearings, to take appropriate action to avoid unnecessary delay in the disposition of cases, **and** to maintain order, and shall possess all powers necessary to that end[.], **including, but not limited to, convening discovery conferences as needed and resolving discovery disputes.** The presiding officer may take action as may be necessary and appropriate to the discharge of duties, consistent with the statutory authority or other authorities under which the commission functions, and with the rules and policies of the commission.

AUTHORITY: section 386.410, RSMo [Supp. 1998] 2016. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed June 9, 1987, effective Nov. 12, 1987. Rescinded and readopted: Filed March 10, 1995, effective Nov. 30, 1995. Rescinded and readopted: Filed Aug. 24, 1999, effective April 30, 2000. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: *Anyone may file a statement in support of or in opposition to the proposed amendment with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 18, 2019, and should include a reference to Commission Case No. AX-2018-0395. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 29, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed amendment, and may be asked to respond to commission questions.*

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 240—Public Service Commission
Chapter 2—Practice and Procedure**

PROPOSED RULE

4 CSR 240-2.205 Variance or Waiver

PURPOSE: This rule consolidates variance and waiver into one (1) rule.

The commission may grant variance from or waive any rule or provision of a rule promulgated by the commission upon a finding of good cause.

AUTHORITY: section 386.410, RSMo 2016. Original rule filed Nov. 7, 2018.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed rule with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 18, 2019, and should include a reference to Commission Case No. AX-2018-0395. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 29, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed rule, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 240—Public Service Commission
Chapter 3—Filing and Reporting Requirements**

PROPOSED AMENDMENT

4 CSR 240-3.010 General Definitions. The commission is amending section (32).

PURPOSE: This rule updates the reference in (32).

(32) Water utility means a water corporation as defined in section 386.020[(58)](59), RSMo.

AUTHORITY: section 386.250, RSMo [2000] 2016. Original rule filed Aug. 16, 2002, effective April 30, 2003. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed amendment with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 18, 2019, and should include a reference to Commission Case No. AX-2018-0395. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 29, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional

comments and/or testimony in support of or in opposition to this proposed amendment, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 240—Public Service Commission
Chapter 3—Filing and Reporting Requirements**

PROPOSED RESCISSION

4 CSR 240-3.015 Filing Requirements for Utility Company Applications for Waivers or Variances. This rule provided a reference to the commission's practice and procedure rule regarding this subject.

PURPOSE: This rule is being rescinded in its entirety because the reference to Chapter 2 is unnecessary.

AUTHORITY: section 386.250, RSMo 2000. Original rule filed Aug. 16, 2002, effective April 30, 2003. Rescinded: Filed Nov. 7, 2018.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed rescission with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 18, 2019, and should include a reference to Commission Case No. AX-2018-0395. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 29, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed rescission, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 240—Public Service Commission
Chapter 3—Filing and Reporting Requirements**

PROPOSED RESCISSION

4 CSR 240-3.020 Filing Requirements Regarding Utility Company Name Changes. This rule provided a reference to the commission's practice and procedure rule regarding this subject.

PURPOSE: This rule is being rescinded in its entirety because the reference to Chapter 2 is unnecessary.

AUTHORITY: section 386.250, RSMo 2000. Original rule filed Aug. 16, 2002, effective April 30, 2003. Amended: Filed March 19, 2004, effective Nov. 30, 2004. Rescinded: Filed Nov. 7, 2018.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed rescission with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 18, 2019, and should include a reference to Commission Case No. AX-2018-0395. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 29, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed rescission, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 240—Public Service Commission
Chapter 3—Filing and Reporting Requirements**

PROPOSED RESCISSION

4 CSR 240-3.025 Utility Company Tariff Filings Which Create Cases. This rule provided a reference to the commission's practice and procedure rule regarding this subject.

PURPOSE: This rule is being rescinded in its entirety because the reference to Chapter 2 is unnecessary.

AUTHORITY: section 386.250, RSMo 2000. Original rule filed Aug. 16, 2002, effective April 30, 2003. Rescinded: Filed Nov. 7, 2018.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed rescission with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices

on or before January 18, 2019, and should include a reference to Commission Case No. AX-2018-0395. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 29, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed rescission, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 240—Public Service Commission
Chapter 3—Filing and Reporting Requirements**

PROPOSED AMENDMENT

4 CSR 240-3.030 Minimum Filing Requirements for Utility Company General Rate Increase Requests. The commission is amending sections (1) and (3).

PURPOSE: This rule updates references and simplifies some filing requirements

(1) This rule applies to all electric utilities; *[to all local exchange telecommunications companies with more than five thousand (5,000) access lines;]* to all gas utilities with more than *[one thousand five hundred (1,500)] ten thousand (10,000)* customers; to all water utilities with more than *[five thousand (5,000)] eight thousand (8000)* customers; to all sewer utilities with more than *[five thousand (5,000)] eight thousand (8000)* customers; and to all steam heating utilities, *[under the jurisdiction of the commission] with more than one hundred (100) customers.*

(3) At the time a tariff(s) is filed by any company or utility subject to this rule which contains a general rate increase request, an original and *[fourteen (14) copies] one (1) copy* of the following information shall be filed with the secretary of the commission and two (2) copies shall be provided to the Office of the Public Counsel:

AUTHORITY: section 386.250, RSMo [2000] 2016. Original rule filed Aug. 16, 2002, effective April 30, 2003. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed amendment with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 18, 2019, and should include a reference to Commission Case No. AX-2018-0395. Comments may also be submitted via a filing using the commission's electronic filing and information

system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 29, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed amendment, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 240—Public Service Commission Chapter 3—Filing and Reporting Requirements

PROPOSED RESCISSION

4 CSR 240-3.145 Filing Requirements for Electric Utility Rate Schedules. This rule prescribed the form and procedures for filing and publishing schedules of rates of all electric utilities under the jurisdiction of the Public Service Commission.

PURPOSE: This rule will be replaced with a consolidated and streamlined rule in Chapter 20.

AUTHORITY: sections 386.250 and 393.140, RSMo 2000. Original rule filed Aug. 16, 2002, effective April 30, 2003. Rescinded: Filed Nov. 7, 2018.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed rescission with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 17, 2019, and should include a reference to Commission Case No. EX-2018-0389. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 28, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed rescission, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT Division 240—Public Service Commission Chapter 3—Filing and Reporting Requirements

PROPOSED RESCISSION

4 CSR 240-3.180 Submission of Electric Utility Residential Heat-Related Service Cold Weather Report. This rule set forth the requirements for electric utilities to submit reports regarding services provided during the commission's designated cold weather period.

PURPOSE: This rule is being consolidated and streamlined into Chapter 13.

AUTHORITY: section 386.250, RSMo 2000. Original rule filed Aug. 16, 2002, effective April 30, 2003. Amended: Filed April 24, 2003, effective Dec. 30, 2003. Rescinded: Filed Nov. 7, 2018.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed rescission with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 18, 2019, and should include a reference to Commission Case No. AX-2018-0395. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 29, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed rescission, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT Division 240—Public Service Commission Chapter 3—Filing and Reporting Requirements

PROPOSED RESCISSION

4 CSR 240-3.185 Submission of Reports Pertaining to the Decommissioning of Electric Utility Plants. Electric utilities with nuclear plants submit the reports pertaining to the decommissioning trust fund of the nuclear plants as outlined in this rule. The rule pertaining to decommissioning trust funds may be found at 4 CSR 240-20.070.

PURPOSE: This rule is being consolidated into 4 CSR 240-20.070.

AUTHORITY: sections 386.250 and 393.292, RSMo 2000. Original

rule filed Aug. 16, 2002, effective April 30, 2003. Rescinded: Filed Nov. 7, 2018.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed rescission with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 17, 2019, and should include a reference to Commission Case No. EX-2018-0389. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 28, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed rescission, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 240—Public Service Commission
Chapter 3—Filing and Reporting Requirements**

PROPOSED RESCISSION

4 CSR 240-3.250 Submission of Gas Utility Residential Heat-Related Service Cold Weather Report. This rule set forth the requirements for gas utilities providing residential heat-related utility service to submit reports regarding services provided during the commission's designated cold weather period.

PURPOSE: This rule is being consolidated into Chapter 13.

AUTHORITY: section 386.250, RSMo 2000. Original rule filed Aug. 16, 2002, effective April 30, 2003. Amended: Filed April 24, 2003, effective Dec. 30, 2003. Rescinded: Filed Nov. 7, 2018.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed rescission with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 18, 2019, and should include a reference to Commission Case No. AX-2018-0395. Comments may also be sub-

mitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 29, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed rescission, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 240—Public Service Commission
Chapter 10—Utilities**

PROPOSED AMENDMENT

4 CSR 240-10.020 Income on Depreciation Fund Investments. The commission is amending sections (1), (4), and (5).

PURPOSE: This amendment updates references which are no longer relevant.

(1) In the process of determining the reasonableness of rates for service, income shall be determined on the depreciation funds of the gas, electric, water, [telegraph,] telephone, and heating utilities pertaining to their properties used and useful in the public service in Missouri and shall be applied in reduction of the annual charges to operating income of those utilities.

(4) The rate of three percent (3%) per annum referred to in section (3) shall be applied in the case of each gas, electric, water, [telegraph,] telephone, and heating utility of Missouri; provided, however, that modification of the rate may be made upon the commission's own motion or upon proper showing by a utility that the rate is not reasonably and equitably applicable to it.

(5) Affected utilities shall prepare and include in their annual reports to the commission, [commencing with their annual reports for the year 1945,] and, in the reports that may be required by the commission from time-to-time, schedules showing for the year or period covered by these reports the income from the investment of moneys in depreciation funds. The schedules referred to shall be in the form prescribed by this commission and shall include, among other things that may be prescribed, the principal amount of depreciation funds as represented by balances in depreciation reserve accounts, any adjustments of the depreciation funds and accounts with complete details and explanations of [then] them, and the amount of the income from the investment of moneys in depreciation funds computed at the rate of three percent (3%) per annum or such other rate as may be prescribed by order of this commission.

AUTHORITY: sections 392.280 and 393.260, RSMo [1986] 2016. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed amendment with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 18, 2019, and should include a reference to Commission Case No. AX-2018-0395. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 29, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed amendment, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 240—Public Service Commission
Chapter 10—Utilities**

PROPOSED AMENDMENT

4 CSR 240-10.040 Service and Billing Practices for Commercial and Industrial Customers of Electric, Gas, Water and Steam Heat Utilities. The commission is amending section (4).

PURPOSE: This amendment updates references which are no longer relevant.

(4) Each utility may require from any customer at any time a cash deposit or, at its option, a personal guarantee of a responsible person provided that the amount of any such deposit or guarantee so required shall not exceed an estimated bill covering one (1) billing period plus thirty (30) days. A cash deposit shall bear interest at a rate specified in the utility's tariffs, approved by the commission, which shall be credited annually upon the account of the customer or paid upon the return of the deposit, whichever occurs first, and provided the cash deposit remains for a period of at least six (6) months. *[The rate of interest of the cash deposit shall be only three percent (3%) per annum if the utility keeps the cash deposit in a separate and distinct trust fund and deposited as such in some bank or trust company and not used by the utility in the conduct of its business.]* These provisions shall not apply to any deposits or guarantees made by the customer for the purpose of securing an extension of or additions to a utility's distributing system in accordance with the utility's rules covering these extensions as filed with this commission. Interest shall not accrue on any cash deposit after the date the utility has made a bona fide effort to return that deposit to the depositor. The utility, in its records, shall keep evidence of its effort to return the deposit. Each utility shall file with the commission, *[by April 12, 1993,]* a tariff setting forth the interest rate payable on cash deposits, unless the utility already has a rate of interest set forth in its tariff.

AUTHORITY: sections 386.250, *[RSMo Supp. 1991 and]* 393.140, and 393.290, RSMo *[1986]* 2016. Original rule filed March 5, 1953, effective March 15, 1953. Amended: Filed Sept. 22, 1959, effective Oct. 1, 1959. Amended: Filed May 2, 1968, effective May 16, 1968. Amended: Filed June 10, 1992, effective Feb. 26,

1993. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed amendment with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 18, 2019, and should include a reference to Commission Case No. AX-2018-0395. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 29, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed amendment, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**

**Division 240—Public Service Commission
Chapter 13—Service and Billing Practices for Residential
Customers of Electric, Gas, Sewer, and Water Utilities**

PROPOSED AMENDMENT

4 CSR 240-13.010 General Provisions. The commission is deleting section (3) and renumbering section (4).

PURPOSE: This amendment removes redundant language.

[(3) Use of the informal process contained in these rules shall not constitute a formal complaint as defined in 4 CSR 240-2.070.]

[(4)](3) A utility shall adopt rules governing its relations with customers and applicants for service which are consistent with this chapter. The rules shall be part of a utility's tariffs and shall be consistent with this chapter. Any tariff revisions, if required to comply with this chapter or to reflect any variances previously granted by the commission, shall be filed by the utility within ninety (90) days of the effective date of this rule. Once such revised tariffs become effective, the utility's tariffs shall be deemed to be in full compliance with this chapter.

AUTHORITY: sections 386.250(6) and 393.140(II), RSMo *[2000]* 2016. Original rule filed Dec. 19, 1975, effective Dec. 30, 1975. Amended: Filed Oct. 14, 1977, effective Jan. 13, 1978. Rescinded and readopted: Filed Sept. 22, 1993, effective July 10, 1994. Amended: Filed Aug. 1, 2013, effective March 30, 2014. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed amendment with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 18, 2019, and should include a reference to Commission Case No. AX-2018-0395. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 29, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed amendment, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 240—Public Service Commission Chapter 13—Service and Billing Practices for Residential Customers of Electric, Gas, Sewer, and Water Utilities

PROPOSED AMENDMENT

4 CSR 240-13.015 Definitions. The commission is amending subsections (1)(A) and (1)(G).

PURPOSE: This amendment clarifies definitions contained in this chapter.

(1) The following definitions shall apply to this chapter:

(A) Applicant means an individual(s) or other legal entity who has [applied to receive residential] requested utility service but has not yet received service at the requested location;

(G) Customer means a person or legal entity [responsible] who is presently or has previously received service from the utility and accepted responsibility for payment for service, except one denoted as a guarantor;

AUTHORITY: sections 386.250(6) and 393.140(II), RSMo [2000] 2016. Original rule filed Sept. 22, 1993, effective July 10, 1994. Amended: Filed March 24, 2004, effective Oct. 30, 2004. Amended: Filed Aug. 1, 2013, effective March 30, 2014. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition

to the proposed amendment with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 18, 2019, and should include a reference to Commission Case No. AX-2018-0395. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 29, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed amendment, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 240—Public Service Commission Chapter 13—Service and Billing Practices for Residential Customers of Electric, Gas, Sewer, and Water Utilities

PROPOSED AMENDMENT

4 CSR 240-13.020 Billing and Payment Standards. The commission is amending section (1).

PURPOSE: This amendment removes unnecessary language.

(1) A utility shall [normally] render a bill for each billing period to every residential customer in accordance with commission rules and its approved tariff.

AUTHORITY: sections 386.250(6) and 393.140(II), RSMo [2000] 2016. Original rule filed Dec. 19, 1975, effective Dec. 30, 1975. For intervening history, please consult the Code of State Regulations. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

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**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 240—Public Service Commission
Chapter 13—Service and Billing Practices for Residential
Customers of Electric, Gas, Sewer, and Water Utilities**

PROPOSED AMENDMENT

4 CSR 240-13.025 Billing Adjustments. The commission is amending subsection (1)(D).

PURPOSE: This amendment changes language to allow flexibility.

(1) For all billing errors, the utility will determine from all related and available information the probable period during which the condition causing the errors existed and shall make billing adjustments for that period as follows:

(D) No utility is required to issue a billing adjustment [shall be made] if the full amount of the adjustment is less than one dollar (\$1);

AUTHORITY: section 393.140(II), RSMo [2000] 2016. Original rule filed Sept. 22, 1993, effective July 10, 1994. Amended: Filed Aug. 1, 2013, effective March 30, 2014. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

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**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 240—Public Service Commission
Chapter 13—Service and Billing Practices for Residential
Customers of Electric, Gas, Sewer, and Water Utilities**

PROPOSED AMENDMENT

4 CSR 240-13.030 Deposits and Guarantees of Payment. The

commission is amending section (3).

PURPOSE: This clarifies the language of the deposit procedure in this chapter.

(3) [Deposits for gas and electric service] **If the customer is unable to pay the entire deposit** assessed under the provisions of subsection (2)(A) or (C) of this rule during the months of November, December, and January, **the deposit for gas and electric service may be paid[, if the customer is unable to pay the entire deposit,]** by installments over a six (6)-month period.

AUTHORITY: sections 386.250(6) and 393.140(II), RSMo [2000] 2016. Original rule filed Dec. 19, 1975, effective Dec. 30, 1975. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

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**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 240—Public Service Commission
Chapter 13—Service and Billing Practices for Residential
Customers of Electric, Gas, Sewer, and Water Utilities**

PROPOSED AMENDMENT

4 CSR 240-13.050 Discontinuance of Service. The commission is removing the physician's certificate after section (12).

PURPOSE: This removes the actual physician's certificate of medical need for utility service.

(12) Upon the customer's request, a utility shall restore service consistent with all other provisions of this chapter when the cause for discontinuance has been eliminated, applicable restoration charges have been paid and, if required, satisfactory credit arrangements have been made. At all times, a utility shall make reasonable effort to

restore service upon the day service restoration is requested, and in any event, restoration shall be made not later than the next working day following the day requested by the customer. The utility may charge the customer a reasonable fee for restoration of service, if permitted in the utility's approved tariffs.

[PHYSICIAN’S CERTIFICATE OF MEDICAL NEED FOR UTILITY SERVICE

The Missouri Public Service Commission requires utilities under its jurisdiction to honor physician’s certificates, or a physician’s letter on the physician’s letterhead, which attests to the fact that a utility customer or any permanent resident of the household has a serious medical condition, and clearly states that the discontinuance of that utility’s service would rapidly either give rise to a substantial risk of death or gravely impair the health of the customer or another permanent household resident.

A licensed physician or other licensed health care professional providing health care services to the patient may initially notify the utility of the serious medical condition and substantial risk of death or grave impairment of health resulting from discontinuance of utility service. However, the notice must be followed within fourteen (14) days by the certificate or letter referenced above. The certificate is valid for at least twenty-eight (28) days from the date of first notice.

You are being asked to verify that the stated medical condition exists. This certificate allows the utility customer time to secure payment for utility service or to make alternate arrangements for care of the patient. Thank you for your cooperation.

To: (Name of Utility)

Date:

I certify that loss of (electric / gas / water/ sewer) utility service would rapidly either give rise to a substantial risk of death or gravely impair the health of my patient, _____, who lives at _____.

The nature of the serious medical condition is (fill in)_____.

The effect of loss of the selected utility service would be (fill in)_____.

I am licensed to practice medicine by the Missouri State Medical Board or a comparable licensing authority in the State of _____.

Physician’s Signature

Physician Name (Please Print)
Address
Phone Number]

AUTHORITY: sections 386.250(6) and 393.140(11), RSMo [2000] 2016. Original rule filed Dec. 19, 1975, effective Dec. 30, 1975. For intervening history, please consult the Code of State Regulations. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

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Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 240—Public Service Commission

Chapter 13—Service and Billing Practices for Residential Customers of Electric, Gas, Sewer, and Water Utilities

PROPOSED AMENDMENT

4 CSR 240-13.055 Cold Weather Maintenance of Service: Provision of Residential Heat-Related Utility Service During Cold Weather. The commission is amending the purpose and adding section (15).

PURPOSE: This amendment is to correct a rule reference error and streamline provisions formerly in Chapter 3.

(3) Notice Requirements. From November 1 through March 31, prior to discontinuance of service due to nonpayment, the utility shall—

(C) Attempt to contact the customer at the time of the discontinuance of service in the manner specified by 4 CSR 240-13.050(8)(9);

(15) Each utility providing heat-related utility service shall submit as a non-case related filing a report with the commission for each calendar month no later than the twentieth (20th) day of the following month. The utility shall provide a copy of each report to the Office of the Public Counsel. The utility shall report for each operational district into which the utility has divided its Missouri service territory the number of days it was permitted to discontinue service under 4 CSR 240-13.055, and the utility shall

separately report on the information listed below for customers receiving energy assistance and customers who are affected by 4 CSR 240-13.055 and not known to be receiving energy assistance. All information submitted shall be considered public information; however, no customer-specific information shall be re-reported or made public. Utilities providing both electric and gas service shall report the following information separately for their gas-only territory:

(A) How many customers were—

1. Disconnected at the end of the period;
2. Of those disconnected, how many customers had service discontinued for nonpayment during the period; and
3. Of those discontinued during the period, how many customers were restored to service during the period.

(B) Of customers reported as disconnected at the end of the period—

1. How many had broken a cold weather rule pay agreement;
2. How many had broken a non-cold weather rule pay agreement; and
3. How many had not been on a pay agreement.

(C) Of those customers reconnected during the period—

1. How many customers received energy assistance (pledged or paid) from—

A. Low Income Home Energy Assistance Program (LIHEAP);

B. Energy Crisis Intervention Program (ECIP); and

C. Other services known to the utilities.

2. How much energy assistance was provided by—

A. LIHEAP;

B. ECIP;

C. Other sources known to the utility; and

D. Customer.

(D) Of customers restored to service during the period—

1. How many were put on a cold weather rule pay agreement; and
2. How many were put on a non-cold weather rule pay agreement.

(E) How much was owed by those disconnected at the end of the period—

1. How much was owed by those disconnected during the period; and

2. How much was owed by those reconnected during the period.

(F) How many customers were registered under 4 CSR 240-13.055(1)(D) at the end of the period—

1. How many customers registered during the period; and

2. How many of such registered customers had service discontinued during the period.

(G) For how many customers during the period did the utility receive—

1. LIHEAP;

2. ECIP; and

3. Other assistance known to the utility.

(H) How much cash did the utility receive on behalf of customers during the period from—

1. LIHEAP;

2. ECIP; and

3. Others known to the utility.

(I) How many customers who requested reconnection under terms of this rule were refused service pursuant to section 4 CSR 240-13.055(11).

(J) How many customers received energy assistance insufficient in amount to retain or restore service.

(K) The number of customers who agreed to pay for their heat-related utility service under a payment agreement in accordance with 4 CSR 240-13.055.

AUTHORITY: sections 386.250 [and], 393.140, [RSMo 2000,]

and [section] 393.130, RSMo [Supp. 2013] 2016. Original rule filed June 13, 1984, effective Nov. 15, 1984. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

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Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 240—Public Service Commission Chapter 13—Service and Billing Practices for Residential Customers of Electric, Gas, Sewer, and Water Utilities

PROPOSED AMENDMENT

4 CSR 240-13.070 Commission Complaint Procedures. The commission is amending section (4).

PURPOSE: This amendment is to clarify the complaint process.

(4) If the staff is unable to resolve the **informal** complaint to the satisfaction of the parties, the staff shall call the complainant and utility and note such conversation into the commission's electronic file and information system and send a dated letter or email to that effect to the complainant and to the utility. Staff shall also advise the customer of his/her right to file a formal complaint with the commission under 4 CSR 240-2.070.

AUTHORITY: sections 386.250(6) and 393.140(11), RSMo [2000] 2016. Original rule filed Dec. 19, 1975, effective Dec. 30, 1975. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private enti-

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Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 240—Public Service Commission Chapter 20—Electric Utilities

PROPOSED AMENDMENT

4 CSR 240-20.070 Decommissioning Trust Funds. The commission is adding sections (4), (8), (13), and (14), amending section (7), and renumbering as needed.

PURPOSE: This rule is being amended to correct a reference and consolidate report requirements previously in Chapter 3.

(4) Every three (3) years, utilities with decommissioning trust funds shall perform and file with the commission cost studies detailing the utilities' latest cost estimates for decommissioning their nuclear generating unit(s) along with the funding levels necessary to defray these decommissioning costs. These studies shall be filed along with appropriate tariff(s) effectuating the change in rates necessary to accomplish the funding required. In addition, the commission, at any time for just cause, may require a utility to file an updated decommissioning cost study, funding requirement and associated tariff(s).

[(4)](5) Each utility shall establish a tax-qualified externally managed trust fund for the purpose of collecting funds to pay for decommissioning costs. The tax-qualified trust shall be established and maintained in accordance with the provisions of the *Internal Revenue Code*. If the utility has collected funds in excess of the Internal Revenue Service's (IRS) tax-qualified amount, a nontax-qualified externally managed trust fund shall be established and maintained for all these funds. These trust funds shall be administered pursuant to the following requirements:

(A) Each utility shall submit a copy of the decommissioning trust agreement and any other agreement entered into between the utility, trustee, and investment manager(s) for approval by the commission. The listing of trustee fees shall be contained in or attached to the trust agreement itself. Any change in the trust agreement, trustee, or investment manager(s) also shall be submitted to the commission for approval;

(B) The commission shall have the authority to require each utility

to change the trustee or investment manager(s) of a decommissioning trust for good cause shown. The commission shall be informed of any significant disputes between the utility, the trustee, or investment manager(s);

(C) Each utility shall maintain separate tax qualified trusts for each nuclear generating unit. All decommissioning trusts shall be maintained to show the amounts contributed annually by Missouri jurisdictional customers. Amounts to be contributed annually for Missouri jurisdictional customers shall be computed based on the jurisdictional allocator used in the company's last general rate proceeding unless otherwise ordered by the commission;

(D) The decommissioning trust shall be funded through no less than quarterly payments by the utility. The tax-qualified trust shall be funded with the lesser of the utility's decommissioning costs reflected in its cost of service or the maximum amount allowable by the IRS. All funds in excess of the IRS's ruling amount shall be placed in a nonqualified trust;

(E) The trustee or investment manager(s) shall invest the tax-qualified trust assets and nontax-qualified trust assets only in assets that are prudent investments for assets held in trust and in a manner designed to maximize the after-tax return on funds invested, consistent with the conservation of the principal, subject to the limitations specified as follows:

1. The trustee and investment manager(s) shall not invest any portion of the tax-qualified or nontax-qualified trust's funds in the securities or assets of the following:

A. Any owner or operator of a nuclear power plant;

B. Any index fund, mutual fund, or pooled fund in which more than fifteen percent (15%) of the assets are issued by owners or operators of nuclear power plants;

C. Any affiliated company of the utility; or

D. The trustee or investment manager's(s') company or affiliated companies (This limitation does not include time or demand deposits offered through the trustee or investment manager's(s') affiliated banking operations.);

2. The nontax-qualified trust shall be subject to the prohibitions against self-dealing applicable to the tax qualified trust as specified in the *Internal Revenue Code*; and

3. A utility's total book value of investments in equity securities in all of its decommissioning trusts shall not exceed sixty-five percent (65%) of the trust funds' book value; and

(F) All income earned by a trust's funds shall become a part of that trust's funds.

//(5)/(6) The utility shall take every reasonable action to provide reasonable assurance that adequate funds are available at the nuclear generating unit's termination of operation, so that decommissioning can be carried out in a safe and timely manner and that lack of funds does not result in delays that may cause undue health and safety hazards.

//(6)/(7) The utility shall maintain its nuclear generating unit(s) in a manner calculated to minimize the utility's total cost of maintenance and decommissioning, consistent with the prudent operation of the unit.

(8) At the time a tariff(s) is filed by a utility, which proposes any change in rates due to changes in the estimate of decommissioning cost or the funding level of its nuclear decommissioning trust fund(s), the utility shall file the following minimum information in support of the need for changes in its tariff rates:

(A) An updated decommissioning cost study which estimates the cost of decommissioning and the funding levels necessary to defray these costs. This study shall contain the following information:

1. Detailed quantities and unit prices in current dollars for each system of the nuclear generating unit to be decommissioned;
2. A detailed breakdown between radioactive contaminated

systems and those systems which are not contaminated by radioactivity;

3. Funding levels which are computed on a levelized basis and which accrue future decommissioning costs over the remaining licensed life of the nuclear generating unit. The utility shall include the earnings rate and inflation rate assumed in the cost study as compared to those assumed in any previous study;

4. A detailed description of any facilities that were added to or deleted from the cost study filed in the previous case;

5. The beginning date for the expenditure of funds for decommissioning assumed in the study shall be no later than the expiration date of the unit's current Nuclear Regulatory Commission (NRC) license; and

6. The study shall consider and evaluate all reasonable practices or procedures which would reduce the ultimate cost of decommissioning; and

(B) A summary description of the reasons (for example, changes in regulation, technology, or economics) that brought on the need to change the decommissioning cost estimate.

//(7)/(9) Upon the filing of the appropriate tariff(s) as set *in 4 CSR 240-3.180* forth in this rule, the commission shall establish a schedule of proceedings which shall be limited in scope to the following issues:

(A) The extent of any change in the level or annual accrual of funding necessary for the utility's decommissioning trust fund; and

(B) The changes in rates which would reflect any change in the funding level or accrual rate.

//(8)/(10) For a fund intended to be tax qualified, after receipt of any commission order modifying the annual decommissioning funding requirements, the affected utility shall apply for an adjusted IRS ruling in a timely manner, seeking deductibility of the new annual decommissioning cost accruals consistent with the effective dates given in the order. Pending final IRS approval, the utility shall be authorized to continue funding at the level which existed prior to the commission order provided that the utility will take all appropriate action to preserve the tax deduction of the amounts subsequently approved in the IRS ruling.

//(9)/(11) Distributions may be made from a nuclear decommissioning trust fund only to satisfy the liabilities of the utility for nuclear decommissioning costs relating to the nuclear generating unit for which the decommissioning fund was established and to pay administrative costs, income taxes, and other incidental expenses of the trust fund. The utility shall not use proceeds of the trust for the purpose of filing for an updated tax ruling or to qualify the trust.

//(10)/(12) Each utility shall file with the commission the detailed plan required by the Nuclear Regulatory Commission (NRC) for the decommissioning of its nuclear generating unit when that plan is filed with the NRC. Before any distribution of decommissioning trust funds are made for the decommissioning of its nuclear generating unit, the utility must notify and obtain commission approval of its intent to make this distribution.

(13) The utility or the trustee shall file reports quarterly to the commission. The reports shall contain the following information:

(A) A total of all jurisdictional balances of the trust fund(s) based on a carrying cost (book) value;

(B) A total of all jurisdictional balances of the trust fund(s) based on a market value;

(C) A Missouri jurisdictional balance of the trust fund(s) based on a carrying cost (book) value;

(D) A Missouri jurisdictional balance of the trust fund(s) based on a market value;

(E) A summary of the trust account including the utility's contributions, incomes, expenses, and a weighted average after-tax return for the quarter;

(F) A portfolio summary per asset class by amount and percentage;

(G) A detailed report of daily transactions; and

(H) Any other information the commission orders the utility or trustee to provide.

(14) The utility or the trustee shall file reports annually to the commission that contain the following information:

(A) An asset maturity schedule;

(B) A summary of the trust's portfolio of investments including a listing of each security detailing the carrying cost, current market value, maturity date, estimated annual income, and the yield to maturity;

(C) A copy of all correspondence including income tax returns and tax exempt rulings concerning the trust with the Internal Revenue Service (IRS) or any state revenue agency; and

(D) Any other information the commission orders the utility or trust to provide.

[(11)](15) The utility shall conduct the decommissioning of its nuclear generating unit in accordance with NRC requirements and must not knowingly allow any procedure that would unreasonably endanger human life or the environment.

[(12)](16) Upon termination of the trust, the utility shall file with the commission the appropriate tariff(s) to reflect the termination of payments into the decommissioning trust fund, as well as refund or credit any over collection of these funds.

[(13)](17) Upon proper application and after due notice and hearing, the commission may waive any provision of this rule for good cause shown.

[(14)](18) The commission may adopt further amendments as it deems necessary for the sound management of the trust fund(s), consistent with the purpose of this rule.

AUTHORITY: sections 386.250 and 393.292, RSMo [2000] 2016. Original rule filed Nov. 27, 1989, effective March 26, 1990. Amended: Filed May 4, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 16, 2002, effective April 30, 2003. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: *Anyone may file a statement in support of or in opposition to the proposed amendment with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 17, 2019, and should include a reference to Commission Case No. EX-2018-0389. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 28, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed amendment, and may be asked to respond to commission questions.*

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Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 240—Public Service Commission Chapter 20—Electric Utilities

PROPOSED RULE

4 CSR 240-20.105 Filing Requirements for Electric Utility Rate Schedules

PURPOSE: This rule updates language and streamlines provisions formerly in Chapter 3.

(1) Every electrical corporation, as defined in section 386.020, RSMo, engaged in the manufacture, generating, furnishing or transmission of electricity for light, heat, or power within Missouri is directed to have on file with this commission a schedule of all rates, rentals, and charges of whatever nature made by the electrical corporation for each kind of service it renders which are in force, together with proper supplements covering all changes in rate schedules authorized by this commission, if any.

(2) Every electrical corporation is directed to publish all of its schedules of rates with this commission as follows:

(A) To keep all of its schedules of rates established and filed with this commission in its main or principal operating office and in each division office which is now or may be established;

(B) To keep at each of its branch business offices where contracts for service are made or payment for customer's service is received, copies of all of its established schedules of rates which apply within the area served; and

(C) That all schedules of rates, at all times during business hours, shall be readily accessible to the public and shall be immediately produced for inspection upon the demand of any person. The production for inspection of schedules of rates shall be accompanied by such assistance on the part of the proper representative of the electrical corporation having a schedule to determine accurately the rate or charge applicable to any particular kind of electrical service.

(3) All schedules of rates, rentals, and charges, or rules relating and applying to service rendered in connection with the supplying of electrical energy for light, heat, and power or for any service rendered in connection with electrical energy supply, lawfully on file with the commission will be considered as continuing in force and may be amended in the manner provided in this rule.

(4) All schedules of rates must conform to this rule or they will be subject to rejection by the commission when tendered for filing. The commission reserves the right to direct the reprinting of any schedule at any time.

(5) In classifying rates for electrical service the following uniform system of classification will be followed as closely as practical:

(A) All lighting rates for residences, business places, theaters, public buildings, and the like will be placed under the head of commercial lighting;

(B) All power rates, including rates for battery charging, will be placed under the head of commercial power; and

(C) All rates for street lighting, including municipal street lighting and the free lighting of public buildings as is done in connection with street lighting will be placed under the head of street lighting.

(6) All schedules of rates filed with the commission shall bear a

number with the following prefix: PSC Mo. Rate schedules shall be numbered in consecutive serial order commencing with a No. 1 for each electrical corporation (for example, the first schedule PSC Mo., No. 1). The prefixes and numbers shall be printed on schedules as required by section (9) of this rule. For convenience the prefix is referred to as PSC.

(7) All sheets except the title page must show in the marginal space at the top of page or sheet, the name of the electrical corporation issuing the PSC No., the number of the schedule and the number of the page or sheet. At the bottom of the sheet in the marginal space must be shown, the date of issue and effective date, and the name, title and address of the officer by whom the schedule is issued.

(8) The title page or sheet, if loose leaf, of every schedule of rates shall show—

(A) The full corporate name of the issuing electrical corporation;

(B) The PSC number of the schedule in bold type in the center of the marginal space at top of the page and immediately under it in small type the PSC number(s) canceled;

(C) A brief description of the service areas from and to or within which the schedule applies;

(D) When a schedule rate is governed by a general publication, the reference to the general publication by its PSC number must be given. The following phraseology, as the case may be, will be used: "Governed except as otherwise provided herein by schedule PSC Mo. No., which schedule, revised and added pages or sheets or superseding issues thereof is hereby made a part of this schedule." The rate publication referred to must be on file with the commission and be kept at every place where the schedule making reference is to be kept for public inspection;

(E) The date of issue and the date effective. If the schedule or any portion is made to expire on a specified date, the following clause must be used: "expires, unless sooner changed, canceled, or extended";

(F) On every schedule, supplement or revised or added sheet issued on less than thirty (30) days' notice, by permission of the commission, the following notation must be shown: "Issued on ___ days' notice to the public and the commission under special permission of the Public Service Commission of Missouri, No. ___ of date ___." If issued in compliance with an order of the commission, the following notation must be shown: "Issued on ___ days' notice to the public and the commission under order of the Public Service Commission of Missouri, of date ___, in Case No. ___," when issued by authority of any section of this rule, the notice must be that required by the particular section granting permission;

(G) On the upper left-hand corner of a schedule of fewer than three (3) pages and on schedules issued in loose-leaf form, the words, "No supplement to this tariff will be issued except for the purpose of canceling this tariff." A schedule, not in loose-leaf form, of three (3) or more pages shall include the words, "Only one supplement to this schedule will be in effect at any one time"; and

(H) On the marginal space at the bottom of page will be given the name, title and address of the officer by whom the schedule is issued, the date of issue, and the effective date.

(9) The schedule shall contain in the order named—

(A) Table of Contents. Provide full and complete statement in alphabetical order of the exact location where information under the general headings or subjects will be found, specifying the page of item numbers. If the schedule contains so small a volume of matter that its title page or interior arrangement plainly may disclose its contents, the table of contents may be omitted;

(B) Description of Territory. A more lengthy description of the territory to be served than can be briefly set forth on the title page will often be necessary; any items in this category which bear any relation to the various rates should be explained under this heading;

(C) Classification of Service. Under this heading the kind of service separately grouped for commercial lighting, commercial power,

and street lighting will be set forth in the order named together with a detailed statement of the rate(s) in connection with same. A definite separation must be made between prompt payment discount and quantity discount and stating the manner in which they are computed clearly. If guarantees of any nature are required or a minimum charge made, the principles upon which they are based must be stated. In this case give the company's charges or deposits for meters. If penalties for delayed payments are exacted, the same must be stated. State whether current is estimated or metered and if so, how. State the company's practice in regard to lamp renewals. If a charge is made to the consumer for installing and connecting the service wires, this should be stated. State the character of the service, whether twenty-four (24)-hour or limited until midnight, whether the service is limited to certain hours of the day, on-peak, off-peak, optional service, auxiliary service, breakdown service, and the like. The kind of current, such as alternating or direct, together with the voltage, phase and frequency must be given in all cases;

(D) Rules. Under this heading will be set forth all rules which apply to contracts for furnishing electrical energy for light, heat, and power, and all of the company's rules in any way relating to service, together with any particular regulations relating to a special contract for service rendered which have not already been stated in connection with the description of rates under section (5) of this rule; and

(E) Definition and Explanation of Reference Marks. Under this heading, as its name implies, shall be given the necessary description of any reference marks employed in connection with the rate tables, that is, explain the meaning of watt, kilowatt hour, horsepower, and the like. If symbols or abbreviations are used, explain their meanings, such as kilowatt hour for K.W.H.; ampere for amp. When ratings are used based on capacity installation or a percentage of capacity installation, a table of equivalents for estimating these ratings must be given. For example, one (1) sixteen (16)-candle power carbon filament lamp equals about fifty-five (55) watts. If terms maximum demand, load factor, rated capacity, peak, and the like, are used in the schedule, these should be explained under this caption. All definitions of terms and explanation of terms or symbols, abbreviations or reference marks should be arranged in logical sequence and in a manner that they will be readily understood.

(10) If a schedule or supplement to a schedule is issued which conflicts with a part of another schedule or supplement of a schedule which is in force at the time and which is not canceled in full, it specifically shall state the portion of the other schedule which is canceled and the other schedule, at the same time, shall be correspondingly amended, effective on the same date, in the regular way; and the supplement to the amended schedule shall be filed at the same time and in connection with the schedule which contains the new rates, rentals, or charges.

(11) If a schedule is canceled with the purpose of canceling entirely the rates, rentals, or charges named in the schedule or when through error or omission, a later issue failed to cancel the previous issue and a schedule is canceled for the purpose of perfecting the record, the cancellation notice must not be given a new PSC number, but must be issued as a supplement to the schedule which it cancels, even though the schedule at the time may have a supplement in effect.

(12) If a schedule or a part of a schedule is canceled, the cancellation notice shall make specific notice to the PSC number of the schedule in which the rates, rentals, or charges will be found; or if no rates, rentals, or charges are in effect, it shall state so. Cancellation of a schedule also cancels a supplement to the schedule in effect, if any. If a schedule is canceled by a similar schedule to take its place, the cancellation notice must not be given by supplement, but by notice printed in a new schedule.

(13) A change in a schedule shall be known as an amendment and excepting amendments to schedules issued in loose-leaf form, shall be printed in a supplement to the schedule which it amends, specifying

the schedule by its PSC number. The supplement shall be reissued each time an amendment is made and shall always contain all the amendments to the schedule that are in force. Supplements to schedules shall be numbered consecutively as supplements to the schedules and shall not be given new or separate PSC numbers. An amendment must always be printed in the supplement in its entirety as amended.

(14) A schedule which contains reissued items brought forward from a previous issue which has not been in effect thirty (30) days or a supplement which brings forward reissued items without change from a former supplement or schedule, must bear the notation "Effective _____, except as noted in individual items." "Example: Issued _____, 20____; effective _____, 20____, except as noted in individual items." Reissued items brought forward without change must show in a conspicuous form and convenient manner the following: "Reissue" in black face type; the effective or the date upon which it becomes effective; in PSC Mo. No. _____ "or in supplement No. _____ to PSC Mo. No. _____." When the reissued item became effective in a former supplement to the same schedule, the PSC number may be omitted, but the supplement number must be given.

(15) Except as otherwise provided in this rule, there shall be at no time more than one (1) supplement in effect to any schedule and the effective supplement to a schedule of twenty (20) or more pages may not contain more than twenty percent (20%) of the number of pages or sheets in the schedule, including the title page, a supplement to a schedule of fewer than twenty (20) pages or ten (10) sheets may not contain more than four (4) pages or two (2) sheets, including the title page.

(16) All changes in and additions to schedules issued in loose-leaf form must be made by reprinting both pages of the leaf or sheet upon which the change is made. When no change or addition is made on one (1) of the pages reprinted, it must bear the notation, "No change in this page." Those pages or sheets shall not be given supplement numbers, but must be designated "First revised page or sheet," "Second revised page or sheet," and the like and must show the name of the issuing corporation and the PSC number of the schedule, the issued and effective dates and the name, title and address of the officer by whom issued.

(17) If a new schedule is filed on statutory notice canceling another schedule and after that filing and prior to the effective date of the new schedule, a supplement to the schedule to be so canceled should be lawfully issued, the rates, rentals, or charges in that supplement could not continue in effect for the thirty (30) days required by law because the cancellation of the schedule also cancels the supplement to it. In this case the supplement containing changes not included in the schedule that is to become effective may be issued as a supplement both to the schedule in effect and to the schedule on file that will effect a cancellation and be given both PSC numbers. In other words, such an issue must be a supplement of each of the schedules and copies must be filed accordingly. A supplement issued under this rule containing reissued items shall note in connection with each item, in addition to the effective date required by this rule, that the reissued items expire on the date on which the new schedule will apply in lieu thereof; and the reissued items must not be brought forward in a subsequent supplement to the new schedule. This supplement may not contain any changes except those lawfully made by supplement to the schedule which is to be canceled by the schedule that has been filed and that is also supplemented; and no other kind of a supplement to a schedule that is on file and not yet effective may be made effective within thirty (30) days from the effective date of the schedule without special permission of the commission.

(18) The provisions of section (16) of this rule as to the number of supplements to a schedule that may be in effect at any time and the

volume of supplemental matter they may contain need not be observed in connection with a supplement issued under sections (14)-(18) of this rule.

(19) In case of change of ownership and operation of any electrical corporation's property or of the electrical corporation in possession and operating the property, the electrical corporation taking over the operation of the properties, if the existing rates would otherwise remain legally effective, shall issue immediately and file with the commission, with PSC number, an adoption notice substantially as follows:

(A) "The (name of the electrical corporation) hereby adopts, ratifies, and makes its own, in every respect as if the same had been originally filed by it, all schedules, rules, notices, concurrences, schedule agreements, divisions, authorities, or other instruments whatsoever, filed with the PUBLIC SERVICE COMMISSION, State of Missouri, by the (name of the electrical corporation), prior to (date), the beginning of its possession. By this notice it also adopts and ratifies all supplements or amendments to any of the above schedules, etc., which (name of the electrical corporation) has heretofore filed with said commission. This notice may be made effective as of the date it is filed with the commission.";

(B) In the event that the successor corporation does not intend to adopt some of those schedules, rates, rules, notices, concurrences, authorities, or other instruments, the notice shall specify those which are not adopted, and the successor corporation as to such exceptions shall give the cancellation or withdrawal notice provided in this rule;

(C) The adoption notice shall stand and be effective as to all of the local issues of the predecessor electrical corporation; and

(D) In case of a receivership, the receiver shall be deemed as continuing in force the schedules and rules of the corporation whose property s/he has in charge.

(20) Schedules and schedule supplements shall be filed with the commission by the proper officer of the electrical corporation designated to perform that duty; and supplements must be on file with the commission or accompany the schedule or supplement.

(21) All changes in rates, charges, or rentals or in rules that affect the rates, charges, or rentals shall be filed with the commission at least thirty (30) days before the date upon which they are to become effective. The title page of every rate schedule or supplement and the reissue on any page or sheet must show a full thirty (30) days' notice except as otherwise provided in this rule. The proposed change shall be accompanied by a brief summary, approximately one hundred (100) words or less, of the effect of the change on the company's customers. A copy of any proposed change and summary shall also be served on the public counsel and be available for public inspection and reproduction during regular office hours at the general business office of the utility.

(22) Each electrical corporation has the duty of filing with the commission all its schedules of rates and supplements or any rule relative to them which may be announced by the commission, under penalty for failure to do so. The commission will give consistent assistance as it can in this respect, but the fact that the receipt of a rate schedule or a supplement to a rate schedule is acknowledged by the commission, or the fact that a rate schedule or supplement to a rate schedule is in the files of the commission, will not serve or operate to excuse the electrical corporation or municipality from its responsibility or liability for any violation of the law or of any ruling lawfully made which may have occurred in connection thereunder with the construction of filing of a rate schedule or supplement.

(23) Thirty (30) days' notice to the commission is required as to every publication relating to electrical rates or service except where publications are made effective on less than statutory notice by permission, regulation, or requirement of the commission.

(24) Except as is otherwise provided, no schedule or supplement will be accepted for filing unless it is delivered to the commission free from all charges or claims for postage, the full thirty (30) days required by law before the date upon which the schedule or supplement is stated to be effective. No consideration will be given to or for the time during which a schedule or supplement may be held by the post office authorities because of insufficient postage. When a schedule or a supplement is issued and as to which the commission is not given the statutory notice, it is as if it had not been issued and a full statutory notice must be given of any reissue. No consideration will be given to telegraphic notices in computing the thirty (30) days' notice required. In these cases the schedule will be returned to the sender and correction of the neglect or omission cannot be made which takes into account any time elapsing between the date upon which that schedule or supplement was received and the date of the attempted correction. For rate schedules and supplements issued on short notice under special permission of the commission, literal compliance with the requirements for notice named in any order, regulation, or permission granted by the commission will be exacted.

(25) When a schedule is rejected by the commission as unlawful, the records will so show and that schedule should not in the future be referred to as canceled, amended, or otherwise except to note on the publication issued in lieu of that rejected schedule, "In lieu of _____, rejected by the commission;" nor shall the number which it bears be used again.

(26) Rates, charges, or rentals or regulations relating to them, prescribed by the commission in its decisions and orders, after hearings upon formal complaints, shall in every instance be promulgated by the electrical corporation against which those orders are entered, in duly published and filed rate schedules, supplements, or revised pages or sheets of schedules, and notice shall be sent to the commission that its order in Case No. _____ has been complied with in item _____, page _____, of schedule PSC Mo. No. _____; or supplement to schedule PSC Mo. No. _____; or reissued page or sheet No. _____ to schedule PSC Mo. No. _____.

(27) Schedules and supplements shall be filed in numerical order of PSC numbers. If in any instance this procedure is not observed as required by these rules, a memorandum must accompany the schedule so filed with the commission explaining omission of missing number(s).

(28) Electrical corporations are directed, in filing schedules, to transmit one (1) copy of each rate schedule, supplement, or other charges or regulations for the use of the commission. Schedules sent for filing must be addressed to Public Service Commission, PO Box 360, Jefferson City, MO 65102.

(29) All schedules filed with the commission shall be accompanied by a letter of transmittal, in duplicate if receipt is desired, which shall be prepared consistent with the format designated by the commission.

AUTHORITY: sections 386.250 and 393.140, RSMo 2016. Original rule filed Nov. 7, 2018.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed rule with the Missouri Public Service Commission,

Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City, MO 65102-0360. To be considered, comments must be received at the commission's offices on or before January 17, 2019, and should include a reference to Commission Case No. EX-2018-0389. Comments may also be submitted via a filing using the commission's electronic filing and information system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for January 28, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed rule, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

**Title 5—DEPARTMENT OF ELEMENTARY AND
SECONDARY EDUCATION
Division 20—Division of Learning Services
Chapter 100—Office of Quality Schools**

PROPOSED RESCISSION

5 CSR 20-100.120 Advanced Placement and International Baccalaureate Fee Payment Programs. This rule authorized the Department of Elementary and Secondary Education to receive a grant award through the Federal Advanced Placement Fee Payment Program and to approve requests for the purpose of defraying the cost of Advanced Placement (AP) exam fees and International Baccalaureate (IB) exam fees for low-income students. This rule established the administrative procedures to approve requests for payments to pay a portion of the costs of AP exam fees and IB exam fees for students enrolled in these programs.

PURPOSE: This rule is being rescinded due to the reauthorization of Public Law 114-95, the Federal Advanced Placement Fee Payment Program grant has ended. Missouri public schools are now able to utilize Title I and/or Title IV funds for this expense.

AUTHORITY: section 161.092, RSMo Supp. 2014, and section 178.430, RSMo 2000. This rule previously filed as 5 CSR 50-200.050. Emergency rule filed June 17, 1998, effective June 28, 1998, terminated July 24, 1998. Original rule filed June 17, 1998, effective Dec. 30, 1998. Moved to 5 CSR 20-100.120, effective Aug. 16, 2011. Amended: Filed Feb. 29, 2016, effective Oct. 30, 2016. Rescinded: Filed Nov. 5, 2018.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Elementary and Secondary Education, ATTN: Denise Farinella, Director of Gifted Education, Office of Quality Schools, PO Box 480, Jefferson City, MO 65102-0480 or email Denise.Farinella@dese.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 5—DEPARTMENT OF ELEMENTARY AND
SECONDARY EDUCATION
Division 20—Division of Learning Services
Chapter 100—Office of Quality Schools**

PROPOSED AMENDMENT

5 CSR 20-100.190 Graduation Requirements for Students in Public High Schools. The State Board of Education is proposing to amend sections (1), (2), and (4), delete section (3), and renumbering as needed.

PURPOSE: The State Board of Education has adopted rules to govern the graduation requirements.

PURPOSE: This rule establishes minimum graduation requirements for public schools [districts].

(1) High School Graduation Requirements. *[Effective for the graduating class of 2010 and thereafter, the state minimum high school graduation requirements comprise twenty-four (24) units of credit that must be earned between grades nine (9) and twelve (12).] Twenty-four (24) units of credit are required for graduation.* The requirements are stated in terms of the number of units of credit that must be earned in each subject area:

Subject Area	Units of Credit
Communication Arts	4.0
Social Studies	3.0
Mathematics	3.0
Science	3.0
Fine Art	1.0
Practical Arts	1.0
Physical Education	1.0
Health Education	.5
Personal Finance	.5[*]
Electives	7.0
Total Credits	24.0

*[*The .5 unit of credit of Personal Financial may be earned in social studies, practical arts or as an elective. If earned in social studies or practical arts, the required units of credit in that area are reduced by .5 (i.e. social studies from 3.0 to 2.5) and the elective total is increased to 7.5.]*

(2) The minimum high school graduation requirements should focus on competencies and align with the Missouri *[Show-Me] Learning Standards [and grade-level expectations]*. The Missouri *[Show-Me] Learning Standards [and grade level expectations]* are located on the Department of Elementary and Secondary Education (DESE) website.

[(3) Course Requirements. In order to earn one standard unit of high school credit, a student must earn a passing grade in that course. A standard unit of credit as defined by a course that meets for seven thousand eight hundred thirty (7,830) minutes during a school year. Half- and quarter-units of credit may be earned for courses meeting proportionately fewer minutes. However, if a student demonstrates mastery of the required competencies of a course, the district may grant credit through an alternative method with prior approval by DESE. Alternative time schedules may be approved if requested by the district.]

[(4)](3) Local Board Policies. Local boards of education must adopt and disseminate written policies concerning graduation. The policies must clearly set forth all requirements and all allowable variations. Local graduation policies must include at least the state minimum

requirements and may exceed the state minimums by requiring more total units of credit, requiring more units within a particular subject, or establishing additional requirements.

[(5)](4) Accommodation of Students with Disabilities: Local school boards must establish policies and guidelines that ensure students with disabilities have the opportunity to earn credits toward graduation in a non-discriminatory environment.

*[(6)](5) Variances and Substitutions. The state minimum graduation requirements cannot be applied with absolute uniformity in every case. Students' individual situations sometimes require consideration of variances and alternatives. If a local board chooses to allow these variances and alternatives, it must do so through officially adopted policies and *[through]* procedures that will ensure fair and consistent application of its policies.*

AUTHORITY: section 161.092, RSMo [Supp. 2004] 2016. This rule previously filed as 5 CSR 50-345.300. Original rule filed June 30, 2005, effective Jan. 30, 2006. Moved to 5 CSR 20-100.190, effective Aug. 16, 2011. Amended: Filed Nov. 15, 2018.

PUBLIC COST: This proposed amendment is estimated to cost state agencies or political subdivisions less than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Elementary and Secondary Education, ATTN: School Improvement, Office of Quality Schools, PO Box 480, Jefferson City, MO 65102-0480, or by email to msip@dese.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.*

**Title 5—DEPARTMENT OF ELEMENTARY AND
SECONDARY EDUCATION
Division 20—Division of Learning Services
Chapter 500—Office of Adult Learning and
Rehabilitation Services**

PROPOSED RESCISSION

5 CSR 20-500.110 Standards for Vocational Rehabilitation. This rule consisted of the federal standards which were applicable in Missouri for implementation of the Vocational Rehabilitation Act of 1973.

PURPOSE: The enactment of the Workforce Innovation and Opportunity Act of 2014 and the subsequent update to the Act's corresponding federal regulations in Title 34 CFR Chapter 361 rendered these standards either outdated or obsolete.

AUTHORITY: section 178.430, RSMo 1986. This rule previously filed as 5 CSR 90-2.011. Original rule filed Jan. 28, 1977, effective June 1, 1977. Rescinded and readopted: Filed July 23, 1982, effective Nov. 15, 1982. Amended: Filed Aug. 1, 1988, effective Nov. 25, 1988. Moved to 5 CSR 20-500.110, effective Aug. 16, 2011. Rescinded: Filed Nov. 5, 2018.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Elementary and Secondary Education, ATTN: Tim Gaines, Assistant Commissioner, Office of Adult Learning and Rehabilitation Services, 3024 DuPont Circle, Jefferson City, MO 65109 or email info@vr.dese.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and
Substance [Abuse] Use Disorder Treatment Programs**

PROPOSED AMENDMENT

9 CSR 10-7.010 [Treatment] Essential Principles and Outcomes. The department is amending the chapter and rule titles, purpose, and sections (1)–(12), adding new sections (13)–(15), deleting old sections (5), (7), (8), and (10), and renumbering as needed.

PURPOSE: This amendment changes the chapter and rule titles and purpose, updates terminology, and adds state-of-the-art principles and outcomes for behavioral health services.

PURPOSE: This rule describes [treatment] the essential principles and outcomes [in Alcohol and Drug Abuse Treatment Programs,] applicable to Opioid Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), [Compulsive] Gambling Disorder Treatment Programs, Institutional Treatment Centers, Recovery Support Programs, Substance Awareness Traffic Offender Programs (SATOP), Substance Use Disorder Treatment Programs, Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPR), and [Psychiatric] Outpatient Mental Health Treatment Programs. The performance indicators listed in this rule are examples of how [a treatment] an essential principle can be [met] measured 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] as well as areas a surveyor may observe or monitor, [consumer] including satisfaction and feedback [compiled by the department] from individuals served, 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] Essential Principles. The organization's service delivery [shall apply the key] practices shall incorporate the essential principles listed in this rule in a manner that [is]:

- (A) Is [A]adapted to the needs of different populations served;
- (B) Is [U]nderstood and practiced by staff [in] providing services and supports; [and]
- (C) Is [C]onsistent with clinical studies and practice guidelines for achieving positive outcomes[.];
- (D) Supports individuals in improving their capacities in all areas of functioning; and
- (E) Assists individuals in achieving their goals for recovery/resiliency and successfully managing their symptoms.

(2) Outcome Domains. Services shall [achieve] be delivered in a manner that promotes positive outcomes in the emotional, behavioral, social, and family functioning of individuals served. Positive outcomes [shall be] for individuals served are expected [to occur]

in the following domains:

- (A) Emotional and physical [S]afety for [the individual] themselves and others in his or her environment;
- (B) Improved functioning and 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] management of the symptoms associated with a behavioral health disorder;
- (C) [Improved functioning related to occupational/educational status, legal situation, social and family relationships, living arrangements, and health and wellness; and] Abstinence from drug and/or alcohol use or decrease in harmful use of substances;
- (D) [Consumer s]Satisfaction with services[.];
- (E) Increased/sustained employment or return to/remain in school;
- (F) Decreased involvement with the justice system;
- (G) Increased stability in housing;
- (H) Increased family, natural support, and social connections;
- (I) Increased parenting capacities;
- (J) Increased retention in services for substance use disorders, decreased inpatient hospitalization for mental health treatment, and reduction in out-of-home placement services;
- (K) Improved physical health and wellness; and
- (L) Increased sense of empowerment in management of their lives in all domains.

(3) [Outcome Measures and Instruments] Measuring Program Effectiveness. An organization shall measure outcomes for the individuals it serves and [shall] collect data related to the domains listed in [section] paragraph (2) of this rule. The data assists the organization in monitoring the quality of its services and determining their impact on the emotional, physical, social, and behavioral health of individuals served. 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 for services funded by the department. [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,] easy and timely access to services, engagement in services, 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)] family members and other natural supports, parents/guardians, courts, and other support systems to promote the individual's participation in services;
- 4. Addressing barriers to accessing treatment and other support services;
- 5. Providing [consumer and family] education to individuals, family members/natural supports, and parents/guardians 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] Empowering individuals to assume an active role in developing and achieving productive goals and identification of services; [and]
- 7. Delivering services in a manner that is responsive to each individual's [age] developmental needs, cultural background, gender identity, gender expression, language and communication skills, sexual orientation, and other factors[.], as indicated[.]; and
- 8. Recognizing the unique needs and priorities of individuals served as well as the challenges he or she may face in their journey of recovery/resiliency.

(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]* indicators may include, but are not limited to, *[the following:]*—

1. Convenient hours of operation consistent with the needs and schedules of *[persons]* individuals 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]* retention rate;
6. Rate of successfully completing treatment goals and/or the treatment episode; and
7. *[Consumer s]*Satisfaction *[and feedback]* with services as conveyed by individuals served and their family members and other natural supports.

[(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.]*

(5) Essential Principle—Person- and Family-Centered Care. Services shall be provided in a manner that addresses each individual's needs, goals, preferences, cultural traditions, family situation, and values.

(A) Individuals served and family members/natural supports of their choice shall be provided with information about the treatment options available in order to make informed decisions about the type and duration of services and providers.

(B) Development and implementation of a treatment plan that assists each individual in achieving his or her personal goals of recovery and resilience is a collaborative process involving the individual, family members/natural supports of his/her choice, and treatment team.

(C) For children and youth, person-centered planning is incorporated into a family-driven, developmentally appropriate, and youth-guided approach that recognizes the importance of family in the lives of children and the impact of services and supports on the entire family.

(D) When the family or natural support system may jeopardize safety (such as domestic violence, child abuse and neglect, separation and divorce, and/or financial and legal difficulties), services shall be available to educate family members/natural sup-

ports about the impact of these issues and strategies to reduce risk factors.

(E) Assistance in finding options for transportation, childcare, and safe and appropriate housing shall be utilized as necessary in order for individuals to participate in services and meet recovery/resiliency goals.

(F) For adults with children, services to enhance their parenting capacities shall be provided or arranged.

(G) Performance indicators may include, but are not limited to:

1. **Variability in the type and amount of services an individual receives consistent with his/her needs, goals, and progress;**
2. **Hospital readmission rates;**
3. **Rate of family/natural support engagement in direct services (such as family therapy) and continuing care;**
4. **Number of individuals receiving withdrawal management/detoxification services who continue treatment; and**
5. **Satisfaction with shared decision-making as conveyed by individuals served and their family members and other natural supports.**

(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.] Individuals shall be served in the most appropriate setting available based on their personal goals for recovery/resiliency and readiness to change, while assuring emotional and physical safety and protection from harm.

(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] indicators may include, but are not limited to, [the following:]—

1. *Utilization rate of inpatient hospitalization [and], residential [treatment] support, and out- of-home placement;*
 2. *Length of stay for inpatient [and residential treatment] hospitalization, residential support, and out-of-home services;*
 3. *Consistent use of admission/[placement] eligibility criteria;*
 4. *Distribution of individuals served among [levels of care] settings;*
 5. *Ongoing assessment of individuals to ensure the appropriate and least restrictive environment; and*
- [5.]6. [Consumer s]Satisfaction [and feedback] with services as conveyed by individuals served and their family members or other natural supports.*

[(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 services, 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.]

(7) Essential Principle—Promoting Recovery and Resilience. Services and supports shall be delivered in a manner consistent with the concept of recovery as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Services are provided that build, enhance, and activate skills for recovery and resilience for individuals, families, and other natural supports.

(A) Staff shall offer support and encouragement and model recovery/resilience from a behavioral health disorder, serious emotional disturbance, and/or substance use disorder in ways that are specific to the needs of each individual served. Services are provided in a safe, welcoming, culturally sensitive, trauma-sensitive, and age-appropriate environment where all individuals are engaged as equal partners.

(B) Individuals are educated about their illness, coping skills, and strategies to prevent a recurrence of symptoms and are encouraged to accomplish tasks and goals in an independent manner without undue staff assistance.

(C) The four dimensions of recovery shall be incorporated into the organization's service delivery practices:

1. Health—overcoming or managing one's disease(s) or symptoms such as:
 - A. Abstaining or reducing harmful use of alcohol, illicit drugs, and non-prescribed medications;
 - B. Participating in appropriate health care services to lower the incidence of diabetes, cardiovascular disease, coronary artery disease, HIV, and hepatitis C; and
 - C. Making informed, healthy choices that support physical and emotional well-being.
2. Home—having a stable and safe place to live;

3. Purpose—conducting meaningful daily activities such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society; and

4. Community—having relationships and social networks that provide support, friendship, love, and hope.

[(C)](D) 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] may include, but are not limited to, the following:]—

1. Measures of symptom frequency and severity;
2. Improved functioning related to—
 - A. [Occupational/educational status] Health, wellness and nutrition;
 - B. [Legal situation] Personal care (hygiene, grooming, dress);
 - C. [Social and family relationships] Communication;
 - D. [Living arrangements] Money management;
 - E. [Health and wellness] Safety;
 - F. Occupational/educational status;
 - G. Legal situation;
 - H. Social and family/natural support relationships;
 - I. Housing stability, maintenance;
 - J. Problem solving, decision making, and coping skills; and
 - K. Managing time, leisure skills, and productivity;
3. Tapering the intensity and frequency of services, consistent with individual progress; and
4. [Consumer s]Satisfaction [and feedback] with services as conveyed by individuals served and their family members and other natural supports.

[(9)](8) Essential [Treatment] Principle—Peer Support and Social Networks. Individuals served and their parents/legal guardians, family members, and other natural supports shall have access to peer support services, social networks, and resources in the community.

[(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.]

(A) Peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with a mental health condition, substance use disorder, or both. Through shared understanding, respect, and mutual empowerment, peer support specialists help people become and stay engaged in the recovery process and reduce the likelihood of a return to substance use. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of individuals seeking a successful, sustained recovery process.

(B) Peer support services shall be provided in a manner that reflect the core competencies, principles, and values identified in the publication, *Core Competencies for Peer Workers in Behavioral Health Services*, December 2017, developed by and available from SAMHSA, 5600 Fishers Lane, Rockville, MD 20857, (877) 726-4727. The referenced document does not include any later revisions or updates.

(C) Certified peer specialists shall be utilized within the organization's service array.

[(B)](D) 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] may include, but are not limited to, the following:]—

1. Rate of participation in community-based [self-help] recovery

support groups;

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

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

3. Number of certified peer specialists employed by the organization and documented delivery of peer support services; and

4. [Consumer s/Satisfaction [and feedback] with peer support services and accessibility to social networks as conveyed by individuals served and their family members/natural supports.

[(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.*]

(9) **Essential Principle—Medication Services.** Individuals shall have access to medications to treat mental illness and substance use disorders, including tobacco use.

(A) The organization shall implement written policies and procedures related to its medication practices.

(B) Individuals shall be educated about available medications, their intended benefits, and potential side effects in order to make informed choices regarding their use. Use of medication is not a requirement for receiving behavioral health services. Individuals shall not be denied their medication(s) because they are not participating in treatment.

(C) Staff of the organization, including contracted prescribers and providers, must be familiar with the full range of FDA-approved medications available for mental illness, substance use disorders, including tobacco use, and shall not be limited to a single model, approach, category, or formulation of medications.

(D) Individuals shall be educated about the importance of taking medication as prescribed and provided with aids such as pill boxes and blister packs, once-a-day long-acting medications, depot injections, and generic or lower-cost alternatives, when

appropriate.

(E) **Medication compliance shall be monitored by staff, as indicated by clinical need, to assist individuals in anticipating early warning signs of a recurrence of symptoms and develop strategies to maintain health and wellness.**

(F) **Routine communication and coordination with other service providers regarding the individual's medical conditions, test results, and prescribed medications occurs as clinically indicated.**

(G) **Performance indicators may include, but are not limited to—**

1. **Number of individuals receiving an FDA-approved medication for a diagnosed mental illness and/or substance use disorder, including tobacco use;**

2. **Variability in the use of FDA-approved medications for mental illness and substance use disorders, including tobacco use;**

3. **Reduction in rates of recurrence of symptoms among individuals served; and**

4. **Improvement in treatment retention and completion rates.**

[(12)](10) **Essential Principle—Services for Co-Occurring Disorders.** [For individuals with clearly established co-occurring disorders, coordinated services for these disorders shall be provided or arranged.] **Coordinated, evidence-based services shall be provided or arranged for individuals with a diagnosed co-occurring disorder.**

(A) Each individual seeking services shall be screened and assessed for co-occurring disorders and 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/**deemed status**;

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 **which he/she has been referred**; or

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

(C) Services [shall be] **are** continuously coordinated between programs, where applicable. Programs shall [—] **ensure services are not redundant or conflicting and maintain communication regarding the individual's treatment plan and progress.**

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

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

(D) **Performance indicators may include, but are not limited to—**

1. **Reduction in hospitalization rates;**

2. **Reduction in incarceration rates;**

3. **Reduction in readmissions to withdrawal management/detoxification services;**

4. **Increased stable housing/independent living arrangements;**

5. **Increased rates of competitive employment; and**

6. **Increased access to medical care.**

(11) **Essential Principle—Trauma-Informed Care.** Clinical and nonclinical staff shall be competent in recognizing and responding appropriately to the presence of the effects of past and current traumatic experiences in the lives of individuals served.

(A) **A trauma-informed organization—**

1. **Realizes the widespread impact of trauma and understands potential paths for recovery;**

2. **Recognizes the signs and symptoms of trauma in individuals, families/natural supports, staff, and others involved in the**

continuum of care;

3. Responds by fully integrating knowledge about trauma into its policies, procedures, practices, and environments; and

4. Seeks to actively prevent re-traumatization.

(B) Each individual shall receive services necessary to fully address his/her treatment needs. Appropriately trained staff shall screen for each individual's history of trauma and current personal safety in accordance with a model approved by the department. The agency providing the screening shall—

1. Directly provide necessary services to address the impact of trauma in accordance with the program's capabilities and certification;

2. Make a referral to a provider that can offer the necessary trauma services and continue to provide other needed services and maintain appropriate involvement until the individual is admitted to the agency which he/she is being referred; or

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

(C) Services shall be continuously coordinated between providers, as applicable, to ensure services are not redundant or conflicting and to maintain communication regarding the individual's treatment plan and progress.

(D) Individual trauma counseling shall be provided by a licensed mental health professional with specialized training in trauma services and/or equivalent work experience.

(E) Performance indicators may include, but are not limited to—

1. Decrease in trauma and mental health symptoms and substance use;

2. Improvement in daily functioning;

3. Improvement in relationships and self-esteem;

4. Decrease in utilization of crisis-based services; and

5. Improvement in housing stability.

(12) Essential Principle—Easy and Timely Access to Services. Services are easy to find, affordable, and readily available to individuals in the community.

(A) Services are available at convenient times and locations for individuals and their family members/natural supports, with prompt screening and engagement regardless of ability to pay.

(B) Interim services are made available to eligible individuals, when possible, by the organization or through referral to other community resources when immediate admission cannot be provided.

(C) Outreach and educational activities shall be conducted on a regular basis to educate the public about behavioral health issues, prevention strategies, diagnoses, and the availability of services in the community.

(D) Telehealth/telemedicine and other forms of technology are utilized in accordance with federal confidentiality regulations to increase access, engagement, and retention.

(E) Partnerships and affiliations among physical and behavioral health providers, law enforcement, courts, schools/universities, hospitals, family services, and other community resources shall be developed and actively implemented to educate staff, improve communication, and provide for easier access to the range of services and supports needed by the population served.

(F) Individuals shall be informed of available resources for housing, transportation, and childcare to assist them in accessing and engaging in necessary services and supports.

(G) Performance indicators may include, but are not limited to—

1. Same-day access to services;

2. Reduced wait time to set a first or subsequent appointment(s);

3. Increased retention in services; and

4. Satisfaction with accessibility to services as conveyed by individuals served and their family members/natural supports, referral sources, and other community partners.

(13) Essential Principle—Qualified and Competent Workforce. A core workforce (employed or contracted) shall be maintained that is appropriately qualified and determined competent to adequately address the needs of the population served and deliver the behavioral health services the organization is certified/deemed certified to provide.

(A) Staff shall have opportunities to participate in continuing education, training, technical assistance, or other workforce development activities related to evidence-based and best practices, federal, state and/or department initiatives, state-of-the-art technology, and other advances in the behavioral health field to enhance service delivery practices and improve individual outcomes.

(B) Direct service staff shall demonstrate competency in the areas identified by the Centers for Medicare and Medicaid Services, National Direct Service Workforce Resource Center, *Final Competency Set*, December 2014, 7500 Security Blvd., Baltimore, MD 21244, available at <https://www.medicaid.gov/medicaid/ltss/workforce/index.html>. The referenced document does not include any later updates or revisions. Competent staff shall—

1. Communicate in a respectful and clear manner, verbal and written, to build trust and productive relationships with individuals/families, co-workers and others;

2. Use person-centered practices, assist individuals to make choices and plan goals, and provide services to help individuals to achieve their goals;

3. Closely monitor an individual's physical and emotional health, gather information about the individual, and communicate observations to guide services;

4. Identify risks and behaviors that can lead to a crisis, and use effective strategies to prevent or intervene in the crisis in collaboration with others;

5. Be attentive to signs of abuse, neglect, or exploitation and follow procedures to protect an individual from such harm. Help individuals avoid unsafe situations and use appropriate procedures to assure safety during emergency situations;

6. Work in a professional and ethical manner, maintaining confidentiality and respecting individual and family rights;

7. Provide advocacy and empower and assist individuals to advocate for what they need;

8. Help individuals to achieve and maintain good physical and emotional health essential to their well-being;

9. Help individuals to manage the personal, financial, and household tasks that are necessary on a day-to-day basis to pursue an independent, community-based lifestyle;

10. Help individuals to be a part of the community through valued roles and relationships, and assist individuals with major transitions that occur in community life;

11. Respect cultural differences and provide services and supports that fit with an individual's preferences; and

12. Obtain and maintain necessary professional credential(s) and seek opportunities to improve their skills and work practices through further education, training, and self-development.

(C) Staff shall provide services within the scope of their respective state credential(s) and in accordance with all applicable federal, state, or local laws and other regulations.

(D) Performance indicators may include, but are not limited to—

1. A qualified and diverse workforce acclimated to the community culture;

2. Delivery of culturally appropriate services and supports;

3. Documented delivery of a broad range of individual and group services including specialized services for co-occurring disorders and trauma;

4. Satisfaction with services and supports as conveyed by individuals, family members/natural supports, referral sources, and other community stakeholders.

(14) **Essential Principle—Employment.** All individuals served who have a desire to work shall have access to appropriate resources to assist them in overcoming or addressing symptoms that interfere with seeking, obtaining, and maintaining a job.

(A) Evidence-based and best practices shall be implemented to promote recovery/resiliency and assist individuals in obtaining and maintaining integrated, competitive, and meaningful employment of their choice.

(B) Staff shall work collaboratively with individuals and their family members/natural supports, parents/guardians, or other caregivers to include educational, vocational, and/or employment goals on the individual treatment plan and provide appropriate support to assist the individual in achieving those goals.

(C) Performance indicators may include, but are not limited to—

1. Individuals served obtain and maintain a job of their choice;
2. Documented delivery of services that assist individuals with job-seeking skills and symptom-management on the job;
3. Effective working relationships with employment, vocational, and educational resources in the community; and
4. Satisfaction with employment, vocational, and education-related services and supports as conveyed by individuals, family members/natural supports.

(15) **Essential Principle—Care Planning and Care Coordination.** Services shall be coordinated to promote accurate diagnosis and treatment, improve the individual experience of care, enhance health and wellness outcomes, and increase efficiency across healthcare delivery systems.

(A) Service delivery staff shall engage in care-planning and coordination activities identified by SAMHSA's Health Resources and Services Administration, Center for Integrated Health Solutions, 1400 K Street NW, Suite 400, Washington, D.C. 20005, (202) 684-7457, including, but not limited to:

1. Developing integrated treatment plans with the individual and family members/natural supports, parents/guardians, caregivers of his/her choice, and members of the service delivery team;
2. Monitoring each individual's participation in and response to treatment on a regular basis in order to match and adjust the type and intensity of services to the individual's needs and ensure the timely and unduplicated provision of care;
3. Utilizing the treatment plan to link multiple services, healthcare providers, and community resources to meet the individual's needs;
4. Ensuring the flow and timely exchange of information among the individual, family members/natural supports, parents/guardians, caregivers and linked providers;
5. Working collaboratively to resolve differing perspectives, priorities, and schedules among providers;
6. Providing or arranging access to services that focus on benefits and financial counseling, transportation, home care, social services, peer support, and medication for substance use disorders;
7. Implementing disease management strategies for selected health conditions (such as asthma, diabetes, COPD, cardiovascular disease and hypertension, obesity, tobacco use), combining the use of engagement tools, health risk assessments, cognitive and behavioral interventions, medications, web-based tools, protocols and guidelines, formularies, monitoring devices, shared decision-making aids, illness and whole health self-management strategies, peer support and empowerment approaches; and
8. Effectively connecting individuals who cannot be adequately served by the treatment team or within the setting to other appropriate services.

(B) Care planning and care coordination involves active partnerships with community resources to ensure access and seamless transition to other services and supports for individuals and fam-

ilies/natural supports served. Community resources include, but are not limited to, local primary care providers, hospital systems, health homes, schools, and vocational rehabilitation and employment entities.

(C) When an individual misses an appointment or drops out of services, steps shall be taken to reengage him or her in services by making reminder calls, addressing basic needs that may be preventing them from participating, and offering peer support.

(D) Performance indicators may include, but are not limited to—

1. Reduction in emergency room visits;
2. Reduction in hospitalizations;
3. Reduction in costs and duplication of services;
4. Documented delivery of services related to recovery planning, health and wellness;
5. Satisfaction with services as conveyed by individuals, family members/natural supports.

AUTHORITY: sections 630.050 and 630.055, RSMo [2000] 2016. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Nov. 5, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to Gail Vasterling, General Counsel, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, or by courier within thirty (30) days after publication in the Missouri Register. If to be hand delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

**Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and
Substance [Abuse] Use Disorder Treatment Programs**

PROPOSED AMENDMENT

9 CSR 10-7.020 Rights, Responsibilities, and Grievances. The department is amending the chapter title, purpose, and sections (1)–(8), and deleting old section (9).

PURPOSE: This amendment changes the chapter title and purpose, updates terminology, and expands the orientation requirements for individuals being served.

PURPOSE: This rule describes [the rights of individuals being served] individual rights, the orientation process, and grievance procedures [in Alcohol And Drug Abuse Treatment Programs,] applicable to Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), [Compulsive] Gambling Disorder Treatment Programs, Institutional Treatment Centers, Opioid Treatment Programs, Recovery Support Programs, Substance [Abuse] Awareness Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Substance Use Disorder Treatment Programs, Community Psychiatric Rehabilitation Programs (CPR), and [Psychiatric] Outpatient Mental Health Treatment 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]*, Procedures for Reporting Complaints of Abuse, Neglect, and Misuse of Funds/Property.

(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.]* Each individual served shall receive an orientation about what to expect while receiving services and his or her role in treatment. The orientation is provided in a timely manner based on the individual's presenting condition and type of services he or she will receive. The orientation must be understandable to the person served and available in written form. Written acknowledgement of receipt of the orientation must be documented.

(A) An individual who is admitted to a program 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.]

(B) As applicable to the individual, the orientation shall include, but is not limited to, an explanation of—

1. Program rules and participation requirements, rights, responsibilities, and behavioral expectations;

2. Available services and supports, including crisis assistance;

3. Complaint and appeal procedures;

4. Ways in which input can be given;

5. The organization's confidentiality policies;

6. Continuing recovery planning;

7. Discharge criteria and procedures;

8. Access to after-hour services;

9. Reporting requirements for individuals mandated to participate in services;

10. Financial obligations, fees, and financial arrangements for services provided by the organization;

11. Health and safety policies including, but not limited to, the use of emergency safety interventions, use of tobacco products, illegal or legal substances brought into the program, prescription medication brought into the program, and weapons brought into the program;

12. Layout of the premises including emergency exits and/or shelters;

13. Education regarding advance directives when indicated;

14. The assessment process and the individual's role in developing his/her treatment plan and personal goals for recovery/resiliency, the course of services, expectations for legally required appointments, sanctions, or court notifications; and

15. Composition of the treatment team.

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

(C) Each individual shall be informed of the process to make an inquiry, file a complaint, or report a violation of his/her rights

to the department. Written information regarding these processes is readily accessible to individuals at all times and reasonable assistance from staff is available, if necessary.

(D) When appropriate, *[families receive]* family members and other natural supports, parents/guardians, or other caregivers are provided with information to promote their participation in relevant services or decisions about the care and treatment of the individual being served.

(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;]* To receive services without discrimination based on race, ethnicity, gender, gender identity, gender expression, sexual orientation, 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 be addressed in a respectful, age appropriate manner;

7. To be free from verbal, sexual, and physical 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, and to decide to withdraw at any time;

9. To medical care and treatment in accordance with accepted standards of medical practice, if the certified *[substance abuse or psychiatric program]* organization 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]* individuals receiving residential support, 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 or otherwise 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.

A. An individual receiving services may perform labor that contributes to the operations and maintenance of a facility/program, which would otherwise require the organization to employ staff, as long as the individual is compensated at a rate derived from the value of the work performed and in accordance with applicable federal and state minimum wage laws.

(4) Rights Subject to Limitation. Each individual shall have further rights and privileges which can be limited only if the program director or designee determines it is necessary 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]* time.

(B) In all care and treatment settings, each individual *[shall have]* has the right to see and review *[one's own]* his/her record, except *[that]* specific information the program director determines would be detrimental to the individual or records provided by other individuals or agencies may be excluded from such review. **Any restrictions must be documented and include specific rationale for the decision.** 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]* receiving residential *[settings,]* support 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 a]*All individuals have the same legal rights and responsibilities as any other citizen, unless otherwise limited by law.

(A) In accordance with section 208.009, RSMo, individuals presenting for services who are not legal residents of the United States cannot receive any Missouri state benefit unless his/her lawful presence in the United States is verified by the federal government.

(B) Organizations shall not knowingly provide nonemergency services to individuals who are eighteen (18) years of age or older and whose presence in the United States is unlawful.

(C) Individuals seeking nonemergency state or local public benefits shall provide affirmative proof they are a citizen or permanent resident of Missouri and the United States or are lawfully present in the United States. Affirmative proof is considered to be at least one of the following:

1. Documentary evidence recognized by the Missouri Department of Revenue when processing an application for a driver's license;
2. A Missouri driver's license;
3. MO HealthNet identification card; or
4. Any document issued by the federal government that confirms an alien's lawful presence in the United States.

(6) Access to Services. The organization shall have written policies and procedures regarding the provision of services for individuals who fall under the protection of the Americans with Disabilities Act of 1990.

(A) 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 all individuals receive a prompt, responsive, impartial review of any grievance or alleged violation of rights.

(A) Reasonable assistance from staff shall be *[given]* provided 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.]

(8) Records of Events and Reporting Requirements. All organizations must maintain records of events and comply with reporting requirements as specified in 9 CSR 10-5.200 and 9 CSR 10-5.206.

AUTHORITY: sections 630.050 and 630.055, RSMo [2000] 2016. 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. Amended: Filed Nov. 5, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to Gail Vasterling, General Counsel, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, or by courier within thirty (30) days after publication in the Missouri Register. If to be hand delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

Title 9—DEPARTMENT OF MENTAL HEALTH Division 10—Director, Department of Mental Health Chapter 7—Core Rules for Psychiatric and Substance [Abuse] Use Disorder Treatment Programs

PROPOSED AMENDMENT

9 CSR 10-7.030 Service Delivery Process and Documentation. The department is amending the chapter title and purpose, adding new sections (1)–(14), and deleting old sections (1)–(12).

PURPOSE: This amendment changes the chapter title and purpose, updates terminology, and revises the service delivery process and documentation requirements for certified and deemed programs.

PURPOSE: This rule describes requirements for the delivery and documentation of services in [Alcohol and Drug Abuse Treatment Programs,] Opioid Treatment Programs, Substance Use Disorder Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), [Compulsive] Gambling Disorder Treatment Programs, Institutional Treatment Centers, Community Psychiatric Rehabilitation Programs (CPRP), and [Psychiatric] Outpatient Mental Health Treatment 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 requests 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 is 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 records 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 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 status;
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.]

(1) **Screening.** The organization shall implement written policies and procedures to ensure individuals seeking assistance via tele-

phone, face-to-face contact, or by referral have prompt access to a screening to determine the need for further clinical assessment. The screening process is welcoming, conducted in a safe, culturally, and linguistically appropriate manner, and conveys a hopeful message to individuals and their families/natural supports.

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

1. Emergency service needs are indicated when a person presents a likelihood of immediate harm to self or others. Qualified staff must address emergency needs immediately.

2. An urgent need is one that, if not addressed immediately, could result in the individual becoming a danger to self or others, or could cause a health risk. Appropriately qualified staff shall address urgent service needs within twenty-four (24) hours of the time the request was made.

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. Routine service needs shall be addressed within ten (10) days.

(B) Documentation of the screening shall include, but is not limited to—

1. A brief interview with the individual or referral source to obtain basic information and presenting situation and symptoms;
2. Collection of basic demographic information;
3. Identification of requested service needs;
4. Determination of the organization's ability to provide the requested services; and
5. Referral and coordination with alternate resources when the individual's service needs cannot be met by the screening agency.

(C) The organization's quality assurance processes shall ensure trained staff uniformly administer its designated screening instrument(s). Each screening shall be signed and documented by staff.

(2) **Admission Assessment.** The organization shall implement written policies and procedures to ensure all individuals participate in an admission assessment to determine service needs. Programs should only admit individuals who will benefit from available services. Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs must comply with assessment requirements specified in 9 CSR 30-3.100 and fulfill department contract requirements. Community Psychiatric Rehabilitation (CPR) programs must comply with assessment requirements specified in 9 CSR 30-4.035 and fulfill contract requirements.

(A) Documentation of the admission assessment shall include, but is not limited to—

1. Personal and identifying information;
2. Presenting problem and referral source;
3. Status as a current or former member of the U.S. Armed Forces;
4. Brief history of previous substance use and/or psychiatric treatment including type of admission(s);
5. Family history of substance use disorders and/or mental illness;
6. History of trauma, current trauma-related symptoms, and/or concerns for personal safety;
7. Current medications and any known allergies or allergic reactions;
8. Current substance use including utilization of a standardized and validated alcohol and substance-use screening instrument;
9. Current mental health symptoms including utilization of standardized and validated depression and suicide screening instruments;
10. Physical health concerns including a health screening, previously identified medical diagnoses, and identification of

unmet needs with specific recommendations for further evaluation, treatment, and referral;

11. Diagnosis by a licensed diagnostician, including substance use and mental health;

12. Family, social, legal, and vocational/educational status and functioning;

13. Statement of needs, goals, preferences, and treatment expectations; and

14. Signature, title, and credential(s) of staff completing the assessment.

(B) The admission assessment shall be completed within seventy-two (72) hours for individuals receiving residential support or within the first three (3) outpatient visits.

(3) **Crisis Prevention Plan.** If a potential risk for suicide, violence, or other at-risk behavior is identified during the assessment process or any time during the individual's engagement in services, a crisis prevention plan shall be developed with the individual as soon as possible.

(A) At a minimum, the crisis prevention plan shall include factors that may precipitate a crisis, and skills and strengths identified by the individual to regain a sense of control and return to his/her level of functioning before the crisis or emergency.

(B) Staff shall conduct a monthly case review of all critical interventions that occurred during the previous month and incorporate the results into the organization's performance improvement processes.

(4) **Individual Treatment Plan.** Each individual and/or their parent or guardian shall participate in the development of a treatment plan using information from the assessment process. The individual and/or parent/guardian shall receive a copy of the plan.

(A) The treatment plan shall include, but is not limited to—

1. Identifying information;

2. Objectives that—

A. Are reflective of the individual's culture and ethnicity;

B. Are linked to the individual's assessed needs and goals;

C. Are achievable, measurable, time specific, strengths- and skills-based;

D. Identify supports and resources needed to meet objectives; and

E. Are understandable, developmentally appropriate, and responsive to the disability/disorder or concerns of the individual.

3. Duration and frequency of interventions, staff responsible for intervention, and action steps of the individual and his/her parents/guardians, family or other natural supports;

4. Other community resources and/or peer and recovery supports necessary; and

5. Signature, title, and credential(s) of the service provider(s) completing the plan and signature of the individual and/or parents/legal guardians, as applicable. For situations when the individual does not sign the treatment plan, such as refusal, a brief explanation must be documented.

(B) Treatment plans shall be approved by a licensed mental health professional.

(5) **Treatment Plan Updates.** Progress toward treatment goals and objectives shall be reviewed and updated on a periodic basis with active involvement of the individual served, parent/guardian, and family members/natural supports as applicable and appropriate.

(A) At a minimum, treatment plans shall be reviewed every ninety (90) days. The occurrence of a crisis or significant clinical event may require further review and modification of the treatment plan.

(6) **Ongoing Service Delivery.** The individual treatment plan

guides ongoing service delivery. Services may begin before the assessment is completed and the treatment plan is fully developed.

(A) Staff with appropriate training, licenses, and credentials shall provide identified services and supports.

(B) Services shall be provided in accordance with applicable eligibility criteria. Decisions regarding the treatment setting, intensity, and duration of services are based on the needs of the individual including, but not limited to:

1. Need for personal safety and protection from harm;

2. Severity of the behavioral health disorder;

3. Emotional and behavioral functioning and need for structure;

4. Social, family, and community functioning;

5. Readiness to change;

6. Availability of peer and social supports for recovery/resiliency;

7. Ability to avoid high risk behaviors; and

8. Ability to cooperate with and benefit from the services offered.

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

(D) Coordination of care is demonstrated when services and supports are being provided by multiple agencies or programs.

(E) To the fullest extent possible, individuals are responsible for action steps to achieve their goals. Services and supports provided by staff should be readily available to help individuals achieve their goals and objectives.

(7) **Missed Appointments.** Organizations shall implement written policies and procedures to contact individuals who miss a scheduled program activity or appointment consistent with their service needs.

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

(B) Efforts to contact the individual shall be documented.

(8) **Continuing Recovery Plan.** The organization shall implement written policies and procedures for developing continuing recovery plans and discharge plans for individuals served.

(A) Continuing recovery planning begins at admission or as soon as clinically appropriate.

1. Individuals are actively involved in the development of their continuing recovery plan. Family members/natural supports, program staff, referral source(s), and staff or peers involved in follow-up services and supports in the community are included when applicable and permitted.

2. The plan shall be signed by the staff person who completes it. The individual served and/or parents/legal guardians, family members, or other natural supports shall receive a copy of the plan as appropriate.

3. The plan identifies services and supports, designated provider(s), and other planned activities designed to promote further recovery/resiliency. The plan shall include, but is not limited to—

A. Date of next appointment(s) for follow-up services or other supports;

B. Action steps to access personal support system(s) or other resources to assist in community integration and obtain help if symptoms recur and additional services/supports are needed;

C. Safe use of medication(s) as prescribed;

D. Referral information such as contact name, telephone number, locations, hours, and days of services, when applicable; and

E. Action steps for maintaining a healthy lifestyle such as

exercising, volunteering, participating in spiritual support groups, and managing personal finances.

(B) A written discharge summary shall be completed to ensure the individual record includes documented treatment episode(s) and the outcome of each episode, including but not limited to:

1. Date of admission and discharge;
2. Identified needs at intake;
3. Referral source as applicable;
4. Services provided and the extent to which established goals and objectives were achieved;
5. Reason(s) for or type of discharge;
6. Diagnosis or diagnostic impression at last contact;
7. Recommendations for continued services and supports;
8. Information on medication(s) prescribed or administered, as applicable; and
9. Signature of staff completing the plan.

(C) Follow-up with individuals who have an unplanned discharge shall be conducted in accordance with the organization's written policies and procedures which include, but are not limited to:

1. Clarifying the reason for the unplanned discharge;
2. Determining if further services are needed; and
3. Referring the individual to other necessary services, if applicable.

(D) The organization shall implement written policies and procedures to ensure a seamless transition for individuals who transfer to more or less intensive services, to another component of care, or are being discharged from the program.

(9) Crisis Assistance and Intervention. Ready access to crisis assistance and intervention shall be available to all individuals served, when needed.

(A) The organization shall directly provide or arrange for crisis assistance to be available twenty-four (24) hours per day, seven (7) days per week. Services shall be provided by qualified staff in accordance with applicable program rules, and include face-to-face intervention when clinically indicated.

(B) If the organization utilizes the services of the designated Access Crisis Intervention (ACI) provider for the region, a formal written agreement, memorandum of understanding, or contractual relationship shall be established and documented to support coordination of services and sharing of information to meet individual needs.

(C) If crisis services are provided within the organization, there shall be more than one staff person designated to ensure coverage during leaves of absence.

(10) Effective Practices. The organization shall incorporate evidence-based and promising practices into its service array that are designed to—

(A) Support the recovery, resiliency, health, and wellness of the individuals and families/natural supports served;

(B) Enhance the quality of life for individuals and families/natural supports served;

(C) Reduce symptoms or needs and build resilience;

(D) Restore and/or improve functioning; and

(E) Support the integration of individuals into the community.

(11) Clinical Review. Services funded by the department are subject to clinical review by department staff to ensure they are necessary, appropriate, likely to benefit the individual, and provided in accordance with admission criteria and service definitions. The department has authority in all matters subject to clinical review including eligibility, service definition, authorization, and limitations.

(12) 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 is applicable to services funded by the department.

(13) Organized Record System and Documentation Requirements. The organization must maintain an organized clinical record system that ensures easily retrievable, complete, and usable records stored in a secure and confidential manner.

(A) The organization shall implement written policies and procedures to ensure—

1. All local, state, and federal laws and regulations related to the confidentiality of records and release of information are followed;

2. Electronic health record systems conform to federal and state regulations;

3. Individual records are retained for at least six (6) years or until all litigation, adverse audit findings, or both, are resolved;

4. Ready access to paper or electronic records requested by authorized staff and/or other authorized parties, including department staff; and

5. All services provided are adequately documented in the individual record to ensure the type(s) of services rendered and the amount of reimbursement received by the organization can be readily discerned and verified with reasonable certainty.

A. Adequate individual records are of the type and in a form such that symptoms, conditions, diagnoses, treatments, prognosis, and the identity of the individual to which these things relate can be readily discerned and verified with reasonable certainty. All documentation must be available at the site where the service was rendered. The record must be legible and made contemporaneously with the delivery of the service (at the time the service was performed or within five (5) business days of the time it was provided), address the individual's specifics including, at a minimum, individualized statements that support the assessment or treatment encounter.

(B) Unless specified otherwise by another payer source(s), all treatment sessions must have accompanying documentation that includes the following:

1. First name, last name, and middle initial or date of birth of the individual and any other identifying information required by a payer source, such as a Document Control Number (DCN);

2. Accurate, complete, and legible description of each service provided;

3. Name, title, and signature of the provider/staff delivering the service;

4. Name of referring entity, when applicable;

5. Date of service (month/day/year);

6. Actual begin and end time taken to deliver a service;

7. Setting in which the service was provided;

8. Plan of treatment, evaluation(s), test(s), findings, results, and prescription(s), as necessary;

9. Need for the services(s) in relationship to the individual treatment plan;

10. Individual's progress toward the goals stated in the individual treatment plan; and

11. For applicable programs, adequate invoices, trip tickets/reports, activity log sheets.

(C) The content of the individual record must include, but is not limited to—

1. Signed consent to treatment;

2. Acknowledgement of orientation to the program;

3. Screening, assessment, treatment plan, and related reviews/updates;

4. Service delivery and progress notes;

5. Continuing recovery and discharge plan(s), as applicable.

6. Documentation of any referral(s) to other services or community resources and outcome of those referrals;

7. Signed authorization(s) to release confidential information,

as applicable;

8. Missed appointments and efforts to reengage the individual, as applicable;

9. Urine drug screening(s) or other lab reports, as applicable;

10. Crisis or other significant clinical events; and

11. Follow up for an unplanned discharge, as applicable.

(14) The organization is subject to recoupment of all or part of reimbursement from the department if individual records do not document—

(A) The service was actually provided;

(B) The service was delivered by a qualified staff person;

(C) The service meets the service definition;

(D) The amount, duration, and length of service; and

(E) The service was delivered under the direction of a current treatment plan.

AUTHORITY: sections 630.050 and 630.055, RSMo [2000] 2016. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Dec. 12, 2001, effective June 30, 2002. Amended: Filed Nov. 5, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to Gail Vasterling, General Counsel, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, or by courier within thirty (30) days after publication in the *Missouri Register*. If to be hand delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and
Substance [Abuse] Use Disorder Treatment Programs

PROPOSED AMENDMENT

9 CSR 10–7.040 [Quality] Performance Improvement. The department is amending the rule title, purpose, adding new sections (1)–(5), and deleting old sections (1)–(3).

PURPOSE: This amendment changes the rule title and updates the performance improvement requirements for certified and deemed programs.

PURPOSE: This rule describes requirements for [quality] performance improvement activities in [Alcohol and Drug Abuse Programs,] Opioid Treatment Programs, Substance Use Disorder Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), [Compulsive] Gambling Disorder Treatment Programs, Institutional Treatment Programs, Recovery Support Programs, Substance [Abuse] Awareness Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and [Psychiatric] Outpatient Mental Health Treatment 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.]

(1) Performance Improvement. The organization shall develop, implement, and maintain an effective, ongoing, agency-wide and data-driven performance measurement and performance improvement program/process. These activities allow the organization to objectively review how well it is accomplishing its mission, and develop and initiate performance improvement changes.

(A) The performance measurement and performance improvement program encompasses the organization's full array of clinical services and focuses on indicators related to improved behavioral health or other healthcare outcomes for individuals served.

(B) Direct service staff and medical staff shall be actively involved in performance measurement and improvement activities including, but not limited to, clinical care issues and practices related to the use of medications.

(C) Components of the organization's performance measurement and performance improvement program includes, but is not

limited to:

1. A description of its purpose, priorities, policies, and goals;
2. A description of the measurement analysis and how it will help define future performance improvement activities;
3. A description of evaluation and quality assurance activities that will be utilized to determine the effectiveness of the performance improvement plan;
4. A description of the organizational systems needed to implement the plan including the functions, descriptions of accountability, and roles and responsibilities of staff or performance improvement committee; and
5. A plan for communicating planned activities and processes to staff and the governing body on a regular basis.

(2) **Performance Improvement Plan.** The organization shall develop and implement an annual performance improvement plan. The plan is updated on an ongoing basis to reflect changes, corrections, and other modifications and reviewed annually with the organization's governing body.

(A) Direct service staff, individuals served, and family members/natural supports are involved in the planning, design, implementation and review of the organization's performance improvement activities.

(B) The performance improvement plan shall include, but is not limited to:

1. A process for obtaining satisfaction and other feedback related to service delivery from individuals served, family members/natural supports, and other stakeholders;
2. A process to measure outcomes for individuals served;
3. A review of clinical records to ensure all required documentation is thorough, timely and complete;
4. A process to evaluate whether services are effective, appropriate, and relate to treatment goals;
5. Activities to improve access and retention in services;
6. Review of clinical staff training and competencies;
7. Review of critical/sentinel events, grievances, and complaints; and
8. A process for monitoring compliance of subcontractors.

(3) **Performance Measurement and Analysis.** Performance measurement is a process by which an organization monitors important aspects of its programs, systems, and care processes. Qualitative and quantitative data is collected, systematically aggregated, and analyzed on an ongoing basis to assist organizational leadership in evaluating whether the adequate structure and correct processes are in place to achieve the organization's desired results.

(A) Properly trained staff shall use valid, reliable processes to collect and analyze data. The data may be used to—

1. Distinguish between expected behavioral health outcomes and actual outcomes in areas such as employment/return to school, stable housing, decreased involvement in the justice system, improved physical health and wellness, and increased engagement in services;
2. Establish baseline measures before improvements are made;
3. Make decisions based on solid evidence;
4. Allow performance comparisons across sites;
5. Monitor process changes to ensure improvements are sustained over time;
6. Recognize improved performance;
7. Determine the effectiveness of evidence-based and/or best practices provided;
8. Monitor and continually improve management, clinical services, and support services; and
9. Address undesirable patterns in performance and sentinel events.

(B) Results of the performance analysis are available to indi-

viduals served, family members/natural supports, other stakeholders, and the department.

(4) The department may require, at its option, the use of designated measures or instruments in the performance measurement and improvement process in order to promote consistency in data collection, analysis, and applicability. The required use of particular measures or instruments applies to programs or services funded by the department.

(5) **Documentation.** The organization shall maintain documentation of its performance measurement and performance improvement program and be able to demonstrate its operation to staff of the department, accrediting body, or other interested parties.

(A) Documentation shall include, but is not limited to, the following types of information:

1. Management reports;
2. Strategic plans;
3. Budgets;
4. Accessibility plans;
5. Technology plans and analysis;
6. Risk analysis reports and information;
7. Environmental health and safety reports;
8. Financial reports;
9. Quality assurance reports including review of clinical records to ensure documentation requirements are being met;
10. Data collected;
11. Demographic information of individuals served; and
12. Satisfaction data of individuals, family members/natural supports, and other stakeholders.

AUTHORITY: sections 630.050 and 630.055, RSMo [2000] 2016. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Nov. 5, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to Gail Vasterling, General Counsel, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, or by courier within thirty (30) days after publication in the Missouri Register. If to be hand delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

**Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and
Substance [Abuse] Use Disorder Treatment Programs**

PROPOSED AMENDMENT

9 CSR 10–7.050 Research. The department is amending the chapter title, purpose, and sections (2) and (3).

PURPOSE: This amendment updates terminology related to research.

PURPOSE: This rule establishes standards and procedures for conducting research in [Alcohol and Drug Abuse Programs,] Opioid Treatment Programs, Substance Use Disorder Treatment Programs,

Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), [Compulsive] Gambling Disorder Treatment Programs, Recovery Support Programs, Substance [Abuse] Awareness Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and [Psychiatric] Outpatient Mental Health Treatment 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] and 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] 2016. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Nov. 5, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

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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 [Abuse] Use Disorder Treatment Programs

PROPOSED AMENDMENT

9 CSR 10-7.080 Dietary Service. The department is amending the chapter title and purpose, adding new section (1), and removing old sections (1)–(3).

PURPOSE: This amendment updates the rule with current practices for dietary and food services and removes the incidental, minimal,

and substantial dietary components.

PURPOSE: This rule establishes dietary and food service requirements in [Alcohol and Drug Abuse Treatment Programs,] **Opioid Treatment Programs, Substance Use Disorder Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), [Compulsive] Gambling Disorder Treatment Programs, Recovery Support Programs, Substance [Abuse] Awareness Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and [Psychiatric] Outpatient Mental Health Treatment 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 a 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.]

(1) Dietary Requirements. The organization shall comply with state, county, and city health regulations applicable to its food and dietary components. This includes food storage, preparation, and service, including catered food through a contractual arrangement and food brought to a program by individuals served.

(A) All programs shall ensure—

1. Proper diet and food preparation are addressed as part of the individualized treatment planning process, if identified as a need during the assessment or is a treatment goal of the individual;

2. All appliances for food storage and preparation are clean and in safe and good operating condition;

3. Hand washing facilities including hot and cold water, soap, and hand drying means are readily accessible to individuals and staff;

4. Fresh water is available to individuals at all times;

5. Consideration is given to the food habits, personal, cultural, and religious preferences and medical needs of individuals served, including provisions for special diets for medical reasons;

6. Meals and snacks are served in a clean dining area with appropriate eating utensils for each individual as applicable;

7. Meals and snacks are nutritious, balanced, and varied based on *The Dietary Guidelines for Americans 2015-2020*, 8th Edition, published by and available from the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, 1101 Wootton Parkway, Suite LL100, Rockville, MD 20852 and downloadable at <https://health.gov/dietaryguidelines/2015/guidelines/>. The referenced guide does not include any later amendments or additions.

8. Meals and snacks are provided at scheduled times comparable to mealtimes in the community;

9. Food is stored to maintain safety and sanitation standards based on the *Missouri Food Code*, 2013 edition, published by and available from the Missouri Department of Health and Senior Services, Bureau of Environmental Health Services, PO Box 570, Jefferson City, MO 65102-0570. The referenced guide does not include any later amendments or additions;

10. Food preparation areas and utensils are cleaned and sanitized after use and are kept in good repair; and

11. Inspections are current, documented, and available on site and in compliance with state, local, and/or city regulations.

AUTHORITY: sections 630.050 and 630.055, RSMo [2000] 2016. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Nov. 5, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to Gail Vasterling, General Counsel, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, or by courier within thirty (30) days after publication in the Missouri Register. If to be hand delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

**Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and
Substance [Abuse] Use Disorder Treatment Programs**

PROPOSED AMENDMENT

9 CSR 10-7.090 Governing Authority and Program Administration.
The department is amending the chapter title and purpose, adding new sections (1)–(7), and deleting old sections (1)–(7).

PURPOSE: This amendment updates terminology and responsibilities of the governing body, and adds required components for the organization's policy and procedure manual.

PURPOSE: This rule describes requirements for and responsibilities of the governing body in [Alcohol and Drug Abuse Programs,] Opioid Treatment Programs, Substance Use Disorder Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), [Compulsive] Gambling Disorder Treatment

Programs, Recovery Support Programs, Substance [Abuse] Awareness Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and [Psychiatric] Outpatient Mental Health Treatment 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.]

(1) Governing Body. The organization shall have a designated governing body with legal authority and responsibility over its

policies and operations. The governing authority ensures the organization complies with all federal, state, local, and municipal laws and regulations, as applicable. The chief executive officer is responsible to the governing body for the overall day-to-day operations of the organization, including the control, utilization, and conservation of its physical and financial assets and the recruitment and direction of the staff.

(A) The governing body has written documents of its source of authority that are available to the public upon request. The source of authority document includes, but is not limited to—

1. The eligibility criteria for governing body membership;

2. The number and types of membership;

3. The method of selecting members;

4. The number of members necessary for a quorum;

5. Attendance requirements for governing body membership;

6. The duration of appointment or election for governing body members and officers; and

7. The powers and duties of the governing body and its officers and committees, or the authority and responsibilities of any person legally designated to function as the governing body.

(B) The requirements of section (1) are not applicable to state-operated programs except such programs must have an administrative structure with identified lines of authority to ensure responsibility and accountability for the successful operation of its behavioral health services.

(2) Composition of the Governing Body and Meetings. Members of the governing body shall have a demonstrated interest in the area(s) and/or region(s) served by the organization. A current roster of the governing body members shall be maintained and available to the public upon request.

(A) Members of the governing body shall represent the demographics of the population served including, but not limited to, geographic area, race, ethnicity, gender identity, disability, age, and sexual orientation. Individuals living with mental illness and/or a substance use disorder and family members/natural supports, and parents/legal guardians of children, adolescents, and adults receiving services shall have meaningful input to the governing body.

(B) The governing body shall meet at least quarterly and maintain an accurate record of meetings including dates, attendance, discussion items, and actions taken.

(3) Functions of the Governing Body. Duties of the governing body shall include, but are not limited to—

(A) Providing fiscal planning and oversight;

(B) Ensuring implementation of an organizational performance improvement and measurement process;

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

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

(E) Delegating operational management to a chief executive officer and, as necessary, to program managers to effectively operate its services; and

(F) Designating contractual authority.

(4) Policy and Procedure Manual. The organization shall maintain a policy and procedure manual which accurately describes and guides the operation of its services and promotes compliance with applicable regulations. Additional policies and procedures for specialized programs/services may be specified in department contracts. The policy and procedure manual shall be readily available to staff and the public upon request and shall include, but is not limited to:

(A) Mission, goals, and objectives of the organization;

(B) Organization of the agency;

(C) Rights, responsibilities, and grievance procedures in accordance with 9 CSR 10-7.020;

(D) Service delivery process, documentation, and individual records in accordance with 9 CSR 10-7.030;

(E) Service array including, but not limited to:

1. Description of all services available, including crisis assistance;

2. Outreach and education strategy for all services;

3. Location of service sites, hours, and days of operation for each site;

4. Accessibility, including provisions for individual choice of services and location;

5. Referral process including follow-up, continuity of care, and timely transfer of records.

(F) Performance measurement and improvement in accordance with 9 CSR 10-7.040;

(G) Research in accordance with 9 CSR 10-7.050;

(H) Emergency safety interventions in accordance with 9 CSR 10-7.060;

(I) Medications in accordance with 9 CSR 10-7.070;

(J) Dietary services in accordance with 9 CSR 10-7.080;

(K) Governing authority and program administration in accordance with 9 CSR 10-7.090;

(L) Fiscal management in accordance with 9 CSR 10-7.100;

(M) Personnel in accordance with 9 CSR 10-7.110;

(N) Physical environment and safety in accordance with 9 CSR 10-7.120;

(O) Background screenings in accordance with 9 CSR 10-5.190;

(P) Report of complaints of abuse, neglect, and misuse of funds/property in accordance with 9 CSR 10-5.200 and 9 CSR 10-5.206;

(Q) Routine monitoring of individual records for compliance with applicable standards;

(R) Commonly occurring issues with individuals served such as missed appointment, accidents on the premises, suicide attempts, threats, loitering, and non-compliance with program policies and procedures; and

(S) Relevant information related to services available for children and youth addressing any and all aspects of paragraph (4)(A)–(R) of this rule.

(5) Corporate Compliance. Each organization shall have a corporate compliance plan to assure federal and state regulatory, contractual obligations, and requirements are fulfilled and services are provided with integrity and the highest standards of excellence.

(A) A staff member of the organization shall serve as the corporate compliance officer and be responsible for coordinating, implementing, and monitoring the corporate compliance 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) Agency Contracts. The organization shall establish a formal, accountable relationship with any contractor that provides a direct service and is not an employee of the organization.

(A) The organization retains full responsibility for all services provided by a contractor. All services must meet the requirements of all laws, rules, regulations, and contracts applicable to the organization.

(B) The department reserves the right to approve any contractor utilized by an organization when the services to be provided are certified or deemed by the department. The department, at its sole discretion, may require such approval prior to the utilization of any contractor.

(C) The organization retains full responsibility for all legal and financial responsibilities related to execution of the contract.

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

AUTHORITY: sections 630.050], RSMo Supp. 2009] and [section] 630.055, RSMo [2000] 2016. 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. Amended: Filed Nov. 5, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to Gail Vasterling, General Counsel, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, or by courier within thirty (30) days after publication in the Missouri Register. If to be hand delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

**Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and
Substance [Abuse] Use Disorder Treatment Programs**

PROPOSED AMENDMENT

9 CSR 10-7.100 Fiscal Management. The department is amending the chapter title, purpose, and sections (2)–(5).

PURPOSE: This amendment updates terminology and requirements for fiscal management.

PURPOSE: This rule describes fiscal policies and procedures for [Alcohol and Drug Abuse Programs,] Opioid Treatment Programs, Substance Use Disorder Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), [Compulsive] Gambling Disorder Treatment Programs, Recovery Support Programs, Substance [Abuse] Awareness Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and [Psychiatric] Outpatient Mental Health Treatment Programs.

(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 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.] An annual budget shall be reviewed and approved by the board of

directors prior to the beginning of the organization's fiscal year. Fiscal reports shall be reviewed by the board of directors and administrative staff on at least a quarterly basis.

(B) *[The organization utilizes financial activity measures to monitor and ensure its ability to pay current liabilities and to maintain adequate cash flows.]* Financial activity measures shall be utilized on a regular basis to monitor and ensure the organization's ability to pay current liabilities and maintain adequate cash flow.

(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. **The audit is reviewed and approved by the governing body and made available to staff who have responsibility for budget and management. Adverse audit findings are addressed and resolved in a timely manner.**

(E) As applicable, the organization conducts an internal quarterly review of a representative sampling of invoices reimbursed by the department to determine accuracy and identify any necessary corrective action.

(3) Fee Schedule. The organization has a current written fee schedule approved by the governing body *[and]* that is readily available to staff and individuals/families being served.

(4) Retention and Availability of Fiscal Records. Fiscal records shall be retained for at least *[five (5)]* six (6) years or until any litigation and/or adverse audit findings, *[or both,]* are resolved. **Department staff and its authorized representative(s) shall be allowed to inspect and examine the organization's premises and/or records related to services funded by the department without limitation. Records must be easily retrievable, complete, and auditable. If access is denied or limited, the department reserves the right to terminate payments for services from the day access is denied or limited.**

(5) Insurance Coverage. *[The organization shall have a]* Adequate insurance coverage shall be maintained by the organization 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.

AUTHORITY: sections 630.050 and 630.055, RSMo [2000] 2016. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Nov. 5, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to Gail Vasterling, General Counsel, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, or by courier within thirty (30) days after publication in the Missouri Register. If to be hand delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

**Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and
Substance [Abuse] Use Disorder Treatment Programs**

PROPOSED AMENDMENT

9 CSR 10-7.110 Personnel. The department is amending the chapter title, purpose, and sections (1)–(5).

PURPOSE: This amendment adds core competency requirements for staff, adds training requirements for volunteers, and updates terminology.

PURPOSE: This rule describes personnel policies and procedures for [Alcohol and Drug Abuse Programs,] Opioid Treatment Programs, Substance Use Disorder Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), [Compulsive] Gambling Disorder Treatment Programs, Institutional Treatment Centers, Substance [Abuse] Awareness Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and [Psychiatric] Outpatient Mental Health Treatment Programs.

(1) Policies and Procedures. The organization shall maintain personnel policies, procedures, and practices in accordance with local, state and federal laws and regulations. *[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, **provisions for annual written performance reviews with all employees**, 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. **The organization shall establish, maintain, and implement a written plan for professional growth and development of staff.**

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

1. All individuals holding a position within the organization shall complete orientation and training within the first thirty (30) days of employment in order to be knowledgeable in core competency areas. Staff who are promoted or transferred to a new job assignment shall receive training and orientation to their new responsibilities within thirty (30) days of actual transfer.

(B) Within the scope of their position in the organization, staff shall have a working familiarity with core competencies prior to performing their job as follows:

1. Know the organization's population served, scope of program, mission, vision, and policies and procedures;

2. Understand and perform respective job assignments;

3. Abide by applicable regulations for rights, ethics, confidentiality, corporate compliance, and abuse and neglect;

4. Know agency protocols for responding to emergencies at the program or while providing services in the community, including protocols for infection control and agency procedures to maximize safety for individuals served, staff members, and the public.

[(B)](C) A background screening shall be conducted for all staff in accordance with 9 CSR 10-5.190.

[(C)](D) Qualifications and credentials of staff shall be verified

prior to employment, *[with]* **including** primary source verification *[completed within ninety (90) days]*.

[(D)](E) *[There is c]* Clinical supervision of direct service staff *[that]* **shall be provided on an ongoing basis** to ensure/s) adequate supervisory oversight and guidance, particularly for *[those]* staff who *[may]* lack credentials for independent practice in Missouri.

[(E)](F) 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. **A minimum of twelve (12) clock hours of training must be completed annually.**

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

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

[(F)](G) 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.

(D) The organization shall establish policies and procedures regarding staff use of social media, including how violations of the procedures will be managed.

(E) The organization shall establish standards of conduct for volunteers and students, as applicable.

(4) Volunteers. If the *[agency]* **organization** uses volunteers to **assist with service delivery**, 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 are qualified to provide the services rendered**, have a background screening in accordance with 9 CSR 10-5.190, **and receive orientation, training**, and adequate supervision.

(A) Orientation shall occur within thirty (30) days of the individual's volunteer work with the organization including, but not limited to:

1. Client rights, confidentiality policies and procedures, and abuse, neglect, and misuse of funds as defined in 9 CSR 10-5.200;

2. Emergency policies and procedures of the program;

3. Philosophy, values, mission, and goals; and

4. Other topics relevant to their assignment(s).

(5) Practicum/Intern Students. *[A practicum/intern student if used in a Department of Mental Health (DMH) program]* **If the organization uses practicum/intern students in a department-funded program, he/she** 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]* **the student**, educational institution, and degree program;

2. Brief description of the status of the *[individual]* **student** with respect to degree completion, *[including semester/hours*

remaining, projected completion date, and time period of the practicum or internship;

3. A **job** description of the specific *[job status]* **role** of the *[individual]* **student** with respect to *[agency]* **the program** and *[client]* **population served;**

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]* **cannot deliver services reimbursed by Medicaid[-eligible services]** unless they meet the provider eligibility requirements through prior experience and education.

(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]* **A student who provides counseling services** 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]* **an associate program approved by the department.**

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.] **The agency shall ensure students have a background screening in accordance with 9 CSR 10-5.190 and receive orientation and training consistent with the organization'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]* **department** criteria for a qualified mental health professional or supervisor of counselors, a community support *[worker]* **specialist**, 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] 2016. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Aug. 28, 2002, effective April 30, 2003. Amended: Filed Nov. 5, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to Gail Vasterling, General Counsel, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, or by courier within thirty (30) days after publication in the Missouri

Register. If to be hand delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

**Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and
Substance [Abuse] Use Disorder Treatment Programs**

PROPOSED AMENDMENT

9 CSR 10-7.120 Physical [Plant] Environment and Safety. The department is amending the chapter and rule titles, purpose, and sections (2)–(9), adding new section (1), deleting old sections (1) and (10), and renumbering as needed.

PURPOSE: This amendment changes the rule title, updates environmental and safety requirements, and adds criteria for an emergency preparedness plan. Requirements for residential facilities are being moved to 9 CSR 10-3, Substance Use Disorder Treatment Programs.

PURPOSE: This rule describes requirements for the physical [facilities] environment and safety in [Alcohol and Drug Treatment Abuse Programs,] Opioid Treatment Programs, Substance Use Disorder Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), [Compulsive] Gambling Disorder Treatment Programs, Recovery Support Programs, Substance [Abuse] Awareness Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and [Psychiatric] Outpatient Mental Health Treatment 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.]

(1) General Requirements. The organization shall provide services in an environment that ensures the health, safety, and security of individuals served, staff, and others.

(A) All buildings used for programmatic activities [or residential services by the organization] shall meet applicable state and local fire safety, building, occupancy, 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 on site of all inspections and correction of [all] any cited deficiencies to assure compliance with applicable state and local fire safety, building, 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/deemed organization that relocates any program into a new physical [facilities shall have] environment or constructs an addition to an existing building(s) must ensure the new [facilities] location and/or building(s) comply with this rule in order to maintain certification/deemed status by the department. [All additions or expansions to existing physical facilities must meet the requirements of this rule.]

[(3)](2) Physical Access. Individuals [are] must be 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)](3) Adequate Space and Furnishings. Individuals are served in an [setting] environment 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 that safely accommodates individuals served and visitors to the program;

2. Private areas for [individual counseling and family therapy] confidential individual and group services;

[3. A private area(s) for group counseling, education and other group services;]

[4.]3. 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.]

4. Restrooms in adequate number to meet the needs of individuals served.

[(B) The organization shall have appropriate furnishings, which are clean and in good repair;]

[(C)](B) The use of [appliances such as television, radio and stereo equipment] televisions, cell phones, computers, laptops, or other electronic devices shall not interfere with the therapeutic program.

[(5)](4) [Clean and Comfortable Setting] Environment. Individuals are served in [settings that are] an environment that is clean and comfortable[, in good repair,] and in safe and proper operating [order] condition. 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).] Maintain heating, ventilation, and cooling systems to ensure a temperature-controlled environment that meets the reasonable comfort needs of individuals served;

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

(D) Provide effective pest control measures;

(E) Store [refuse] trash and garbage in covered containers [so as not to create a nuisance or health hazard] that are removed on a regular basis;

(F) Maintain the facility to be 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 and training of staff, individuals served, and others.

[(6)](5) Off-Site Functions. If the organization offers [certain] services at locations in the community other than at its [facilities] physical facility location(s), [the organization shall take] usual and reasonable precautions shall be taken to [preserve] ensure the safety of individuals participating in [these] services at off-site locations.

[(7)](6) Emergency Preparedness and Safety. In keeping with the specific purpose of the service(s) provided, [T]he organization shall have [an] a written emergency preparedness plan to maintain continuity of its operations in preparation for, during, and after an emergency or disaster. Consultation with the local Federal Emergency Management Agency or other recognized resource for emergency planning and preparedness in developing the plan is recommended.

[(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.]

(A) The emergency preparedness plan shall include, but is not limited to, potential medical emergencies, natural disasters, fires, bomb threats, utility failures, and violent or other threatening situations. The plan shall be posted and accessible at all times, at all program locations.

(B) The plan shall include, but is not limited to—

1. When evacuation is necessary;
2. Complete evacuation from each physical facility with a designated gathering point;
3. When sheltering in place is appropriate and any additional steps necessary to ensure safety (such as sealing a room);
4. The safety and accounting for all persons involved, including responsible staff;
5. Temporary shelter when applicable;
6. Identification of essential services;
7. Continuation of essential services when applicable; and
8. Notification of the appropriate emergency authorities.

(C) Evacuation routes with diagrams giving clear directions on how to exit the building safely and in a timely manner shall be posted in locations easily accessible to individuals served, staff, and visitors.

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

(E) Unannounced tests/drills of all emergency procedures shall be conducted at least annually on each shift and at each program location. Results of all tests/drills shall be reviewed and documented with corrective action taken, as needed, including training and education of staff.

[(8)](7) [Fire] Hazard Prevention, Detection, and Safety Equipment. The organization shall maintain fire and other safety equipment in proper operating condition and implement practices to protect all *[occupants]* individuals from fire, smoke, harmful fumes, and other safety hazards. An annual inspection in accordance with the Life Safety Code of the National Fire Protection Association (NFPA) shall be conducted.

(A) Organizations shall maintain a fire detection and notification system that detects smoke, fumes and/or heat and sounds an alarm that can be heard throughout the premises, above the noise of normal activities, radios, and televisions.

[(A)](B) Portable ABC *[type]-rated* 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]* as specified by the local authority. Additional fire extinguishers shall be *[provided, where applicable, for]* located in or near the kitchen, laundry *[and]* room, furnace room, and other areas as recommended by the local authority.

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

[(C)](D) *[There shall be]* Each floor used by individuals served shall have at least two (2) means of exit *[on each floor used by individuals being served, which]* that 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 **kept clear and 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] local* authority.

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

[(D)](E) Unless otherwise determined by the *[fire inspector] local authority*, based on a facility's overall size and use, the requirement of two (2) or more means of exit on each floor *[shall] may* 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)](F) 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] local* 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.]

(G) Smoke detectors shall be installed in accordance with the recommendations of the NFPA codes and be functional at all times.

1. If the program serves individuals who are deaf, the smoke detectors must have an alarm system designed for hearing-impaired persons as specified by the NFPA codes.

(H) Organizations using equipment or appliances that pose a potential carbon monoxide risk shall install a carbon monoxide detector(s) as specified by the NFPA codes. Carbon monoxide detectors must be functional at all times.

(I) All staff of the organization must be trained and demonstrate the ability to operate the organization's fire alarm system, fire extinguishers, and other safety devices.

[(I)](J) *[The Life Safety Code of the (NFPA)]* The NFPA codes 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] organization* shall *[be]* maintain a smoke-free[,], unless otherwise stipulated in program specific rules/ environment.

[(9)](8) Safe Transportation. *[Where applicable, the organization shall implement measures to ensure safe transportation for persons served.]* **The organization shall ensure transportation for individuals served is provided in a safe and accessible manner as applicable.**

(A) *[Agency owned]* **All 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]* **individuals.** Staff *[which operate]* **operating** such a vehicle shall have training in emergency procedures and the handling of accidents and road emergencies **and have access to a cell phone or other communication device in the vehicle.**

(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.]* **All vehicles used to transport individuals served shall be properly registered and insured.**

(D) Organizations that provide transportation for children shall comply with state and federal car seat laws and regulations.

(E) If transportation services are contracted, the organization shall conduct an annual review to ensure the contractor meets the requirements in subsections (A) through (D) of this section.

[(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] 2016. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Nov. 5, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to Gail Vasterling, General Counsel, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, or by courier within thirty (30) days after publication in the **Missouri Register**. If to be hand delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

**Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and
Substance [Abuse] Use Disorder Treatment Programs**

PROPOSED AMENDMENT

9 CSR 10-7.130 Procedures to Obtain Certification. The department is amending the chapter title and purpose, adding new sections (1)–(18), and deleting old sections (1)–(13).

PURPOSE: This amendment updates terminology and certification procedures, including a provision for the department to issue one- (1-) to three- (3-) year certification.

PURPOSE: This rule describes procedures to obtain certification as [Alcohol and Drug Abuse Programs,] a **Substance Use Disorder Treatment Program**, **Comprehensive Substance Treatment and Rehabilitation Program[s]** (CSTAR), **Institutional Treatment Center**, [Compulsive] **Gambling Disorder Treatment Program[s]**, **Prevention Program**, **Recovery Support Program**, **Substance [Abuse] Awareness Traffic Offender Program[s]** (SATOP), **Required Education Assessment and Community Treatment Program[s]**, (REACT) **Community Psychiatric Rehabilitation Program[s]** (CPRP), [and Psychiatric] or **Outpatient Mental Health Treatment Program[s]**.

[(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 non-refundable 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 sched-

uling 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 services.

(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.]

(1) Certification Standards. Under sections 376.779.3 and 4, 630.010, and 630.655, RSMo, the department is mandated to develop certification standards and to certify an organization's level of services as necessary and applicable for it to operate, receive funds from the department, and participate in department programs eligible for Medicaid reimbursement. Certification does not constitute an assurance or guarantee the department will fund designated services or programs.

(A) A key goal of certification is to enhance the quality of care and 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 the department's standards of care. A further function is to identify and encourage developmental steps toward improved program operations, satisfaction with services, and successful outcomes for individuals served.

(2) Under section 630.050, RSMo, the department shall certify each community psychiatric rehabilitation (CPR) provider's rehabilitation program services as a condition of participation in the CPR program.

(3) To be eligible for certification as a CPR provider, an organization must meet one (1) of the following requirements:

(A) Performs the required functions described in section 1916(c)(4) of the Public Health Service Act;

(B) Meets the eligibility requirements for receipt of federal mental health block grant funds;

(C) Has a current and valid contract for services with the department pursuant to 9 CSR 25-2;

(D) Is designated by the department under the authority of section 632.050, RSMo to serve as an entry and exit point for the public mental health service delivery system; or

(E) Has been certified at least once prior to November 7, 1993, and has maintained certification continuously since November 7, 1993.

(4) The department shall certify, as a result of a certification survey or deeming, each CPR program as designated and eligible to serve children and youth under the age of eighteen (18).

(5) To be eligible to serve children and youth under the age of eighteen (18), a certified or deemed-certified CPR program shall:

(A) Have a current and valid contract for services with the department pursuant to 9 CSR 25-2;

(B) Meet the eligibility requirements for receipt of federal mental health block grant funds;

(C) Provide a comprehensive array of psychiatric services to children and youth including, but not limited to:

1. Crisis intervention mobile response;
2. Screening and assessment;
3. Medication services; and
4. Intensive case management consistent with state plan approved services; and

(D) Have experience and expertise in delivering a department-approved home-based crisis intervention program of psychiatric services for children and youth.

(6) A certified or deemed-certified CPR program in each designated service area may serve transition-age youth, age sixteen (16) and older, meeting the diagnostic eligibility requirements in 9 CSR 30-4.042 without the certification specified in paragraphs (4) and (5) of this rule. The clinical record must include documentation it is clinically and developmentally appropriate to serve the individual in an adult program.

(7) Application Process and Fees. An organization may request certification by completing the application form as required by the department for this purpose, and submitting the application and any specified documentation to: Department of Mental Health, PO Box 687, Jefferson City, MO 65102.

(A) The application must include a current written description of the program(s) and service(s) for which the organization is seeking certification from 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) Department staff review each application to determine whether the applicant meets the criteria for certification.

(D) An organization that submits an incomplete application will receive written notice from the department. A complete application must be resubmitted to the department in order to be considered for certification. If the resubmitted application is determined to be incomplete, the organization will receive written notification from the department. The department may deny the applicant from reapplying for a period of up to one (1) year from the date of notification.

(E) A certification fee is required for the Substance Awareness Traffic Offender Program (SATOP). The fee structure is based on the number of individuals served by the agency as follows:

1. The fee is one hundred twenty-five dollars (\$125) if less than two hundred fifty (250) individuals were served by the agency during the prior survey year;

2. The fee is two hundred fifty dollars (\$250) if the agency served at least two hundred fifty (250) individuals but no more than four hundred ninety-nine (499) individuals during the prior survey year;

3. A fee of five hundred dollars (\$500) is required if at least five hundred (500) individuals were served by the agency during the prior survey year.

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

(G) Each organization is responsible for monitoring the expiration date of their certification and applying for renewal of certification. The application form and required documentation must be submitted to the department at least sixty (60) calendar days prior to expiration of the existing certificate.

1. Applications for renewal of certification received after the expiration date or organizations that do not reapply, are subject to termination of certification status and may be required to resubmit an application for certification to the department.

2. Organizations that choose not to renew certification must provide written notification to the department sixty (60) calendar days prior to the expiration date on the certificate.

(H) Organizations may withdraw an application at any time during the certification process, unless otherwise required by law.

(I) The organization agrees, by act of submitting an application,

to allow and assist department representatives in fully and freely conducting any survey procedures and to provide department representatives reasonable and immediate access to premises, individuals, staff, and requested information.

(J) The organization must provide information and documentation to the department that is accurate and complete. Falsification or fabrication of any information used to determine compliance with requirements may be grounds to deny issuance of or to revoke certification.

(8) **Certification Process.** The department grants certification based on its review of an organization's compliance with standards of care for behavioral health services.

(A) For nationally accredited organizations that do not provide opioid treatment—

1. The department may grant a certificate to organizations that have obtained accreditation for services provided from CARF International, The Joint Commission, Council on Accreditation, or other entity recognized by the department. Certification from the department will be equivalent to the period of time granted by the accrediting body.

2. Organizations seeking deemed certification status from the department must complete the application for accredited organizations and submit it to the department. The application must include documentation of current accreditation status, the accrediting body's survey report of findings, and the behavioral health services for which the organization is accredited.

3. The department will review the accrediting body's program accreditation to determine if it is equivalent to the department's program certification. 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. Notice of any change in an organization's accreditation status must be provided in writing to the department within seven (7) calendar days of notification from the accrediting body.

5. The department may rescind certification if an organization loses its accreditation.

(B) For non-accredited organizations, the department will conduct a survey to determine compliance with applicable sections of department certification standards.

1. The department provides advance written notice of routine, planned surveys including date(s), procedures, and an agreed upon schedule of activities. Survey procedures may include, but are not limited to:

A. Interviews with staff, individuals served, and other interested parties;

B. Tour and inspection of program sites;

C. Review of administrative records to verify compliance with requirements;

D. Review of personnel records;

E. Review of service documentation;

F. Observation of program activities; and

G. Review of data regarding practice patterns and outcome measures, as available.

2. The surveyor(s) will hold an entrance and exit conference with staff of the organization to discuss survey arrangements and survey findings, respectively.

3. A surveyor will immediately cite any serious area of non-compliance which could result in actual jeopardy to the safety, health, or welfare of persons served. The surveyor will not leave the program until an acceptable plan of correction is presented by staff which assures the surveyor there is no further risk of jeopardy to persons served.

4. Within thirty (30) calendar days after the exit conference, the department will send a written survey report to the organization's director and governing body president, including any areas

of noncompliance as applicable. The report shall be available for review by staff and the public, upon request.

A. Within thirty (30) calendar days of receipt of a notice of noncompliance, a plan of correction must be submitted to the department.

B. The plan of correction must address each area of non-compliance, action steps to correct each area of noncompliance, staff responsible for each action step, target date for completion, and where and how corrections will be verified.

C. Within fifteen (15) calendar days of receipt of a plan of correction, the department will notify the organization of its decision to approve, disapprove, or require revisions to the proposed plan of correction.

D. At the department's discretion, a follow-up survey may be conducted to review the areas of noncompliance and ensure the organization fully complies with applicable standards of care. The organization will receive advance, written notice of the survey date(s) and procedures.

E. If all areas of noncompliance are corrected and no other deficiencies are found on the follow-up survey, certification may be granted.

F. If all areas of noncompliance are not corrected on the follow-up survey, or new areas of noncompliance are cited, the application for certification will be denied and the organization will be required to reapply for certification by submitting a new application to the department. The department may deny certification to an organization for a period of up to one (1) year from the date of notification of noncompliance.

G. In the event the organization has not submitted an acceptable plan of correction to the department within ninety (90) calendar days of the date of the initial notice of noncompliance, it shall be subject to expiration or denial of certification.

(C) Organizations determined to be in compliance with certification standards may be awarded certification by the department.

1. The department has the authority to determine an organization's time period for certification based on its performance, survey findings, and existing certification status, as applicable.

2. Certification will be valid until the expiration date shown on the certificate issued by the department unless the certificate is modified, revoked, suspended, or the department grants the organization a temporary certification status.

(9) **Certification Status.** The department grants certification on a deemed, temporary, provisional, conditional, or compliance status. In determining certification status, the department considers patterns and trends of performance identified during the survey.

(A) **Deemed status.** Deemed status acknowledges a behavioral health services provider is monitored and held accountable by a recognized national accrediting body and the department accepts the organization's "good standing" as sufficient to meet its standards of care.

(B) **Temporary status.** Temporary certification may be granted to a certified 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.

1. The time period for temporary certification is determined by the department based upon progression of the survey process, including situations in which an organization is required to submit a plan of correction to address areas of noncompliance with standards. Consideration will be given to an organization's request for an extension of their existing certificate.

(C) **Provisional status.** The department may grant provisional certification to an organization applying for initial certification when the results of the survey determine the organization has not yet demonstrated full compliance with standards related to ongoing program activities, but is compliant with standards of care related to the following:

1. Governing authority;
2. Policies and procedures;
3. Physical plant and safety; and
4. Personnel and staffing patterns sufficient to provide services.

A. Provisional certification status will not exceed a six (6) month time period. Within six (6) months of granting provisional certification, the department will conduct a comprehensive site survey and make a further determination of the organization's certification status.

(D) Conditional status. Conditional certification may be granted to an organization when survey findings indicate areas of noncompliance with standards that may affect quality of care for individuals served, but there is reasonable expectation the organization can achieve compliance within a stipulated time period.

1. Conditional certification may be granted for a six (6) month time period.
2. The department may monitor progress, require the organization to submit progress reports, or both.
3. The organization will be expected to correct all areas of noncompliance prior to the expiration of the conditional certification status.
4. The department may conduct a follow-up survey prior to expiration of the conditional certification status to review the areas of noncompliance and ensure the organization fully complies with applicable standards of care.

A. If all areas of noncompliance are corrected and no other deficiencies are found, certification may be granted for a one (1) to three (3) year period.

B. If all areas of noncompliance are not corrected on the follow-up survey, or new areas of noncompliance are cited, conditional certification status will expire and the organization will be required to reapply for certification by submitting a new application to the department. The department, at its discretion, may deny the applicant for a period of up to one (1) year from the date of notice of noncompliance.

(E) Compliance status. The department may award compliance status to an organization for a period of one (1) to three (3) years when survey findings indicate the organization meets applicable standards of care.

(F) The department, at its discretion, may issue an extension of an organization's certification status.

(10) Investigations. The department, at its discretion, may investigate any written complaint regarding the operation of a certified program or service.

(11) Scheduled and Unscheduled Surveys. The department may conduct a scheduled or unscheduled survey of an organization at any time to monitor ongoing compliance with applicable standards of care. 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.

(12) Organizational Changes. A certificate is the property of the department and applies solely to the organization named in the application. The certificate is valid only as long as the organization meets standards of care and is not transferable to another entity without prior, written approval from the department.

(A) The organization shall keep the certificate issued by the department in a readily available and visible location.

(B) The department must be notified a minimum of thirty (30) calendar days in advance if a certified organization—

1. Is sold or changes ownership;
2. Is discontinued and ceases business operations;
3. Leases some or all operations at its certified address(es) to another entity;

4. Moves to a different location;
5. Appoints a new director; or
6. Changes programs or services offered.

(C) Failure to notify the department as required may result in administrative sanctions or revocation of certification.

(D) A new application for certification is required for a change in ownership and the addition of a program/service which the organization is not certified by the department to provide.

1. In the event of a change in ownership, the organization must be certified under the new ownership prior to beginning operations under the new title.

2. Certification under previous ownership becomes null and void if the new owner(s) fail to submit an application for certification from the department.

3. A certified organization that establishes a new program or type of service must request and obtain certification from the department for the new program or service and comply with applicable standards.

(E) At the discretion of the department, the thirty- (30-) calendar day prior notification required in subsection (12)(B) of this rule may be waived in the event of an emergent or catastrophic situation. In the event of such a situation, the certified organization must provide written notice to the department as soon as possible, but no later than seven (7) calendar days after becoming aware of the need for the change in the organization.

(13) Subcontracts. Certified or deemed organizations may subcontract for services covered under their certificate in accordance with 9 CSR 10-7.090(6).

(14) Denial or Revocation of Certification. 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, neglect, and/or misuse of funds/property, or violation of individual rights have occurred;

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

(D) Information used to determine compliance with requirements was falsified or fabricated;

(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;

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

(15) Program Monitor. The department, at its discretion, may place a monitor at a program if there is substantial probability of or actual jeopardy to the safety, health, and/or welfare of individuals being served.

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

(B) The department will remove the monitor when a determination is made that the safety, health, and/or welfare of individuals served is no longer at risk.

(C) The department may take other action to ensure and protect the safety, health, and/or welfare of individuals being served.

(16) Appeal Process. An organization which has had certification denied or revoked may appeal to the director of the department within thirty (30) calendar days following receipt of the notice of denial or revocation. The director of the department conducts a hearing under procedures set out in Chapter 536, RSMo, and issues findings of fact, conclusions of law, and a decision which will be final.

(17) **Administrative Sanctions.** The department may impose administrative sanctions.

(A) The department may suspend the certification process pending completion of an investigation when an applicant for certification or staff of the organization are under investigation for fraud, misuse of funds/property, abuse and/or neglect of persons served, or improper clinical practices.

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

(C) Administrative sanctions include, but are not limited to, suspension of certification, clinical review requirements, suspension of new admissions, denial or revocation of certification, or other actions as determined by the department.

(D) The department may refuse to accept an application for certification from an organization for a period of up to twenty-four (24) months if certification is denied or revoked, or the organization has been found to have committed fraud, misuse of funds/property, abuse and/or neglect of persons served, improper clinical practices, or whose staff and/or clinicians were engaged in improper practices.

(E) An organization may appeal these sanctions pursuant to section (16) of this rule.

(18) **Request for Exception.** An organization may request the department's exceptions committee to waive a requirement for certification if the director of the organization provides evidence that a waiver is in the best interest of individuals served.

(A) A request for a waiver must be submitted in accordance with 9 CSR 10-5.210, Exceptions Committee Procedures.

AUTHORITY: sections 630.050 and 630.055, RSMo [2000] 2016. 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. Amended: Filed Nov. 5, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to Gail Vasterling, General Counsel, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, or by courier within thirty (30) days after publication in the Missouri Register. If to be hand delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2110—Missouri Dental Board
Chapter 2—General Rules**

PROPOSED RULE

20 CSR 2110-2.250 Prescribing Opioids

PURPOSE: This rule provides for regulation of prescriptions for opioid pain medication.

(1) Dentists shall consider non-opioid medications and therapies for treatment of mild to moderate acute dental pain prior to prescribing an opioid controlled substance. Options for non-opioid treatments shall be discussed with the patient and the patient advised of the risks associated with opioid related treatments and the discussion documented in the patient's dental record.

(2) Before prescribing an opioid controlled substance to a patient experiencing dental pain, a dentist shall assess the patient for potential opioid use disorder. At a minimum, this should include collecting and maintaining a thorough medical history of the patient including any history of substance abuse disorders, mental health conditions, or sleep-disordered breathing. Dentists shall thoroughly discuss and document in the patient's record any medications the patient may be receiving from any other healthcare providers.

(3) A dentist shall not issue an initial prescription for more than a seven- (7-) day supply of any opioid controlled substance for treatment of a patient's acute pain. A dentist may not issue any renewal, refill, or new prescription for an opioid controlled substance for treatment of the same acute pain without first performing an examination of the patient to determine the need and appropriateness of the renewal, refill, or new prescription. Any appropriate renewals, refills, or new prescriptions of opioids for treatment of the same acute pain shall also be limited to a seven- (7-) day supply and shall be in compliance with the general provisions of Chapters 195 and 579. If, in the professional judgment of the dentist, more than a seven- (7-) day supply is required to treat the patient's acute pain, the dentist may issue a prescription for the quantity needed to treat the patient, provided that the dentist shall document in the patient's dental record the reason for the necessity for more than a seven- (7-) day supply and that a non-opioid alternative was not appropriate to address the patient's condition.

AUTHORITY: section 332.031, RSMo 2016. Emergency rule filed Nov. 7, 2018, effective Nov. 17, 2018, expires May 15, 2019. Original rule filed Nov. 7, 2018.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Dental Board, PO Box 1367, Jefferson City, MO 65102, by facsimile at (573) 751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2210—State Board of Optometry
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2210-2.020 Licensure by Examination. The board is amending section (4).

PURPOSE: This amendment ensures the relevancy of the Board's Licensure by Examination process by ensuring that competency examinations are taken in a timely manner.

(4) All applicants for a license as an optometrist shall pass all parts of the examination administered by the National Board of Examiners in Optometry (NBEO) **within three (3) years prior to licensure**. Each applicant also shall pass an examination on Missouri Optometric law with a score of seventy-five percent (75%) or greater within one (1) year prior to licensure.

AUTHORITY: sections 336.050[, 336.160.1,] and 336.220.1, RSMo [Supp. 2007] 2016, and section 336.160.1, RSMo Supp. 2018. This rule originally filed as 4 CSR 210-2.020. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. For intervening history, please consult the Code of State Regulations. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities approximately two thousand one hundred dollars (\$2,100) quinquennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Optometry, PO Box 1335, Jefferson City, MO 65102, by facsimile at (573) 751-8216, or via email at optometry@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

PRIVATE FISCAL NOTE

I. RULE NUMBER

**Title 20 -Department of Insurance, Financial Institutions and Professional Registration
Division 2210 - State Board of Optometry
Chapter 2 - General Rules
Proposed Rule 20 CSR 2070-2.020 Licensure by Examination**

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities:
1	National Board Exam (Exam Fee @ \$2,100)	\$2,100.00
	Estimated Quinquennial Cost of Compliance for the Life of the Rule	\$2,100.00

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. The board anticipates that approximately 1 applicant every five years will have to retake the National Board Exam.
2. It is anticipated that the total cost will recur biennially for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2231—Division of Professional Registration
Chapter 3—Modified Application and Renewal
Procedures of the Division**

PROPOSED RULE

20 CSR 2231-3.010 Fee Waiver for Military Families and Low-Income Individuals

PURPOSE: This rule complies with section 324.015.6, RSMo, which requires the Division of Professional Registration to promulgate rules to implement the provisions of section 324.015, RSMo, the waiver of occupational fees for military families and low-income individuals for a period of two (2) years.

(1) For purposes of this regulation, all terms shall have the same definition as contained in section 324.015.1, RSMo.

(2) Individuals seeking a waiver must apply to the respective licensing authority within the Division of Professional Registration in writing and include documentation that establishes eligibility for the waiver pursuant to 324.015, RSMo.

AUTHORITY: section 324.015, RSMo Supp. 2018. Emergency rule filed Nov. 7, 2018, effective Nov. 17, 2018, expires May 15, 2019. Original rule filed Nov. 7, 2018.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately one hundred one thousand eight hundred fifty dollars (\$101,850) to three million fifty-five thousand five hundred dollars (\$3,055,500) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed rule will save private entities one hundred one thousand eight hundred fifty dollars (\$101,850) to three million fifty-five thousand five hundred dollars (\$3,055,500) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Division of Professional Registration, Katie Steele Danner, Division Director, PO Box 1335, Jefferson City, MO 65102, or via email at profreg@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

PUBLIC FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Insurance, Financial Institutions and Professional Registration
Division 2231 - Division of Professional Registration
Chapter 3 - Fee Waiver for Military Families and Low-Income
Proposed Amendment to 20 CSR 2231-3.010 Fee Waiver for Military Families and Low-Income

II. SUMMARY OF FISCAL IMPACT

Estimated Fiscal Impact

Affected Agency or Political Subdivision	Estimated Revenue	
Funds within the Division of Professional Registration and its licensing boards		(\$101,850)
		to (\$3,055,500)
	Estimated Loss of Revenue Annually for the Life of the Rule	(\$101,850) to (\$3,055,500)

III. WORKSHEET

See Private Entity Fiscal Note

IV. ASSUMPTION

1. The total loss of revenue is based on the cost savings reflected in the Private Entity Fiscal Note filed with this amendment.
2. While the exact fiscal impact would be unknown and depend upon how many Division licensees qualify as military families and low-income individuals and how many of those individuals who do qualify would be aware of and apply for waiver, the department has prepared a fiscal estimate based upon 2016 US Census data which indicates 7% of Missourians are veterans and the 14% of Missourians are in poverty. When applying these percentages to department licensees as potential waivers, it is estimated 20% of those applying for a license will seek a waiver authorized by this rule.
3. The division utilizes a rolling five year financial analysis process to evaluate its fund balances, establish fee structure, and assess budgetary needs. The five year analysis is based on the projected revenue, expenses, and number of licensees.
4. It is anticipated that the total decrease in revenue will recur for the life of the rule, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Insurance, Financial Institutions and Professional Registration
Division 2231 - Division of Professional Registration
Chapter 3 - Fee Waiver for Military Families and Low-Income
Proposed Amendment to 20 CSR 2231-3.010 Fee Waiver for Military Families and Low-Income

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the amendment by affected entities:
10,185	Military Family Applicants	\$101,850
	Low-Income Applicants (Waived Fee @ \$10 to \$500)	to \$3,055,500
	Estimated Annual Cost Savings for the Life of the Rule	\$101,850 to \$3,055,500

III. WORKSHEET

See Table Above

IV. ASSUMPTION

1. While the exact fiscal impact would be unknown and depend upon how many Division licensees qualify as military families and low-income individuals and how many of those individuals who do qualify would be aware of and apply for waiver, the division has prepared a fiscal estimate based upon 2016 US Census data which indicates 7% of Missourians are veterans and the 14% of Missourians are in poverty. When applying these percentages to division licensees as potential waivers, it is estimated 20% of those might apply for a license and will seek a waiver authorized by this rule. In 2017 50,927 applications were received and 20% of that number is 10,185.
2. It is anticipated that the total fiscal savings will recur for the life of the rule, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2232—Missouri State Committee of Interpreters
Chapter 1—General Rules**

PROPOSED AMENDMENT

20 CSR 2232-1.040 Fees. The committee is amending section (1).

PURPOSE: This amendment reduces the renewal and reactivation fees and adds a verification fee.

(1) The following fees are established and are payable in the form of a cashier's check, personal check, or money order:

(B) Annual License Renewal Fee	[\$ 90] \$60
1. Effective December 1, 2018 through November 30, 2019	\$40
(E) Reactivation Fee	[\$ 60] \$30
1. Effective December 1, 2018 through November 30, 2019	\$10
(J) Verification of License Fee	\$10

AUTHORITY: sections 209.328.2(2)[,] and 324.039, [RSMo 2000, and sections 43.543 and 324.039,] RSMo [Supp. 2013] 2016, and section 43.543, RSMo Supp. 2018. This rule originally filed as 4 CSR 232-1.040. Original rule filed Feb. 18, 1999, effective July 30, 1999. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Nov. 7, 2018, effective Nov. 17, 2018, expires May 15, 2019. Amended: Filed Nov. 7, 2018.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately thirty-eight thousand five hundred dollars (\$38,500) from December 1, 2018 through November 30, 2019 and twenty-three thousand five hundred forty (\$23,540) beginning December 1, 2019 and annually thereafter for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed amendment will save private entities thirty-eight thousand five hundred dollars (\$38,500) from December 1, 2018 through November 30, 2019 and twenty-three thousand five hundred forty (\$23,540) beginning December 1, 2019 and annually thereafter for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Committee of Interpreters, Pam Groose, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax to 573-526-0661, or via email at interpreters@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

PUBLIC FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Insurance, Financial Institutions and Professional Registration
 Division 2232—Missouri State Committee of Interpreters
 Chapter 1 - General Rules
 Proposed Amendment to 20 CSR 2232-1.040 - Fees

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Loss of Revenue	
Missouri State Committee of Interpreters	(\$38,500)	
	Estimated Decreased Revenue Effective December 1, 2018 through November 30, 2019	(\$38,500)

Affected Agency or Political Subdivision	Estimated Loss of Revenue	
Missouri State Committee of Interpreters	(\$23,540)	
	Estimated Decreased Revenue Beginning December 1, 2019 and Continuing Annually for the Life of the Rule	(\$23,540)

III. WORKSHEET

See Private Entity Fiscal Note

IV. ASSUMPTION

1. The total loss of revenue is based on the cost savings to private entities reflected in the Private Fiscal Note filed with this rule.
2. The board utilizes a rolling five-year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five-year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five-year analysis, the board voted on a reduction in annual renewal fees and the reactivation fee.

PRIVATE FISCAL NOTE

I. RULE NUMBER

**Title 20 -Department of Insurance, Financial Institutions and Professional Registration
Division 2232—Missouri State Committee of Interpreters
Chapter 1 - General Rules
Proposed Amendment to 20 CSR 2232-1.040 - Fees**

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated savings for the life of the rule by affected entities:
772	Annual License Renewal Fee (Fee Decrease @ \$50)	(\$38,600)
3	Reactivation Fee (Fee Decrease @ \$50)	(\$150)
25	Verification of License Fee (Fee @ \$10)	\$250
Estimated Cost of Compliance Effective December 1, 2018 through November 30, 2019		(\$38,500)

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated savings for the life of the rule by affected entities:
790	Annual License Renewal Fee (Fee Decrease @ \$30)	(\$23,700)
3	Reactivation Fee (Fee Decrease @ \$30)	(\$90)
25	Verification of License Fee (Fee @ \$10)	\$250
Estimated Cost of Compliance Beginning December 1, 2019 and Continuing Annually for the Life of the Rule		(\$23,540)

III. WORKSHEET

See Table Above

IV. ASSUMPTION

1. The above figures are based on FY 2019 projections.
2. It is anticipated that the total fiscal costs will occur beginning in FY2019, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.