

**T**his section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order or rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

**T**he agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety-(90-) day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

**Title 1—OFFICE OF ADMINISTRATION  
Division 10—Commissioner of Administration  
Chapter 3—Preapproval of Claims and Accounts**

**ORDER OF RULEMAKING**

By the authority vested in the Commission of Administration under section 33.030, RSMo 2016, the commissioner amends a rule as follows:

**1 CSR 10-3.010** Preapproval of Claims/Accounts and Direct Deposit: Definitions/Examples **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3205–3208). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 1—OFFICE OF ADMINISTRATION  
Division 10—Commissioner of Administration  
Chapter 4—Vendor Payroll Deduction Regulations**

**ORDER OF RULEMAKING**

By the authority vested in the Commission of Administration under section 33.103, RSMo 2016, the commissioner rescinds a rule as follows:

**1 CSR 10-4.010** State of Missouri Vendor Payroll Deductions **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3208). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 1—OFFICE OF ADMINISTRATION  
Division 10—Commissioner of Administration  
Chapter 7—Missouri Accountability Portal**

**ORDER OF RULEMAKING**

By the authority vested in the Commission of Administration under section 33.087, RSMo 2016, the commission amends a rule as follows:

**1 CSR 10-7.010** Missouri Accountability Portal **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3209–3210). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 1—OFFICE OF ADMINISTRATION  
Division 10—Commissioner of Administration  
Chapter 8—Direct Deposit of Payroll Requirements**

**ORDER OF RULEMAKING**

By the authority vested in the Commission of Administration under section 33.155, RSMo 2016, the commissioner amends a rule as follows:

**1 CSR 10-8.010** Direct Deposit of Payroll Requirements **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3210). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 1—OFFICE OF ADMINISTRATION  
Division 10—Commissioner of Administration  
Chapter 9—Requirements for Direct Deposit of Vendor Payments**

**ORDER OF RULEMAKING**

By the authority vested in the Commission of Administration under

section 33.155, RSMo 2016, the commissioner rescinds a rule as follows:

**1 CSR 10-9.010 Requirements for Direct Deposit of Vendor Payments is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3210-3211). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 1—OFFICE OF ADMINISTRATION  
Division 10—Commissioner of Administration  
Chapter 11—Travel Regulations**

**ORDER OF RULEMAKING**

By the authority vested in the Commission of Administration under section 33.090, RSMo 2016, the commissioner amends a rule as follows:

**1 CSR 10-11.010 State of Missouri Travel Regulations is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3211-3214). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 1—OFFICE OF ADMINISTRATION  
Division 10—Commissioner of Administration  
Chapter 11—Travel Regulations**

**ORDER OF RULEMAKING**

By the authority vested in the Commission of Administration under section 33.095, RSMo 2016, the commissioner rescinds a rule as follows:

**1 CSR 10-11.020 County Travel Regulations, Mileage Allowance is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3214). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 1—OFFICE OF ADMINISTRATION  
Division 10—Commissioner of Administration  
Chapter 11—Travel Regulations**

**ORDER OF RULEMAKING**

By the authority vested in the Commission of Administration under

section 33.095, RSMo 2016, the commissioner rescinds a rule as follows:

**1 CSR 10-11.030 State of Missouri Vehicular Travel Regulations is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3214). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 1—OFFICE OF ADMINISTRATION  
Division 10—Commissioner of Administration  
Chapter 13—Missouri Lottery Payment of Prizes**

**ORDER OF RULEMAKING**

By the authority vested in the Commission of Administration under section 313.321, RSMo 2016, the commissioner rescinds a rule as follows:

**1 CSR 10-13.010 Missouri Lottery Payment of Prizes is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3214-3215). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 1—OFFICE OF ADMINISTRATION  
Division 10—Commissioner of Administration  
Chapter 16—Convention and Sports Complex  
Regulations**

**ORDER OF RULEMAKING**

By the authority vested in the Commission of Administration under section 33.040, RSMo 2016, the commissioner amends a rule as follows:

**1 CSR 10-16.010 Convention and Sports Complex is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3215). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 11—Wildlife Code: Special Regulations for  
Department Areas**

**ORDER OF RULEMAKING**

By authority vested in the Conservation Commission under sections

40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-11.205 is amended.

This rule sets season dates for fish taken from waters of the state and is exempted by section 536.021, RSMo 2016, from the requirements for filing as a proposed amendment.

### 3 CSR 10-11.205 Fishing, Methods and Hours

(5) On Reed (James A.) Memorial Wildlife Area:

(A) Fishing is permitted only on designated waters from 6:00 a.m. to 9:00 p.m. daily from the second Sunday in March to the first Sunday in November, and from 6:00 a.m. to 6:00 p.m. daily during the remainder of the year.

(7) On Lost Valley Fish Hatchery, fishing is permitted only on designated waters from 9:00 a.m. to 4:00 p.m. Tuesday through Saturday from March 1 through November 30. Fishing is restricted to persons fifteen (15) years of age or younger and not more than one (1) pole and line may be used by any one (1) person at any time.

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are exempted from the requirement of filing as a proposed amendment under section 536.021, RSMo 2016.

This amendment was filed March 1, 2019, becomes effective **March 15, 2019**.

### Title 3—DEPARTMENT OF CONSERVATION Division 10—Conservation Commission Chapter 11—Wildlife Code: Special Regulations for Department Areas

#### ORDER OF RULEMAKING

By authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-11.210 is amended.

This rule sets daily and possession limits for fish taken from waters of the state and is exempted by section 536.021, RSMo 2016, from the requirements for filing as a proposed amendment.

### 3 CSR 10-11.210 Fishing, Daily and Possession Limits

(8) The daily limit for fish other than those designated as endangered in 3 CSR 10-4.111 or defined as game fish shall be ten (10) in the aggregate on the following department areas:

- (C) Daniel Boone Conservation Area
- (D) Logan (William R.) Conservation Area
- (E) Port Hudson Lake Conservation Area
- (F) Reed (James A.) Memorial Wildlife Area
- (G) Reifsnider (Frank, Emma Elizabeth and Edna) State Forest
- (H) Weldon Spring Conservation Area
- (I) White (William G. and Erma Parke) Memorial Wildlife Area

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are exempted from the requirement of filing as a proposed amendment under section 536.021, RSMo 2016.

This amendment was filed March 1, 2019, becomes effective **March 15, 2019**.

### Title 3—DEPARTMENT OF CONSERVATION Division 10—Conservation Commission Chapter 12—Wildlife Code: Special Regulations for Areas Owned by Other Entities

#### ORDER OF RULEMAKING

By authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-12.140 is amended.

This rule sets daily limits for fish taken from waters of the state and is exempted by section 536.021, RSMo 2016, from the requirements for filing as a proposed amendment.

### 3 CSR 10-12.140 Fishing, Daily and Possession Limits

(8) The daily limit for fish other than those species listed as endangered in 3 CSR 10-4.111 or defined as game fish is twenty (20) in the aggregate, except on the following lakes where the daily limit is ten (10) in the aggregate, and except for those fish included in section (7) of this rule:

- (B) Columbia (Stephens Park Lake);
- (C) Cuivre River State Park (Lake Lincoln);
- (D) Fenton (Preslar Lake, Upper Fabick Lake, Westside Park Lake);
- (E) Ferguson (January-Wabash Lake);
- (F) Jennings (Koeneman Park Lake);
- (G) Kirkwood (Walker Lake);
- (H) Mineral Area College (Quarry Pond);
- (I) Overland (Wild Acres Park Lake);
- (J) Potosi (Roger Bilderback Lake);
- (K) St. Charles (Fountain Lakes Pond, Kluesner Lake, Moore Lake, Skate Park Lake);
- (L) St. Louis (Benton Park Lake, Boathouse Lake, Fairgrounds Park Lake, Horseshoe Lake, Hyde Park Lake, Jefferson Lake, Lafayette Park Lake, North Riverfront Park Lake, O'Fallon Park Lake, North Lake, South Lake);
- (M) St. Louis County (Bee Tree Park Lake, Blackjack Lake, Carp Lake, Creve Coeur Park Lake, Fountain Lake, Island Lake, Jarville Lake, Simpson Park Lake, Spanish Lake, Sunfish Lake, Tilles Park Lake);
- (N) Union (Union City Lake);
- (O) University of Missouri (McCredie Lake);
- (P) Watershed Committee of the Ozarks (Valley Water Mill Lake);
- and
- (Q) Wentzville (Community Club Lake, Heartland Lake).

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are exempted from the requirement of filing as a proposed amendment under section 536.021, RSMo 2016.

This amendment was filed March 1, 2019, becomes effective **March 15, 2019**.

### Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT Division 80—Economic Development Programs Chapter 1—Organizational Structure

#### ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 536.023, RSMo 2016, the department rescinds a rule as follows:

**4 CSR 80-1.010 General Organization is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3059). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 80—Economic Development Programs  
Chapter 2—Municipal Bonds for Industrial Development**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 100.050, RSMo Supp. 2018, the department rescinds a rule as follows:

**4 CSR 80-2.010 Municipal Bonding for Industrial Development  
is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3059). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 80—Economic Development Programs  
Chapter 2—Municipal Bonds for Industrial Development**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 100.050, RSMo Supp. 2018, the department rescinds a rule as follows:

**4 CSR 80-2.020 Approval of Plan to Issue Municipal Bonds for  
Industrial Development Projects is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3059–3060). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 80—Economic Development Programs  
Chapter 2—Municipal Bonds for Industrial Development**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 100.050, RSMo Supp. 2018, the department rescinds

a rule as follows:

**4 CSR 80-2.030 Preparation of the Lease Agreement is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3060). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 80—Economic Development Programs  
Chapter 5—Business Use Incentives for Large-Scale  
Development**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 100.730, RSMo 2016, the department amends a rule as follows:

**4 CSR 80-5.010 Definitions is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3060–3061). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Economic Development received one (1) comment from a staff member.

COMMENT #1: A staff member respectfully requested that the division name on the final order be written as “Division 80—Economic Development Programs.”

RESPONSE AND EXPLANATION OF CHANGE: The department agrees and will be changing the division title.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 80—Economic Development Programs  
Chapter 5—Business Use Incentives for Large-Scale  
Development**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 100.730, RSMo 2016, the department rescinds a rule as follows:

**4 CSR 80-5.020 Determination of Eligible Industries and Projects  
is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3061). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 80—Economic Development Programs  
Chapter 7—Certified Capital Companies**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 135.529, RSMo 2016, the department rescinds a rule as follows:

**4 CSR 80-7.010 Definitions is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3061). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 80—Economic Development Programs  
Chapter 7—Certified Capital Companies**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 135.529, RSMo 2016, the department rescinds a rule as follows:

**4 CSR 80-7.020 Procedures is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3061). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 80—Economic Development Programs  
Chapter 7—Certified Capital Companies**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 135.529, RSMo 2016, the department rescinds a rule as follows:

**4 CSR 80-7.030 Applications is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3061–3062). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 80—Economic Development Programs  
Chapter 7—Certified Capital Companies**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 135.529, RSMo 2016, the department rescinds a rule as follows:

**4 CSR 80-7.040 Tax Credits; Continuance of Certification;  
Qualifying a Missouri Small Business; and IRR Determination  
is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3062). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 85—Division of Business and Community  
Services  
Chapter 2—Neighborhood Assistance Tax Credit  
Program**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 32.110, RSMo 2016, the department amends a rule as follows:

**4 CSR 85-2.010 General is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3062). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 85—Division of Business and Community  
Services  
Chapter 2—Neighborhood Assistance Tax Credit  
Program**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 32.110, RSMo 2016, the department rescinds a rule as follows:

**4 CSR 85-2.015 Economic Development is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3062–3063). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of*

*State Regulations.*

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**

**Division 85—Division of Business and Community  
Services**

**Chapter 2—Neighborhood Assistance Tax Credit Program**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 32.110, RSMo 2016, the department amends a rule as follows:

**4 CSR 85-2.020** Preparation of Application for the Neighborhood Assistance Program **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3063–3064). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**

**Division 85—Division of Business and Community  
Services**

**Chapter 2—Neighborhood Assistance Tax Credit Program**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 32.115, RSMo 2016, the department amends a rule as follows:

**4 CSR 85-2.030** Approval and Notification for Tax Credits to Business Firms **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3064–3065). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**

**Division 85—Division of Business and Community  
Services**

**Chapter 2—Neighborhood Assistance Tax Credit Program**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 32.115, RSMo 2016, the department rescinds a rule as

follows:

**4 CSR 85-2.040** Issuing of the Tax Credit **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3065). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**

**Division 85—Division of Business and Community  
Services**

**Chapter 6—Recovery Zone Bond Allocation, Waiver, and  
Reallocation**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 108.1010, RSMo 2016, the department rescinds a rule as follows:

**4 CSR 85-6.010** Recovery Zone Bond Allocation, Waiver, and Reallocation **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3065). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**

**Division 85—Division of Business and Community  
Services**

**Chapter 7—Entrepreneurial Development Council**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 536.023, RSMo 2016, the department rescinds a rule as follows:

**4 CSR 85-7.010** Entrepreneurial Development Council **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3065–3066). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 195—Division of Workforce Development  
Chapter 1—Organization**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 620.010, RSMo 2016, the department amends a rule as follows:

**4 CSR 195-1.010 General Organization is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3066). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 195—Division of Workforce Development  
Chapter 2—General Rules, Missouri Job Development  
Fund Training Programs**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 536.023, RSMo 2016, the department rescinds a rule as follows:

**4 CSR 195-2.010 New or Expanding Industry Training Program  
is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3066). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 195—Division of Workforce Development  
Chapter 2—General Rules, Missouri Job Development  
Fund Training Programs**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 536.023, RSMo 2016, the department rescinds a rule as follows:

**4 CSR 195-2.020 Basic Industry Retraining Program is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3066–3067). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 195—Division of Workforce Development  
Chapter 2—General Rules, Missouri Job Development  
Fund Training Programs**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Economic Development under section 536.023, RSMo 2016, the department rescinds a rule as follows:

**4 CSR 195-2.030 Missouri Job Training Joint Legislative Oversight  
Committee is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3067). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 195—Division of Workforce Development  
Chapter 3—General Rules, Missouri Bond-Funded  
Industry Training Programs**

**ORDER OF RULEMAKING**

By the authority vested in the Director of Workforce Development under section 620.803, RSMo 2016, the director rescinds a rule as follows:

**4 CSR 195-3.010 New Jobs Training Program is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3067). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 195—Division of Workforce Development  
Chapter 3—General Rules, Missouri Bond-Funded  
Industry Training Programs**

**ORDER OF RULEMAKING**

By the authority vested in the Director of Workforce Development under section 620.803, RSMo 2016, the director rescinds a rule as follows:

**4 CSR 195-3.020 Job Retention Training Program is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3067). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State*

*Regulations.*

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**

**Division 195—Division of Workforce Development  
Chapter 4—General Rules, Missouri Youth Service and  
Conservation Corps Programs**

**ORDER OF RULEMAKING**

By the authority vested in the Director of Workforce Development under section 620.566, RSMo 2016, the director rescinds a rule as follows:

**4 CSR 195-4.010** The Missouri Youth Service and Conservation Corps **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3067-3068). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**

**Division 195—Division of Workforce Development  
Chapter 5—General Rules, Individual Training Account  
Program**

**ORDER OF RULEMAKING**

By the authority vested in the Director of Workforce Development under section 536.023, RSMo 2016, the director rescinds a rule as follows:

**4 CSR 195-5.010** Purpose; Business Eligibility **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3068). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**

**Division 195—Division of Workforce Development  
Chapter 5—General Rules, Individual Training Account  
Program**

**ORDER OF RULEMAKING**

By the authority vested in the Director of Workforce Development under section 536.023, RSMo 2016, the director rescinds a rule as follows:

**4 CSR 195-5.020** Application to Participate and Qualifications for Tax Credits **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3068). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**

**Division 195—Division of Workforce Development  
Chapter 5—General Rules, Individual Training Account  
Program**

**ORDER OF RULEMAKING**

By the authority vested in the Director of Workforce Development under section 536.023, RSMo 2016, the director rescinds a rule as follows:

**4 CSR 195-5.030** Employee/Trainee Eligibility **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3068). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 5—DEPARTMENT OF ELEMENTARY AND  
SECONDARY EDUCATION**

**Division 20—Division of Learning Services  
Chapter 100—Office of Quality Schools**

**ORDER OF RULEMAKING**

By the authority vested in the State Board of Education (board) under sections 161.092, 163.011, 163.031, 167.227, and 178.280, RSMo 2016, and section 163.021, RSMo Supp. 2018, the board amends a rule as follows:

**5 CSR 20-100.160** Policies and Standards for Summer School Programs **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3068-3070). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 5—DEPARTMENT OF ELEMENTARY AND  
SECONDARY EDUCATION**

**Division 20—Division of Learning Services  
Chapter 100—Office of Quality Schools**

**ORDER OF RULEMAKING**

By the authority vested in the State Board of Education (board) under section 161.092, RSMo 2016, and section 160.545, RSMo Supp.



2018, the board amends a rule as follows:

**5 CSR 20-100.200 A+ Schools Program is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3070–3071). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 5—DEPARTMENT OF ELEMENTARY AND  
SECONDARY EDUCATION  
Division 30—Division of Financial and Administrative  
Services  
Chapter 345—Missouri School Improvement Program**

**ORDER OF RULEMAKING**

By the authority vested in the State Board of Education (board) under section 161.092, RSMo 2016, the board amends a rule as follows:

**5 CSR 30-345.030 Metropolitan School District Retired Teacher  
Program is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3071–3072). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 6—DEPARTMENT OF HIGHER EDUCATION  
Division 10—Commissioner of Higher Education  
Chapter 4—Submission of Academic Information, Data  
and New Programs**

**ORDER OF RULEMAKING**

By the authority vested in the Commissioner of Higher Education under section 173.081, RSMo 2016 the commissioner amends a rule as follows:

**6 CSR 10-4.010 is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3474-3485). Those sections with changes are reprinted here. The proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Higher Education received eight (8) comments from three (3) sources: the Council on Public Higher Education in the State of Missouri, Southeast Missouri State University, and Missouri Department of Higher Education staff.

COMMENT #1: Paul Wagner, on behalf of the Council on Public Higher Education in the State of Missouri, commented on the concept of geography-based service regions included in the amendment and suggested deleting definition (1)(C), “CBHE-approved service regions;” changing item (4)(B)1.B. under “Routine Review” to

describe the property-based distinction instead of service regions; deleting item (4)(B)1.D. under “Routine Review,” and deleting item (4)(C)1.A. under “Comprehensive Review,” and replacing it with new criteria.

RESPONSE AND EXPLANATION OF CHANGE: The department deleted definition (1)(C) CBHE-approved service region and deleted (4)(B)1.B. under Routine Review. (4)(B)1.D. was renumbered but not removed as it remains a criterion of “Routine Review.” The department removed the word generally from “Routine Review” (4)(B)2. and added language to (4)(B)2.C. that clarifies the location of new degree program offerings. The department added under “Routine Review” paragraph 3. and subparagraphs A.–C. The department deleted item (4)(C)1.A. under “Comprehensive Review.”

COMMENT #2: Paul Wagner, on behalf of the Council on Public Higher Education in the State of Missouri, commented on the definition of “Minor Change” and suggested a revision of the definition. RESPONSE AND EXPLANATION OF CHANGE: The department revised the definition of “Minor Change.”

COMMENT #3: Paul Wagner, on behalf of the Council on Public Higher Education in the State of Missouri, commented on the definition of “Substantive Curricular Change” and suggested a revision of the definition.

RESPONSE AND EXPLANATION OF CHANGE: The department revised the definition of “Substantive Curricular Change.”

COMMENT #4: Carlos Vargas, on behalf of Southeast Missouri State University, commented on the definition of “Duplication” and suggested a revision of the definition.

RESPONSE: The department did not change the definition of “Duplication,” as the definition as written clarifies its use.

COMMENT #5: Carlos Vargas, on behalf of Southeast Missouri State University, commented that definitions for the terms “Collaboration” and “Good Faith” should be included in the rule.

RESPONSE AND EXPLANATION OF CHANGE: The department added a definition for “Collaboration.” The term “Good Faith” was not determined to need a definition to clarify processes and explanations elsewhere in the rule.

COMMENT #6: Carlos Vargas, on behalf of Southeast Missouri State University, commented that MDHE should consider whether it is the right time to finalize and implement this proposed rule, as the Higher Education System Review Task Force recommended the formation of a task force to evaluate the framework after two (2) proposal cycles.

RESPONSE: The department has not received sufficient programs for Comprehensive Review to warrant evaluation. The Comprehensive Review framework is only part of the larger program review process.

COMMENT #7: Department of Higher Education staff commented that the initial timeline included for Comprehensive Review is no longer relevant and the language should be removed.

RESPONSE AND EXPLANATION OF CHANGE: The department removed the language from the Comprehensive Review timeline.

COMMENT #8: Department of Higher Education staff commented that the word “collaborative” in subparagraph (4)(C)2.A. should be “collaboration.”

RESPONSE AND EXPLANATION OF CHANGE: The department changed the word “collaborative” to “collaboration.”

COMMENT #9: Department of Higher Education staff commented that the phrase “CBHE-approved” when used to qualify the location descriptions of “voluntary service area” in (4)(B)2.C., (4)(B)3., and (4)(B)3.A. should be removed.

RESPONSE AND EXPLANATION OF CHANGE: The Department of Higher Education agreed to remove the phrase “CBHE-approved” when it appears before the location description “voluntary service area.”

#### 6 CSR 10-4.010 Academic Program Approval

(1) Definitions.

(A) CBHE-approved mission—a description of the public institution’s programs, audiences served, level and type of degrees offered, or other distinguishing factors, which the CBHE has reviewed and approved.

(B) CBHE-approved off-site location—locations other than the main campus (for universities) or taxing district (for community colleges) that the CBHE has reviewed and approved. The department maintains an official inventory of approved off-site locations.

(C) Certificate program—a prescribed course of study which confers an award other than a formal academic degree.

(D) Classification of Instructional Programs (CIP)—a taxonomic scheme that supports the accurate tracking and reporting of fields of study and program completions activity. The CIP is the accepted federal government statistical standard on instructional program classifications, developed by the U.S. Department of Education.

(E) Collaboration—two (2) or more institutions of higher education working together to deliver an academic program or degree.

(F) Combination programs—the result of a mechanical combination of two (2) previously existing programs.

(G) Commissioner—the commissioner of higher education as appointed by the CBHE.

(H) Content—the program specialization with its related options, if any, for which recognition is intended to be given by the conferring of a degree or certificate.

(I) Coordinating board, board or CBHE—the Coordinating Board for Higher Education created by article IV, section 52 of the Missouri Constitution.

(J) Degree—an award conferred by a college, university, or other postsecondary education institution as official recognition for the successful completion of a program of studies as defined by and reported to the United States Department of Education and to the coordinating board’s certificate and program inventory. In baccalaureate degrees or higher, the term program is generally the same as major.

(K) Department—the Missouri Department of Higher Education created by article IV, section 52 of the Missouri Constitution.

(L) Duplication—proposing to offer the same or a similar program to one that is already being offered by another institution.

(M) Inactive status—the result of formal action by an institution on the status of an existing academic program, which suspends the program for a period not to exceed five (5) years.

(N) Independent institution—an approved private institution of higher education meeting the requirements of section 173.1102(2), RSMo, provided it is also either accredited or a candidate for accreditation by the Higher Learning Commission.

(O) Level—a degree, such as associate, baccalaureate, first professional, master’s, specialist, doctorate, and any other designation lower, higher, or intermediate to those which now exist or may be created. (Specialist programs, related to the state requirements for the certification of public school administrators and to the further education of public school teachers and supervisors, should be limited specifically to the field of education. These programs are essentially extensions of master’s level studies and should evidence a study beyond that expected of master’s programs.)

(P) Minor change—modifications to existing programs such as a change of program title or CIP code; the combination of programs; request for inactive status; the establishment of one- (1-) year certificate programs under an existing parent program; new options; request for program deletion; change in the mode of delivery; or new single-semester certificate programs.

(Q) Professional Degree—is an award for completing a program that: 1) serves as a prerequisite to practicing in the profession; 2) requires at least two (2) years of college work prior to entering the program; and 3) requires a total of at least six (6) academic years of college work to complete the degree program, including prior required college work plus the length of the professional program itself.

(R) Program—a prescribed course of study that leads to the formal award of a certificate or degree.

1. Certificate 0 (Undergraduate)—Postsecondary award, certificate, or diploma (less than one (1) academic year) below the baccalaureate degree—

- A. Less than nine hundred (900) contact or clock hours; or
- B. Less than thirty (30) semester or trimester credit hours; or
- C. Less than forty-five (45) quarter credit hours.

2. Certificate 1 (Undergraduate)—Postsecondary award, certificate, or diploma (at least one (1), but less than two (2) academic years) below the baccalaureate degree—

- A. At least nine hundred (900), but less than one thousand eight hundred (1,800) contact or clock hours; or
- B. At least thirty (30), but less than sixty (60) semester or trimester hours; or
- C. At least forty-five (45), but less than ninety (90) quarter hours.

3. Associate’s degree—an award that normally requires no more than sixty (60) semester credit hours unless necessary for accreditation or licensure.

4. Certificate 2 (Undergraduate)—postsecondary award, certificate, or diploma (at least two (2), but less than four (4) academic years) below the baccalaureate degree—

- A. At least one thousand eight hundred (1,800), but less than three thousand six hundred (3,600) contact or clock hours; or
- B. At least sixty (60), but less than one hundred twenty (120) semester or trimester credit hours; or
- C. At least ninety (90), but less than one hundred eighty (180) quarter credit hours.

5. Baccalaureate degree—an award that normally requires no more than one hundred twenty (120) semester credit hours unless necessary for accreditation or licensure.

6. Graduate certificate—an organized program of study beyond the bachelor’s degree, designed for persons who have completed a baccalaureate degree but not meeting requirements of academic degrees at the master’s level.

7. Master’s degree—an award that typically requires successful completion of a program of study of at least the full-time equivalent of one (1), but not more than two (2) academic years of work beyond the bachelor’s degree. Some of these degrees may require more than two (2) full-time equivalent academic years of work.

8. Post-master’s certificate (First-professional certificate)—an organized program beyond the master’s degree but not meeting requirements of academic degrees at the doctor’s level. This award is designed for persons having completed the first-professional degree (refresher courses or additional units of study in a specialty or subspecialty).

9. Doctoral degree—the highest award a student can earn for graduate study (research/scholarship or professional practice).

(S) Program deletion—the removal of a program or an option from an institution’s program offerings.

(T) Program change—any revision or change in a program name or its nomenclature, including CIP number.

(U) Public institution—an approved public institution of higher education meeting the requirements of section 173.1102(3), RSMo.

(V) Program option or option—a formally designated area of specialization within an existing degree program that has a distinctive curricular pattern. A majority of required courses for the option will be taken in a core of courses common to all variations of the existing parent degree. For the purposes of program changes, option, emphasis area, and other similar terms are assumed to be equivalent.

(W) Substantive curricular change—significant modifications or expansion of an existing program. Examples of substantive changes include, but are not limited to, a change in the program's overall credits or goals; deletion and replacement of a significant number of courses in the program's curriculum; change in the program's purpose; change in the audience(s) that the program is intended to serve.

(X) Program type or type of program—A designation within a degree level, such as associate of arts (AA), associate of science (AS), associate of applied science (AAS), bachelor of arts, bachelor of science, bachelor of science in engineering, master of arts, master of science, doctor of philosophy, doctor of education, etc.

#### (4) Types of Review.

##### (A) Staff Review.

1. Minor changes to existing academic programs and the addition of some certificates may be addressed through a staff review. Institutions shall report all minor changes to ensure that the state program inventory is accurate and complete.

2. Requests for minor changes to existing academic programs must be submitted to the department on forms provided by the department. The following guidelines apply to specific change requests:

##### A. Moving an existing program to inactive status.

(I) Programs placed on inactive status will be suspended for a specified period not to exceed five (5) years.

(II) Students in the program at the time this status is adopted will be permitted to conclude their course of study if they have no more than two (2) years of coursework remaining, but no new students may be admitted to the program.

(III) At the conclusion of the designated inactive period, not to exceed five (5) years, the institution must review the program's status and may either delete it or reactivate it.

(IV) Only programs and certificates may be placed in inactive status; options are deleted through the program deletion process;

B. Program deletion. At the time an institution notifies the Higher Learning Commission (HLC) in writing about the circumstances for which HLC requires a teach-out agreement, the institution must also notify the department. Institutions must provide program name, level, CIP code, and effective date of deletion;

C. Location notification. This includes change of address updates, and notifications of closed locations. Notifications of closed locations must also include the list of programs to be deleted at the location;

D. Change of program title or CIP code. A title, CIP code, or nomenclature revision that includes substantive curriculum changes may be deemed tantamount to a new program and may be referred to the institution for consideration at the routine or comprehensive review level;

E. Combination programs. Combination programs will be reviewed at the staff review level for the elimination of duplicated requirements. The development of interdisciplinary programs and area study programs that utilize the resources of several existing programs will be reviewed through the routine or comprehensive new program approval process. However, proposals that combine two (2) or more programs ordinarily involve a substantive curricular change, which must be reviewed in the comprehensive process described in subsection (5)(C);

F. Certificate programs. Single-semester certificate programs, either as a stand-alone or as part of a parent-degree program, will be considered under staff review. A one- (1-) year certificate may be considered under staff review only if developed from, directly related to, and deriving courses predominantly from an approved parent degree program. Otherwise, one- (1-) year certificate proposals must be submitted as a new program at the routine or comprehensive review level, as appropriate;

G. Graduate certificates. Graduate certificates greater than a single semester in length may be approved at the staff review level if they are part of an existing approved parent degree program.

Graduate certificates greater than a single semester that are not part of an approved parent degree must be submitted as a new program at the routine or comprehensive review level, whichever is appropriate; and

H. Adding an option to an existing program. The addition of a specialized course of study as a component of an umbrella degree program may be submitted as a program change subject to a determination by the CBHE or its designee regarding the potential for unnecessary or inappropriate duplication of existing programs, in accordance with subsection (9)(C) of this rule. Only in those instances in which duplication is necessary and appropriate may the proposed option be implemented. Options within a parent degree program will have the same CIP code as the parent degree. The institution shall provide evidence that the proposed option functions as a component of an umbrella degree program, including the curriculum common to the parent degree and all of its options.

(I) The following general guidelines distinguish a permissible option addition from a proposed new degree program:

(a) An option or emphasis area generally functions as a component of an umbrella degree program. As such, an option in a specialized topic will consist of a core area of study in the major plus selected topical courses in the specialty. Typically, the core area of study will constitute a majority of the requirements in the major area of study as measured in the number of required courses or credit hours;

(b) A proposed option or emphasis area must be a logical component or extension of the umbrella degree program. One (1) measure of this compatibility—but not the only one—would be the consonance of the proposed addition with the federal CIP taxonomy. For instance, using physics as an example, optics would be an appropriate option (emphasis area) while astrophysics would ordinarily not be acceptable as it is typically viewed as a branch of astronomy rather than physics;

(c) The number of new courses required to implement a new option or emphasis area is relevant. Four (4) or more new courses in a proposed new option will raise questions about resource commitments and suggest that a new program has been developed; and

(d) The need to develop new courses as a condition of implementing an option is a relevant consideration.

3. Review and reporting. Department staff will review requests for minor changes to existing academic programs. Department staff may request additional information from the proposing institution.

4. Timeline. For all requests submitted by the first of the month, department staff will process, review, and report back to institutions by the end of that same month. Department staff will report routine review actions to the CBHE at the next regular board meeting following completion of review.

##### (B) Routine Review.

1. Proposals for new academic programs that are not minor, but do not constitute a significant change in an institution's current role, scope, or mission will be reviewed under the routine review process. For a proposed program to be considered through routine review, it must meet all of the following criteria:

A. The program is clearly within the institution's CBHE-approved mission;

B. The program will not unnecessarily duplicate an existing program in the applicable geographic area, as described in subsection (9)(C) of this rule;

C. The program will be offered at the main campus or at a CBHE-approved off-site location;

D. The program will build on existing programs and faculty expertise; and

E. The cost to launch the program will be minimal and within the institution's current operating budget.

2. The following proposals will be considered under the routine review process:

A. Substantive curricular changes to an existing program;

B. Delivery of an approved program at a CBHE-approved

off-site location; and

C. New degree programs offered on the main campus, at a CBHE-approved off-site location, or within its voluntary service area, or in collaboration with an institution already approved to offer such a program.

3. Proposals for programs to be offered other than on the main campus, a CBHE-approved off-site location, or within a voluntary service area may be reviewed as a routine review if it meets both the criteria listed under (B)1.A.–E. (above) and meets the conditions A.–B. listed below. After evaluating the proposal, department staff may recommend that the proposal warrants a comprehensive review.

A. The institution already offers the program on its main campus, at a CBHE-approved off-site location, or within its voluntary service area.

B. The proposal includes a compelling rationale justifying the need for the program and why the proposing institution is best suited to deliver the program at the proposed location.

C. The proposal may include evidence that the proposing institution has communicated with the other public institutions about the proposing institution's intention to offer the proposed program. The inclusion of this evidence may be a factor in reviewing the proposal as a routine review. (Nota bene: This criterion is intended as a means of keeping the review on the routine review timeline. The proposing institution could include in its application, for example, letters of support from other institutions in the vicinity of the proposed program, or those who offer similar programs. Such efforts prior to submission of the application may keep the review on the routine review timeline.)

#### 4. Process.

A. Institutions shall provide information about the proposed program to the department on forms provided by the department. This information will include certification that the proposal meets the criteria for routine review and that the program meets the criteria for all new academic programs. Department staff may request additional information from the proposing institution.

B. Department staff will verify and post the proposal on the department's website to allow for twenty (20) days of public review and comment. Any institution, member of the profession, occupation, or specialized academic field, and any other interested individual may express an opinion to department staff regarding any new program proposal. Comments must be received within twenty (20) days of the proposal's posting on the department website.

C. The proposing public institution will address comments and feedback received. Once all concerns are resolved, the commissioner will recommend provisional approval of the program for a period of five (5) years.

(I) The public institution shall establish clearly defined performance goals for the new program to be achieved during the provisional implementation period. The public institution may revise its performance goals for the new program at any time during the designated implementation period with the concurrence of department staff.

(II) Provisional approval by the CBHE or its designee is valid for two (2) years following the first fall term after CBHE approval. If an institution has not implemented the proposal by that date, the approval will lapse and the program proposal must be resubmitted with updated information.

D. At the end of the five- (5-) year provisional approval period, the department will review the program's viability to determine whether the CBHE's provisional approval should become unconditional, remain provisional pending further review in two (2) years, or be terminated.

(I) Public institutions shall provide to department staff, in a manner prescribed by department staff, enrollment, graduation, and staffing data for the program, as well as a brief summary of program performance. If the program is performing as well as or better than the projections in the original program proposal, the department will recommend that the CBHE approve the program unconditionally.

(II) If the CBHE terminates provisional approval, the public institution shall take the necessary steps to close the program, which includes accommodating students currently enrolled in the program.

#### 5. Timeline.

A. Requests submitted by the first of the month will be reviewed and processed, and in most cases institutions will be notified, by the end of that same month. Department staff will report routine review actions to the CBHE at the next regular board meeting following completion of review.

#### (C) Comprehensive Review.

1. Proposed new academic programs that meet any of the following criteria will be subject to a comprehensive review:

A. The institution will incur substantial costs to launch and sustain the program;

B. The program will include the offering of degrees at the baccalaureate level or higher that fall within the Classification of Instructional Programs (CIP) code of 14, Engineering;

C. The program is outside an institution's CBHE-approved mission;

D. The program will include the offering of a doctoral degree, as further described in paragraph (9)(C)3. of this rule (applicable only to non-University of Missouri institutions);

E. The program will include the offering of a professional degree, as further described in paragraph (9)(C)3. of this rule (applicable only to non-University of Missouri institutions); or

F. The program will include the offering of an education specialist degree.

2. Elements of a Complete Proposal for Comprehensive Review. Institutions shall submit the proposal to the department on forms provided by the department. A complete proposal includes the following:

A. Evidence of good faith effort to explore the feasibility of collaboration with other institutions whose mission or service region encompasses the proposed program. At a minimum, this will include letters from the chief academic officers of both the proposing institution and other institutions involved in exploring the feasibility of collaboration attesting to the nature of the discussions and explaining why collaboration in this instance is not feasible;

B. Evidence that the offering institution is contributing substantially to the CBHE's Blueprint for Higher Education as adopted on February 4, 2016, pursuant to section 173.020(4), RSMo, and is committed to advancing the goals of that plan;

C. Evidence of institutional capacity to launch the program in a high-quality manner, including:

(I) An external review conducted by a team including faculty experts in the discipline to be offered and administrators from institutions already offering programs in the discipline and at the degree level proposed. The review must include an assessment of the offering institution's capacity to offer the new program in terms of general, academic, and student service support, including faculty resources that are appropriate for the program being proposed (e.g. faculty credentials, use of adjunct faculty, and faculty teaching workloads);

(II) A comprehensive cost/revenue analysis summarizing the actual costs for the program and information about how the institution intends to fund and sustain the program;

(III) Evidence indicating there is sufficient student interest and capacity to support the program, and, where applicable, sufficient capacity for students to participate in clinical or other external learning requirements, including library resources, physical facilities, and instruction equipment; and

(IV) Where applicable, a description of accreditation requirements for the new program and the institution's plans for seeking accreditation; and

D. Evidence that the proposed program is needed, including:

(I) Documentation demonstrating that the program does not unnecessarily duplicate other programs in the applicable geographic area, as described in subsection (9)(C) of this rule;

(II) A rigorous analysis demonstrating a strong and compelling workforce need for the program, which might include data from a credible source, an analysis of changing program requirements, the current and future workforce, and other needs of the state, and letters of support from local or regional businesses indicating a genuine need for the program; and

(III) A clear plan to meet the articulated workforce need, including:

(a) Aligning curriculum with specific knowledge and competencies needed to work in the field(s) or occupation(s) described in the workforce need analysis in part (II) of this subparagraph;

(b) Providing students with external learning experiences to increase the probability that they will remain in the applicable geographic area after graduation; and

(c) A plan for assessing the extent to which the new program meets that need when implemented.

### 3. Process.

A. Department staff will verify and post the proposal on the department's website to allow for twenty (20) days of public review and comment. Any institution, member of the profession, occupation, or specialized academic field, and any other interested individual may express an opinion to department staff regarding any new program proposal. Comments must be received within twenty (20) days of the proposal's posting on the department's website.

B. Department staff, in consultation with the external review team described in part (4)(C)2.C.(I) of this rule, will review a complete proposal and provide feedback to the proposing institution.

C. The proposing public institution will address comments and feedback received. Once all concerns are resolved, the commissioner will recommend provisional approval of the program for a period of five (5) years.

(I) Public institutions shall establish clearly defined performance goals for the new program to be achieved during the provisional implementation period. The public institution may revise its performance goals for the new program at any time during the designated implementation period with the concurrence of department staff.

(II) Public institutions must report annually to the CBHE on the number of students completing the program, financial performance of the program, job placement rates of program graduates, success on any applicable licensure exams, and the extent to which the program is meeting the needs it was designed to address.

(III) Provisional approval by the CBHE or its designee is valid for two (2) years following the first fall term after CBHE approval. If an institution has not implemented the proposal by that date, the approval will lapse and the program proposal must be resubmitted with updated information.

D. At the end of the five- (5-) year provisional approval period, the department will review the program's viability to determine whether the CBHE's provisional approval should become unconditional, remain provisional pending further review in two (2) years, or be terminated.

(I) Public institutions shall provide to department staff, in a manner prescribed by department staff, enrollment, graduation, and staffing data for the program, as well as a brief summary of program performance. If the program is performing as well as or better than the projections in the original program proposal, the department will recommend that the CBHE approve the program unconditionally.

(II) If the CBHE terminates provisional approval, the public institution shall take the necessary steps to close the program, which includes accommodating students currently enrolled in the program.

### 4. Timeline.

A. Proposals must be submitted to the CBHE by July 1 of each year. The CBHE, in its sole discretion, will determine which proposals to evaluate, and will announce its evaluation decision(s) in

September. Final decisions to approve programs will ordinarily be made by February.

## Title 12—DEPARTMENT OF REVENUE Division 10—Director of Revenue Chapter 23—Motor Vehicle

### ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

#### 12 CSR 10-23.100 Special License Plates is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3489-3490). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

## Title 12—DEPARTMENT OF REVENUE Division 10—Director of Revenue Chapter 23—Motor Vehicle

### ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

#### 12 CSR 10-23.260 Inspection of Non-USA Standard Vehicles Prior to Titling is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3490). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

## Title 12—DEPARTMENT OF REVENUE Division 10—Director of Revenue Chapter 23—Motor Vehicle

### ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

#### 12 CSR 10-23.280 Replacement of Multiyear License Plates is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3491). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 12—DEPARTMENT OF REVENUE  
Division 10—Director of Revenue  
Chapter 23—Motor Vehicle**

**ORDER OF RULEMAKING**

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

**12 CSR 10-23.340** Imposition and Waiver of Motor Vehicle and Trailer Titling and Registration Penalties **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3491–3492). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 12—DEPARTMENT OF REVENUE  
Division 10—Director of Revenue  
Chapter 23—Motor Vehicle**

**ORDER OF RULEMAKING**

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

**12 CSR 10-23.345** Definition of Major Component Parts of a Motor Vehicle **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3492). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 12—DEPARTMENT OF REVENUE  
Division 10—Director of Revenue  
Chapter 23—Motor Vehicle**

**ORDER OF RULEMAKING**

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

**12 CSR 10-23.350** Honorary Consular License Plates **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3492–3493). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 12—DEPARTMENT OF REVENUE  
Division 10—Director of Revenue  
Chapter 23—Motor Vehicle**

**ORDER OF RULEMAKING**

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

**12 CSR 10-23.370** Issuance of Certificates of Title to Recreational Vehicles Manufactured by Two Separate Manufacturers **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3494). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 12—DEPARTMENT OF REVENUE  
Division 10—Director of Revenue  
Chapter 23—Motor Vehicle**

**ORDER OF RULEMAKING**

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

**12 CSR 10-23.405** Emblem-Use Authorization Statement and Format for Collegiate License Plates **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3494–3495). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 12—DEPARTMENT OF REVENUE  
Division 10—Director of Revenue  
Chapter 23—Motor Vehicle**

**ORDER OF RULEMAKING**

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

**12 CSR 10-23.424** Leasing Company Registration **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3495). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 12—DEPARTMENT OF REVENUE  
Division 10—Director of Revenue  
Chapter 26—Dealer Licensure**

**ORDER OF RULEMAKING**

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

**12 CSR 10-26.080** Procedural Requirements for Public Motor Vehicle Auctions **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3495–3496). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 12—DEPARTMENT OF REVENUE**  
**Division 10—Director of Revenue**  
**Chapter 26—Dealer Licensure**

**ORDER OF RULEMAKING**

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

**12 CSR 10-26.180** Temporary Permits Sold by a Registered Missouri Motor Vehicle Dealer **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3496). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 12—DEPARTMENT OF REVENUE**  
**Division 10—Director of Revenue**  
**Chapter 26—Dealer Licensure**

**ORDER OF RULEMAKING**

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

**12 CSR 10-26.190** Dealers' Monthly Reports **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3496–3497). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES**  
**Division 35—Children's Division**  
**Chapter 60—Licensing of Foster Family Homes**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Children's Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 35-60.030** Minimum Qualifications of Foster Parent(s) **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3081). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES**  
**Division 40—Family Support Division**  
**Chapter 2—Income Maintenance**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 40-2.010** General Application Procedures **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3082). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES**  
**Division 40—Family Support Division**  
**Chapter 2—Income Maintenance**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 40-2.020** General Reinvestigation Procedures **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3082). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES**  
**Division 40—Family Support Division**  
**Chapter 2—Income Maintenance**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 40-2.040** Definition of Abandonment of Residence **is amended.**

A notice of proposed rulemaking containing the text of the proposed

amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3082–3083). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 40—Family Support Division  
Chapter 2—Income Maintenance**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 40-2.120** Methods Used to Determine the Amount of Cash Payments is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3083–3084). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 40—Family Support Division  
Chapter 2—Income Maintenance**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 40-2.200** Determining Eligibility for Medical Assistance is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3084–3085). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 40—Family Support Division  
Chapter 2—Income Maintenance**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 40-2.260** Newborns Deemed to be Eligible for Title XIX is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3085–3086). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 40—Family Support Division  
Chapter 2—Income Maintenance**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 40-2.395** Spend Down Program is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3086–3087). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 40—Family Support Division  
Chapter 7—Family Healthcare**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 40-7.010** Scope and Definitions is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3087–3088). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 40—Family Support Division  
Chapter 34—Homeless, Dependent, and Neglected  
Children**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.020 and 660.017, RSMo 2016, the division rescinds a rule as follows:

**13 CSR 40-34.060** Parental Support is rescinded.

A notice of proposed rulemaking containing the proposed rescission



was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3088–3089). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 40—Family Support Division  
Chapter 50—Licensing of Foster/Adoptive Homes**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.020 and 660.017, RSMo 2016, the division rescinds a rule as follows:

**13 CSR 40-50.010** Family Homes Offering Foster/Adoptive Care is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3089). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 40—Family Support Division  
Chapter 91—Rehabilitation Services for the Blind (RSB)**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Family Support Division, under sections 8.051, 8.700–8.745, 207.010, 207.022, 209.010, 209.020, and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 40-91.010** Business Enterprise for the Blind is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3089–3092). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 40—Family Support Division  
Chapter 91—Rehabilitation Services for the Blind (RSB)**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 40-91.030** Prevention of Blindness Program is amended.

A notice of proposed rulemaking containing the text of the proposed

amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3092). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 40—Family Support Division  
Chapter 100—Child Support Program, General Administration**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Family Support Division, under sections 454.400 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 40-100.020** Administrative Hearings is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3075–3081). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 40—Family Support Division  
Chapter 104—Child Support Program, Enforcement**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Family Support Division, under sections 454.400 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 40-104.020** Reporting of Child Support Debts to Consumer Reporting Agencies is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3074–3075). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 40—Family Support Division  
Chapter 106—Child Support, Modification**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Family Support Division, under sections 454.400 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 40-106.010** Review and Modification of Child and/or Medical Support Orders is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3072–3074). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 3—Conditions of Provider Participation,  
Reimbursement and Procedure of General Applicability**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.153, 208.201, and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 70-3.100 Filing of Claims, MO HealthNet Program  
is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3092–3093). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 4—Conditions of Participant Participation,  
Rights and Responsibilities**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.153 and 208.201, RSMo 2016, and section 208.152, RSMo Supp. 2018, the division amends a rule as follows:

13 CSR 70-4.051 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3093–3094). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Social Services, MO HealthNet Division (MHD), provided two (2) staff comments on the proposed amendment.

COMMENT #1: Jessica Dresner, Chief Operating Officer, MHD, stated that amending the term “copayment” to “shared dispensing fee” is confusing to the public. The MHD has a regulation governing a professional dispensing fee, and the two titles/terms are too similar. “Copayment” more accurately describes the amounts for which MO HealthNet participants are responsible.

RESPONSE AND EXPLANATION OF CHANGE: MHD has changed this final rule to include the correct terms. All proposed areas of change where “copayment” has been amended to say “shared dispensing fee” will be left unamended and will remain to say

“copayment.”

COMMENT #2: Jessica Dresner, Chief Operating Officer, MO HealthNet Division, MHD, discovered that one (1) change that was proposed in the amendment, that was sent to the Secretary of State’s Office, was accidentally left out in the version printed in the *Missouri Register*, noted above.

RESPONSE AND EXPLANATION OF CHANGE: MHD has included the language from the table in section (1) that should have been included (Participant).

**13 CSR 70-4.051 Copayment for Pharmacy Services**

PURPOSE: This rule establishes the regulatory basis for the MO HealthNet requirement of eligible participant copayment when receiving covered pharmacy services.

(1) All MO HealthNet eligible participants shall be responsible for a copayment upon receipt of each original or refilled prescription of a MO HealthNet covered drug unless the service is exempted under provisions of section (2). Copayment responsibility and amounts collectible shall be as follows:

MO HealthNet Maximum Participant Allowable Amount for Each Item of Service	Participant Copayment Amount
\$10.00 or less	\$0.50
\$10.01–\$25.00	\$1.00
\$25.01 or more	\$2.00

(3) Those drugs which are exempt from the requirement of copayment as related to an EPSDT screening or referral service must be confirmed as such to the dispenser through one (1) of the following methods:

(4) Providers of service may not deny or reduce services otherwise eligible for MO HealthNet benefits on the basis of the participant’s inability to pay the due copayment amount when charged.

(5) A participant’s inability to pay a required copayment amount, as due and charged when a service is delivered, shall in no way extinguish the participant liability to pay the due amount.

(6) Providers of service must collect copayment as specified in accordance with section 208.152, RSMo. Participation privileges in the MO HealthNet program shall be limited to providers who accept, as payment in full, the amounts paid by the state agency plus any copayment amount required of the participant and collected or collectible as charged by the provider.

(7) Providers must maintain records of copayment amounts for five (5) years and must make these records available to the Department of Social Services upon request.

(8) The computation and application of the required copayment as it applies to all nonexempt MO HealthNet-covered drug prescriptions shall be performed by the provider dispensing the covered drug. No alterations or changes are to be made to claims by providers which reflect the collection or application of the required copayment amount.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 20—Pharmacy Program**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, MO

HealthNet Division, under sections 208.153, 208.201, and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 70-20.031** List of Drugs for Which Prior Authorization Is Required and Drugs Excluded from Coverage Under the MO HealthNet Pharmacy Program **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3099). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 20—Pharmacy Program**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.153, 208.201, and 660.017, RSMo 2016, and section 208.152, RSMo Supp. 2018, the division rescinds a rule as follows:

**13 CSR 70-20.034** List of Non-Excludable Drugs for Which Prior Authorization Is Required **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3099). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 20—Pharmacy Program**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.201 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 70-20.340** National Drug Code Requirement **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3099–3101). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 26—Federally-Qualified Health Center Services**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.201 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 70-26.010** MO HealthNet Program Benefits for Federally-Qualified Health Center Services **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3101–3103). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 30—Podiatry Program**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.201 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 70-30.010** Podiatric Services Program **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3103). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 98—Behavioral Health Services**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.201 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 70-98.015** Behavioral Health Services Program **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3103–3105). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 98—Behavioral Health Services**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, MO

HealthNet Division, under sections 208.201 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 70-98.020** Prior Authorization Committee for Non-Pharmaceutical Behavioral Health Services **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3105–3106). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 110—Division of Youth Services  
Chapter 3—Case Management**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Division of Youth Services, under sections 219.036, 219.051, and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 110-3.010** Comprehensive Individual Treatment Plans **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3106). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 110—Division of Youth Services  
Chapter 3—Case Management**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Division of Youth Services, under sections 219.016, 219.036, and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 110-3.040** Revocation of Aftercare Supervision **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3106–3107). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 110—Division of Youth Services  
Chapter 3—Case Management**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Division of Youth Services, under sections 219.036 and 660.017, RSMo 2016, the division amends a rule as follows:

**13 CSR 110-3.060** Grievance Procedure for Youth in Aftercare **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3107–3108). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION**

**Division 2210—State Board of Optometry  
Chapter 2—General Rules**

**ORDER OF RULEMAKING**

By the authority vested in the State Board of Optometry under section 336.160, RSMo Supp. 2018, the board amends a rule as follows:

**20 CSR 2210-2.020** Licensure by Examination **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 17, 2018 (43 MoReg 3811–3813). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**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**

**ORDER OF RULEMAKING**

By the authority vested in the Division of Professional Registration under section 324.015, RSMo Supp. 2018, the division adopts a rule as follows:

**20 CSR 2231-3.010** Fee Waiver for Military Families and Low-Income Individuals **is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 17, 2018 (43 MoReg 3814–3816). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 1—General Organization**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director adopts a rule as follows:

**22 CSR 10-1.030** Board of Trustees Election Process **is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3539-3540). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.010 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3540-3541). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health Care Plan received one (1) comment on the proposed amendment.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the definition for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).  
RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend section (19).

**22 CSR 10-2.010 Definitions**

(19) Diabetes Self-Management Education. A program prescribed by a provider and facilitated by health care professionals with the appropriate credentials, training, and experience to educate and support members with diabetes.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care

Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

**22 CSR 10-2.020** General Membership Provisions **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3541-3546). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

**22 CSR 10-2.030** Contributions **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3546-3549). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

**22 CSR 10-2.045** Plan Utilization Review Policy **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3549-3550). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director

adopts a rule as follows:

22 CSR 10-2.046 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3550-3551). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** The Missouri Consolidated Health Care Plan received one (1) comment on the proposed rule.

**COMMENT #1:** Ron Fitzwater with the Missouri Pharmacy Association suggested amending the requirements for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

**RESPONSE AND EXPLANATION OF CHANGE:** As a result of this comment, MCHCP will amend subsection (5)(D).

**22 CSR 10-2.046 PPO 750 Plan Benefit Provisions and Covered Charges**

(5) The following services are not subject to deductible, coinsurance, or copayment requirements and will be paid at one hundred percent (100%) when provided by a network provider:

(D) Four (4) Diabetes Self-Management Education visits.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director adopts a rule as follows:

22 CSR 10-2.047 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3551-3553). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** The Missouri Consolidated Health Care Plan received one (1) comment on the proposed rule.

**COMMENT #1:** Ron Fitzwater with the Missouri Pharmacy Association suggested amending the requirements for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

**RESPONSE AND EXPLANATION OF CHANGE:** As a result of this comment, MCHCP will amend subsection (5)(D).

**22 CSR 10-2.047 PPO 1250 Plan Benefit Provisions and Covered Charges**

(5) The following services are not subject to deductible, coinsurance, or copayment requirements and will be paid at one hundred percent (100%) when provided by a network provider:

(D) Four (4) Diabetes Self-Management Education visits.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director rescinds a rule as follows:

**22 CSR 10-2.051 PPO 300 Plan Benefit Provisions and Covered Charges is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3553). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director rescinds a rule as follows:

**22 CSR 10-2.052 PPO 600 Plan Benefit Provisions and Covered Charges is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3553). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.053 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3553-3555). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** The Missouri Consolidated Health

Care Plan received one (1) comment on the proposed amendment.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the requirements for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend section (8).

## 22 CSR 10-2.053 Health Savings Account Plan Benefit Provisions and Covered Charges

(8) Four (4) Diabetes Self-Management Education visits received through a network provider are covered at one hundred percent (100%) after deductible is met.

### Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN Division 10—Health Care Plan Chapter 2—State Membership

#### ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.055 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3555-3564). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health Care Plan received one (1) comment on the proposed amendment.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the requirements for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend paragraph (3)(E)14.

## 22 CSR 10-2.055 Medical Plan Benefit Provisions and Covered Charges

(3) Covered Charges Applicable to the PPO 750 Plan, PPO 1250, and HSA Plan.

(E) Plan benefits for the PPO 750 Plan, PPO 1250, and HSA Plan are as follows:

1. Allergy Testing and Immunotherapy. Allergy testing and allergy immunotherapy are considered medically necessary for members with clinically significant allergic symptoms. The following tests and treatments are covered:

A. Epicutaneous (scratch, prick, or puncture) when Immunoglobulin E- (IgE-) mediated reactions occur to any of the following:

- (I) Foods;
- (II) Hymenoptera venom (stinging insects);
- (III) Inhalants; or
- (IV) Specific drugs (penicillins and macromolecular agents);

B. Intradermal (Intracutaneous) when IgE-mediated reactions occur to any of the following:

- (I) Foods;
- (II) Hymenoptera venom (stinging insects);

- (III) Inhalants; or
- (IV) Specific drugs (penicillins and macromolecular agents);

C. Skin or Serial Endpoint Titration (SET), also known as intradermal dilutional testing (IDT), for determining the starting dose for immunotherapy for members highly allergic to any of the following:

- (I) Hymenoptera venom (stinging insects); or
- (II) Inhalants;

D. Skin Patch Testing: for diagnosing contact allergic dermatitis;

E. Photo Patch Testing: for diagnosing photo-allergy (such as photo-allergic contact dermatitis);

F. Photo Tests: for evaluating photo-sensitivity disorders;

G. Bronchial Challenge Test: for testing with methacholine, histamine, or antigens in defining asthma or airway hyperactivity when either of the following conditions is met:

- (I) Bronchial challenge test is being used to identify new allergens for which skin or blood testing has not been validated; or
- (II) Skin testing is unreliable;

H. Exercise Challenge Testing for exercise-induced bronchospasm;

I. Ingestion (Oral) Challenge Test for any of the following:

- (I) Food or other substances; or
- (II) Drugs when all of the following are met:
  - (a) History of allergy to a particular drug;
  - (b) There is no effective alternative drug; and
  - (c) Treatment with that drug class is essential;

J. In Vitro IgE Antibody Tests (RAST, MAST, FAST, ELISA, ImmunoCAP) are covered for any of the following:

- (I) Allergic broncho-pulmonary aspergillosis (ABPA) and certain parasitic diseases;
- (II) Food allergy;
- (III) Hymenoptera venom allergy (stinging insects);
- (IV) Inhalant allergy; or
- (V) Specific drugs;

K. Total Serum IgE for diagnostic evaluation in members with known or suspected ABPA and/or hyper IgE syndrome;

L. Lymphocyte transformation tests such as lymphocyte mitogen response test, PHE stimulation test, or lymphocyte antigen response assay are covered for evaluation of persons with any of the following suspected conditions:

- (I) Sensitivity to beryllium;
- (II) Congenital or acquired immunodeficiency diseases affecting cell-mediated immunity, such as severe combined immunodeficiency, common variable immunodeficiency, X-linked immunodeficiency with hyper IgM, Nijmegen breakage syndrome, reticular dysgenesis, DiGeorge syndrome, Nezelof syndrome, Wiscott-Aldrich syndrome, ataxia telangiectasia, and chronic mucocutaneous candidiasis;

(III) Thymoma; and

(IV) To predict allograft compatibility in the transplant setting;

M. Allergy retesting: routine allergy retesting is not considered medically necessary;

N. Allergy immunotherapy is covered for the treatment of any of the following IgE-mediated allergies:

- (I) Allergic (extrinsic) asthma;
- (II) Dust mite atopic dermatitis;
- (III) Hymenoptera (bees, hornets, wasps, fire ants) sensitive individuals;
- (IV) Mold-induced allergic rhinitis;
- (V) Perennial rhinitis;
- (VI) Seasonal allergic rhinitis or conjunctivitis when one

(1) of the following conditions are met:

- (a) Member has symptoms of allergic rhinitis or asthma after natural exposure to the allergen;
- (b) Member has a life-threatening allergy to insect stings; or

(c) Member has skin test or serologic evidence of IgE mediated antibody to a potent extract of the allergen; and

(VII) Avoidance or pharmacologic therapy cannot control allergic symptoms or member has unacceptable side effects with pharmacologic therapy;

O. Other treatments: the following other treatments are covered:

(I) Rapid, rush, cluster, or acute desensitization for members with any of the following conditions:

(a) IgE antibodies to a particular drug that cannot be treated effectively with alternative medications;

(b) Insect sting (e.g., wasps, hornets, bees, fire ants) hypersensitivity (hymenoptera); or

(c) Members with moderate to severe allergic rhinitis who need treatment during or immediately before the season of the affecting allergy;

(II) Rapid desensitization is considered experimental and investigational for other indications;

P. Epinephrine kits, to prevent anaphylactic shock for members who have had life-threatening reactions to insect stings, foods, drugs, or other allergens; have severe asthma or if needed during immunotherapy;

2. Ambulance service. The following ambulance transport services are covered:

A. By ground to the nearest appropriate facility when other means of transportation would be contraindicated;

B. By air to the nearest appropriate facility when the member's medical condition is such that transportation by either basic or advanced life support ground ambulance is not appropriate or contraindicated;

3. Applied Behavior Analysis (ABA) for Autism;

4. Bariatric surgery. Bariatric surgery is covered when all of the following requirements have been met:

A. The surgery is performed at a facility accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) for the billed procedure;

B. The following open or laparoscopic bariatric surgery procedures are covered:

(I) Roux-en-Y gastric bypass;

(II) Sleeve gastrectomy;

(III) Biliopancreatic diversion with duodenal switch for individuals with a body mass index (BMI) greater than fifty (50);

(IV) Adjustable silicone gastric banding and adjustments of a silicone gastric banding to control the rate of weight loss and/or treat symptoms secondary to gastric restriction following an adjustable silicone gastric banding procedure;

(V) Surgical reversal of bariatric surgery when complications of the original surgery (e.g., stricture, pouch dilatation, erosion, or band slippage) cause abdominal pain, inability to eat or drink, or cause vomiting of prescribed meals;

(VI) Revision of a previous bariatric surgical procedure or conversion to another procedure due to inadequate weight loss when one (1) of the following specific criteria has been met:

(a) There is evidence of full compliance with the previously prescribed post-operative dietary and exercise program; or

(b) There is documented clinical testing demonstrating technical failure of the original bariatric surgical procedure which caused the individual to fail achieving adequate weight loss of at least fifty percent (50%) of excess body weight or failure to achieve body weight to within thirty percent (30%) of ideal body weight at least two (2) years following the original surgery;

C. All of the following criteria have been met:

(I) The member is eighteen (18) years or older or has reached full skeletal growth, and has evidence of one (1) of the following:

(a) BMI greater than forty (40); or

(b) BMI between thirty-five (35) and thirty-nine and nine tenths (39.9) and one (1) or more of the following:

I. Type II diabetes;

II. Cardiovascular disease such as stroke, myocardial infarction, stable or unstable angina pectoris, hypertension, or coronary artery bypass; or

III. Life-threatening cardiopulmonary problems such as severe sleep apnea, Pickwickian syndrome, or obesity-related cardiomyopathy; and

(II) Demonstration that dietary attempts at weight control have been ineffective through completion of a structured diet program. Commercial weight loss programs are acceptable if completed under the direction of a provider or registered dietitian and documentation of participation is available for review. One (1) structured diet program for six (6) consecutive months or two (2) structured diet programs for three (3) consecutive months each within a two- (2-) year period prior to the request for the surgical treatment of morbid obesity are sufficient. Provider-supervised programs consisting exclusively of pharmacological management are not sufficient; and

(III) A thorough multidisciplinary evaluation within the previous twelve (12) months, which include all of the following:

(a) An evaluation by a bariatric surgeon recommending surgical treatment, including a description of the proposed procedure and all of the associated current procedural terminology codes;

(b) A separate medical evaluation from a provider other than the surgeon recommending surgery that includes a medical clearance for bariatric surgery;

(c) Completion of a psychological examination from a mental health provider evaluating the member's readiness and fitness for surgery and the necessary post-operative lifestyle changes. After the evaluation, the mental health provider must provide clearance for bariatric surgery; and

(d) A nutritional evaluation by a provider or registered dietitian;

5. Blood storage. Storage of whole blood, blood plasma, and blood products is covered in conjunction with medical treatment that requires immediate blood transfusion support;

6. Bone Growth Stimulators. Implantable bone growth stimulators are covered as an outpatient surgery benefit. The following non-implantable bone growth stimulators are covered as a durable medical equipment benefit:

A. Ultrasonic osteogenesis stimulator (e.g., the Sonic Accelerated Fracture Healing System (SAFHS)) to accelerate healing of fresh fractures, fusions, or delayed unions at either of the following high-risk sites:

(I) Fresh fractures, fusions, or delayed unions of the shaft (diaphysis) of the tibia that are open or segmental; or

(II) Fresh fractures, fusions, or delayed unions of the scaphoid (carpal navicular);

B. Ultrasonic osteogenesis stimulator for non-unions, failed arthrodesis, and congenital pseudarthrosis (pseudoarthrosis) of the appendicular skeleton if there has been no progression of healing for three (3) or more months despite appropriate fracture care; or

C. Direct current electrical bone-growth stimulator is covered for the following indications:

(I) Delayed unions of fractures or failed arthrodesis at high-risk sites (i.e., open or segmental tibial fractures, carpal navicular fractures);

(II) Non-unions, failed fusions, and congenital pseudarthrosis where there is no evidence of progression of healing for three (3) or more months despite appropriate fracture care; or

(III) Members who are at high risk for spinal fusion failure when any of the following criteria is met:

(a) A multiple-level fusion entailing three (3) or more vertebrae (e.g., L3 to L5, L4 to S1, etc.);

(b) Grade II or worse spondylolisthesis; or

(c) One (1) or more failed fusions;

7. Contraception and Sterilization. All Food and Drug Administration- (FDA-) approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with



reproductive capacity;

8. Cardiac rehabilitation. An electrocardiographically-monitored program of outpatient cardiac rehabilitation (Phase II) is covered for specific criteria when it is individually prescribed by a provider and a formal exercise stress test is completed following the event and prior to the initiation of the program. Cardiac rehabilitation is covered for members who meet one (1) of the following criteria:

A. Acute myocardial infarction (MI) (heart attack in the last twelve (12) months);

B. Coronary artery bypass grafting (CABG);

C. Stable angina pectoris;

D. Percutaneous coronary vessel remodeling;

E. Valve replacement or repair;

F. Heart transplant;

G. Coronary artery disease (CAD) associated with chronic stable angina that has failed to respond adequately to pharmacotherapy and is interfering with the ability to perform age-related activities of daily living and/or impairing functional abilities; or

H. Heart failure that has failed to respond adequately to pharmacotherapy and is interfering with the ability to perform age-related activities of daily living and/or impairing functional abilities;

9. Chelation therapy. The administration of FDA-approved chelating agents is covered for any of the following conditions:

A. Genetic or hereditary hemochromatosis;

B. Lead overload in cases of acute or long-term lead exposure;

C. Secondary hemochromatosis due to chronic iron overload due to transfusion-dependent anemias (e.g., Thalassemias, Cooley's anemia, sickle cell anemia, sideroblastic anemia);

D. Copper overload in patients with Wilson's disease;

E. Arsenic, mercury, iron, copper, or gold poisoning when long-term exposure to and toxicity has been confirmed through lab results or clinical findings consistent with metal toxicity;

F. Aluminum overload in chronic hemodialysis patients;

G. Emergency treatment of hypercalcemia;

H. Prophylaxis against doxorubicin-induced cardiomyopathy;

I. Internal plutonium, americium, or curium contamination;

or

J. Cystinuria;

10. Chiropractic services. Chiropractic manipulation and adjunct therapeutic procedures/modalities (e.g., mobilization, therapeutic exercise, traction) are covered when all of the following conditions are met:

A. A neuromusculoskeletal condition is diagnosed that may be relieved by standard chiropractic treatment in order to restore optimal function;

B. Chiropractic care is being performed by a licensed doctor of chiropractic who is practicing within the scope of his/her license as defined by state law;

C. The individual is involved in a treatment program that clearly documents all of the following:

(I) A prescribed treatment program that is expected to result in significant therapeutic improvement over a clearly defined period of time;

(II) The symptoms being treated;

(III) Diagnostic procedures and results;

(IV) Frequency, duration, and results of planned treatment modalities;

(V) Anticipated length of treatment plan with identification of quantifiable, attainable short-term and long-term goals; and

(VI) Demonstrated progress toward significant functional gains and/or improved activity tolerances;

D. Following previous successful treatment with chiropractic care, acute exacerbation or re-injury are covered when all of the following criteria are met:

(I) The member reached maximal therapeutic benefit with prior chiropractic treatment;

(II) The member was compliant with a self-directed home-

care program;

(III) Significant therapeutic improvement is expected with continued treatment; and

(IV) The anticipated length of treatment is expected to be short-term (e.g., no more than six (6) visits within a three- (3-) week period);

11. Clinical trials. Routine member care costs incurred as the result of a Phase I, II, III, or IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition are covered when—

A. The study or investigation is conducted under an investigational new drug application reviewed by the FDA; or

B. Is a drug trial that is exempt from having such an investigational new drug application. Life-threatening condition means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted; and

C. Routine member care costs include all items and services consistent with the coverage provided in plan benefits that would otherwise be covered for a member not enrolled in a clinical trial. Routine patient care costs do not include the investigational item, device, or service itself; items and services that are provided solely to satisfy data collection and analysis needs and are not used in the direct clinical management of the member; or a service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis;

D. The member must be eligible to participate in the clinical trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition; and

E. The clinical trial must be approved or funded by one (1) of the following:

(I) National Institutes of Health (NIH);

(II) Centers for Disease Control and Prevention (CDC);

(III) Agency for Health Care Research and Quality;

(IV) Centers for Medicare & Medicaid Services (CMS);

(V) A cooperative group or center of any of the previously named agencies or the Department of Defense or the Department of Veterans Affairs;

(VI) A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants; or

(VII) A study or investigation that is conducted by the Department of Veterans Affairs, the Department of Defense, or the Department of Energy and has been reviewed and approved to be comparable to the system of peer review of studies and investigations used by the NIH and assures unbiased review of the highest scientific standards by qualified individuals who have no interest in the outcome of the review;

12. Cochlear implant device. Uniaural (monaural) or binaural (bilateral) cochlear implantation and necessary replacement batteries are covered for a member with bilateral, pre- or post-linguistic, sensorineural, moderate-to-profound hearing impairment when there is reasonable expectation that a significant benefit will be achieved from the device and when the following age-specific criteria are met:

A. Auditory brainstem implant. Auditory brainstem implant (ABI) covered for the diagnosis of neurofibromatosis type II, von Recklinghausen's disease, or when a member is undergoing bilateral removal of tumors of the auditory nerves, and it is anticipated that the member will become completely deaf as a result of the surgery, or the member had bilateral auditory nerve tumors removed and is now bilaterally deaf;

(I) For an adult (age eighteen (18) years or older) with BOTH of the following:

(a) Bilateral, severe to profound sensorineural hearing loss determined by a pure-tone average of seventy (70) decibels (dB) hearing loss or greater at five hundred (500) hertz (Hz), one thousand (1000) Hz, and two thousand (2000) Hz; and

(b) Member has limited benefit from appropriately fitted binaural hearing aids. Limited benefit from amplification is defined

by test scores of forty percent (40%) correct or less in best-aided listening condition on open-set sentence cognition (e.g., Central Institute for the Deaf (CID) sentences, Hearing in Noise Test (HINT) sentences, and Consonant-Nucleus-Consonant (CNC) test);

(II) For a child age twelve (12) months to seventeen (17) years, eleven (11) months with both of the following:

(a) Profound, bilateral sensorineural hearing loss with thresholds of ninety (90) dB or greater at one thousand (1000) Hz; and

(b) Limited or no benefit from a three- (3-) month trial of appropriately fitted binaural hearing aids;

(III) For children four (4) years of age or younger, with one (1) of the following:

(a) Failure to reach developmentally appropriate auditory milestones measured using the Infant-Toddler Meaningful Auditory Integration Scale, the Meaningful Auditory Integration Scale, or the Early Speech Perception test; or

(b) Less than twenty percent (20%) correct on open-set word recognition test Multisyllabic Lexical Neighborhood Test (MLNT) in conjunction with appropriate amplification and participation in intensive aural habilitation over a three- (3-) to six- (6-) month period;

(IV) For children older than four (4) years of age with one (1) of the following:

(a) Less than twelve percent (12%) correct on the Phonetically Balanced-Kindergarten Test; or

(b) Less than thirty percent (30%) correct on the HINT for children, the open-set Multisyllabic Lexical Neighborhood Test (MLNT) or Lexical Neighborhood Test (LNT), depending on the child's cognitive ability and linguistic skills; and

(V) A three- (3-) to six- (6-) month hearing aid trial has been undertaken by a child without previous experience with hearing aids;

B. Radiologic evidence of cochlear ossification;

C. The following additional medical necessity criteria must also be met for uniaural (monaural) or binaural (bilateral) cochlear implantation in adults and children:

(I) Member must be enrolled in an educational program that supports listening and speaking with aided hearing;

(II) Member must have had an assessment by an audiologist and from an otolaryngologist experienced in this procedure indicating the likelihood of success with this device;

(III) Member must have no medical contraindications to cochlear implantation (e.g., cochlear aplasia, active middle ear infection); and

(IV) Member must have arrangements for appropriate follow-up care, including the speech therapy required to take full advantage of this device;

D. A second cochlear implant is covered in the contralateral (opposite) ear as medically necessary in an individual with an existing unilateral cochlear implant when the hearing aid in the contralateral ear produces limited or no benefit;

E. The replacement of an existing cochlear implant is covered when either of the following criteria is met:

(I) Currently used component is no longer functional and cannot be repaired; or

(II) Currently used component renders the implant recipient unable to adequately and/or safely perform his/her age-appropriate activities of daily living; and

F. Post-cochlear or ABI rehabilitation program (aural rehabilitation) is covered to achieve benefit from a covered device;

### 13. Dental care.

A. Dental care is covered for the following:

(I) Treatment to reduce trauma and restorative services limited to dental implants only when the result of accidental injury to sound natural teeth and tissue that are viable, functional, and free of disease. Treatment must be initiated within sixty (60) days of accident; and

(II) Restorative services limited to dental implants when needed as a result of cancerous or non-cancerous tumors and cysts, cancer, and post-surgical sequelae.

B. The administration of general anesthesia, monitored anesthesia care, and hospital charges for dental care are covered for children younger than five (5) years, the severely disabled, or a person with a medical or behavioral condition that requires hospitalization when provided in a network or non-network hospital or surgical center;

14. Diabetes Self-Management Education;

15. Dialysis is covered when received through a network provider;

16. Durable medical equipment (DME) is covered when ordered by a provider to treat an injury or illness. DME includes, but is not limited to, the following:

A. Insulin pumps;

B. Oxygen;

C. Augmentative communication devices;

D. Manual and powered mobility devices;

E. Disposable supplies that do not withstand prolonged use and are periodically replaced, including, but not limited to, the following:

(I) Colostomy and ureterostomy bags;

(II) Prescription compression stockings limited to two (2) pairs or four (4) individual stockings per plan year;

F. Blood pressure cuffs/monitors with a diagnosis of diabetes;

G. Repair and replacement of DME is covered when any of the following criteria are met:

(I) Repairs, including the replacement of essential accessories, which are necessary to make the item or device serviceable;

(II) Routine wear and tear of the equipment renders it non-functional and the member still requires the equipment; or

(III) The provider has documented that the condition of the member changes or if growth-related;

17. Emergency room services. Coverage is for emergency medical conditions. If a member is admitted to the hospital, s/he may be required to transfer to network facility for maximum benefit. Hospital and ancillary charges are paid as a network benefit;

18. Eye glasses and contact lenses. Coverage limited to charges incurred in connection with the fitting of eye glasses or contact lenses for initial placement within one (1) year following cataract surgery;

19. Foot care (trimming of nails, corns, or calluses). Foot care services are covered when administered by a provider and—

A. When associated with systemic conditions that are significant enough to result in severe circulatory insufficiency or areas of desensitization in the lower extremities including, but not limited to, any of the following:

(I) Diabetes mellitus;

(II) Peripheral vascular disease; or

(III) Peripheral neuropathy.

(IV) Evaluation/debridement of mycotic nails, in the absence of a systemic condition, when both of the following conditions are met:

(a) Pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate; and

(b) If the member is ambulatory, pain markedly limits ambulation;

20. Genetic counseling. Pre-test and post-test genetic counseling with a provider or a licensed or certified genetic counselor are covered when a member is recommended for covered heritable genetic testing.

A. Genetic counseling in connection with pregnancy management is covered only for evaluation of any of the following:

(I) Couples who are closely related genetically (e.g., consanguinity, incest);

(II) Familial cancer disorders;

(III) Individuals recognized to be at increased risk for genetic disorders;

(IV) Infertility cases where either parent is known to have a chromosomal abnormality;

(V) Primary amenorrhea, azoopermia, abnormal sexual development, or failure in developing secondary sexual characteristics;

(VI) Mother is a known, or presumed carrier of an X linked recessive disorder;

(VII) One (1) or both parents are known carriers of an autosomal recessive disorder;

(VIII) Parents of a child born with a genetic disorder, birth defect, inborn error of metabolism, or chromosome abnormality;

(IX) Parents of a child with intellectual developmental disorders, autism, developmental delays, or learning disabilities;

(X) Pregnant women who, based on prenatal ultrasound tests or an abnormal multiple marker screening test, maternal serum alpha-fetoprotein (AFP) test, test for sickle cell anemia, or tests for other genetic abnormalities have been told their pregnancy may be at increased risk for complications or birth defects;

(XI) Pregnant women age thirty-five (35) years or older at delivery;

(XII) Pregnant women, or women planning pregnancy, exposed to potentially teratogenic, mutagenic, or carcinogenic agents such as chemicals, drugs, infections, or radiation;

(XIII) Previous unexplained stillbirth or repeated (three (3) or more; two (2) or more among infertile couples) first-trimester miscarriages, where there is suspicion of parental or fetal chromosome abnormalities; or

(XIV) When contemplating pregnancy, either parent affected with an autosomal dominant disorder;

#### 21. Genetic testing.

A. Genetic testing is covered to establish a molecular diagnosis of an inheritable disease when all of the following criteria are met:

(I) The member displays clinical features or is at direct risk of inheriting the mutation in question (pre-symptomatic);

(II) The result of the test will directly impact the treatment being delivered to the member;

(III) The testing method is considered scientifically valid for identification of a genetically-linked heritable disease; and

(IV) After history, physical examination, pedigree analysis, genetic counseling, and completion of conventional diagnostic studies, a definitive diagnosis remains uncertain.

B. Genetic testing for the breast cancer susceptibility gene (BRCA) when family history is present;

22. Hair analysis. Chemical hair analysis is covered for the diagnosis of suspected chronic arsenic poisoning. Other purposes are considered experimental and investigational;

23. Hair prostheses. Prostheses and expenses for scalp hair prostheses worn for hair loss are covered for alopecia areata or alopecia totalis for children eighteen (18) years of age or younger. The annual maximum is two hundred dollars (\$200), and the lifetime maximum is three thousand two hundred dollars (\$3,200);

24. Hearing aids (per ear). Hearing aids covered for conductive hearing loss unresponsive to medical or surgical interventions, sensorineural hearing loss, and mixed hearing loss.

A. Prior to receiving a hearing aid members must receive—

(I) A medical exam by a physician or other qualified provider to identify any medically treatable conditions that may affect hearing; and

(II) A comprehensive hearing test to assess the need for hearing aids conducted by a certified audiologist, hearing instrument specialist, or other provider licensed or certified to administer this test.

B. Covered once every two (2) years. If the cost of one (1) hearing aid exceeds the amount listed below, member is also responsible for charges over that amount.

(I) Conventional: one thousand dollars (\$1,000).

(II) Programmable: two thousand dollars (\$2,000).

(III) Digital: two thousand five hundred dollars (\$2,500).

(IV) Bone Anchoring Hearing Aid (BAHA): three thousand five hundred dollars (\$3,500);

25. Hearing testing. One (1) hearing test per year. Additional hearing tests are covered if recommended by provider;

26. Home health care. Skilled home health nursing care is covered for members who are homebound because of injury or illness (i.e., the member leaves home only with considerable and taxing effort, and absences from home are infrequent or of short duration, or to receive medical care). Services must be performed by a registered nurse or licensed practical nurse, licensed therapist, or a registered dietitian. Covered services include:

A. Home visits instead of visits to the provider's office that do not exceed the usual and customary charge to perform the same service in a provider's office;

B. Intermittent nurse services. Benefits are paid for only one (1) nurse at any one (1) time, not to exceed four (4) hours per twenty-four- (24-) hour period;

C. Nutrition counseling provided by or under the supervision of a registered dietitian;

D. Physical, occupational, respiratory, and speech therapy provided by or under the supervision of a licensed therapist;

E. Medical supplies, drugs, or medication prescribed by provider, and laboratory services to the extent that the plan would have covered them under this plan if the covered person had been in a hospital;

F. A home health care visit is defined as—

(I) A visit by a nurse providing intermittent nurse services (each visit includes up to a four- (4-) hour consecutive visit in a twenty-four- (24-) hour period if clinical eligibility for coverage is met) or a single visit by a therapist or a registered dietitian; and

G. Benefits cannot be provided for any of the following:

(I) Homemaker or housekeeping services;

(II) Supportive environment materials such as handrails, ramps, air conditioners, and telephones;

(III) Services performed by family members or volunteer workers;

(IV) "Meals on Wheels" or similar food service;

(V) Separate charges for records, reports, or transportation;

(VI) Expenses for the normal necessities of living such as food, clothing, and household supplies; and

(VII) Legal and financial counseling services, unless otherwise covered under this plan;

27. Hospice care and palliative services (inpatient or outpatient). Includes bereavement and respite care. Hospice care services, including pre-hospice evaluation or consultation, are covered when the individual is terminally ill and expected to live six (6) months or less, potentially curative treatment for the terminal illness is not part of the prescribed plan of care, the individual or appointed designee has formally consented to hospice care (i.e., care directed mostly toward palliative care and symptom management), and the hospice services are provided by a certified/accredited hospice agency with care available twenty-four (24) hours per day, seven (7) days per week.

A. When the above criteria are met, the following hospice care services are covered:

(I) Assessment of the medical and social needs of the terminally ill person, and a description of the care to meet those needs;

(II) Inpatient care in a facility when needed for pain control and other acute and chronic symptom management, psychological and dietary counseling, physical or occupational therapy, and part-time home health care services;

(III) Outpatient care for other services as related to the terminal illness, which include services of a physician, physical or occupational therapy, and nutrition counseling provided by or under the supervision of a registered dietitian; and

(IV) Bereavement counseling benefits which are received by a member's close relative when directly connected to the member's

death and bundled with other hospice charges. The services must be furnished within twelve (12) months of death;

28. Hospital (includes inpatient, outpatient, and surgical centers).

A. The following benefits are covered:

(I) Semi-private room and board. For network charges, this rate is based on network repricing. For non-network charges, any charge over a semi-private room charge will be a covered expense only when clinical eligibility for coverage is met. If the hospital has no semi-private rooms, the plan will allow the private room rate subject to usual, customary, and reasonable charges or the network rate, whichever is applicable;

(II) Intensive care unit room and board;

(III) Surgery, therapies, and ancillary services including, but not limited to:

(a) Cornea transplant;

(b) Coverage for breast reconstruction surgery or prostheses following mastectomy and lumpectomy is available to both females and males. A diagnosis of breast cancer is not required for breast reconstruction services to be covered, and the timing of reconstructive services is not a factor in coverage;

(c) Sterilization for the purpose of birth control is covered;

(d) Cosmetic/reconstructive surgery is covered to repair a functional disorder caused by disease or injury;

(e) Cosmetic/reconstructive surgery is covered to repair a congenital defect or abnormality for a member younger than nineteen (19) years; and

(f) Blood, blood plasma, and plasma expanders are covered, when not available without charge;

(IV) Inpatient mental health services are covered when authorized by a physician for treatment of a mental health disorder. Inpatient mental health services are covered, subject to all of the following:

(a) Member must be ill in more than one (1) area of daily living to such an extent that s/he is rendered dysfunctional and requires the intensity of an inpatient setting for treatment. Without such inpatient treatment, the member's condition would deteriorate;

(b) The member's mental health disorder must be treatable in an inpatient facility;

(c) The member's mental health disorder must meet diagnostic criteria as described in the most recent edition of the *American Psychiatric Association Diagnostic and Statistical Manual (DSM)*. If outside of the United States, the member's mental health disorder must meet diagnostic criteria established and commonly recognized by the medical community in that region;

(d) The attending provider must be a psychiatrist. If the admitting provider is not a psychiatrist, a psychiatrist must be attending to the member within twenty-four (24) hours of admittance. Such psychiatrist must be United States board-eligible or board-certified. If outside of the United States, inpatient services must be provided by an individual who has received a diploma from a medical school recognized by the government agency in the country where the medical school is located. The attending provider must meet the requirements, if any, set out by the foreign government or regionally-recognized licensing body for treatment of mental health disorders;

(e) Day treatment (partial hospitalization) for mental health services means a day treatment program that offers intensive, multidisciplinary services provided on less than a full-time basis. The program is designed to treat patients with serious mental or nervous disorders and offers major diagnostic, psychosocial, and pre-occupational modalities. Such programs must be a less-restrictive alternative to inpatient treatment; and

(f) Mental health services received in a residential treatment facility that is licensed by the state in which it operates and provides treatment for mental health disorders is covered. This does not include services provided at a group home. If outside of the United States, the residential treatment facility must be licensed or approved

by the foreign government or an accreditation or licensing body working in that foreign country; and

(V) Outpatient mental health services are covered if the member is at a therapeutic medical or mental health facility and treatment includes measurable goals and continued progress toward functional behavior and termination of treatment. Continued coverage may be denied when positive response to treatment is not evident. Treatment must be provided by one (1) of the following:

(a) A United States board-eligible or board-certified psychiatrist licensed in the state where the treatment is provided;

(b) A therapist with a doctorate or master's degree that denotes a specialty in psychiatry (Psy.D.);

(c) A state-licensed psychologist;

(d) A state-licensed or certified social worker practicing within the scope of his or her license or certification; or

(e) Licensed professional counselor;

29. Infusions are covered when received through a network provider. Medications (specialty and non-specialty) that can be safely obtained through a pharmacy and which may be self-administered are not a medical plan benefit but are covered as part of the pharmacy benefit;

30. Injections. See preventive services for coverage of vaccinations. See contraception and sterilization for coverage of birth control injections. Medications (specialty and non-specialty) that can be safely obtained through a pharmacy and which may be self-administered are not a medical plan benefit but are covered as part of the pharmacy benefit.

A. B12 injections are covered for the following conditions:

(I) Pernicious anemia;

(II) Crohn's disease;

(III) Ulcerative colitis;

(IV) Inflammatory bowel disease;

(V) Intestinal malabsorption;

(VI) Fish tapeworm anemia;

(VII) Vitamin B12 deficiency;

(VIII) Other vitamin B12 deficiency anemia;

(IX) Macrocytic anemia;

(X) Other specified megaloblastic anemias;

(XI) Megaloblastic anemia;

(XII) Malnutrition of alcoholism;

(XIII) Thrombocytopenia, unspecified;

(XIV) Dementia in conditions classified elsewhere;

(XV) Polyneuropathy in diseases classified elsewhere;

(XVI) Alcoholic polyneuropathy;

(XVII) Regional enteritis of small intestine;

(XVIII) Postgastric surgery syndromes;

(XIX) Other prophylactic chemo-therapy;

(XX) Intestinal bypass or anastomosis status;

(XXI) Acquired absence of stomach;

(XXII) Pancreatic insufficiency; and

(XXIII) Ideopathic progressive polyneuropathy;

31. Lab, X-ray, and other diagnostic procedures. Outpatient diagnostic services are covered when tests or procedures are performed for a specific symptom and to detect or monitor a condition. Professional charges for automated lab services performed by an out-of-network provider are not covered;

32. Maternity coverage. Prenatal and postnatal care is covered. Routine prenatal office visits and screenings recommended by the Health Resources and Services Administration are covered at one hundred percent (100%). Other care is subject to the deductible and coinsurance. Newborns and their mothers are allowed hospital stays of at least forty-eight (48) hours after vaginal birth and ninety-six (96) hours after cesarean section birth. If discharge occurs earlier than specific time periods, the plan shall provide coverage for post discharge care that shall consist of a two- (2-) visit minimum, at least one (1) in the home;

33. Nutritional counseling. Individualized nutritional evaluation and counseling for the management of any medical condition for

which appropriate diet and eating habits are essential to the overall treatment program is covered when ordered by a physician or physician extender and provided by a licensed health-care professional (e.g., a registered dietitian);

#### 34. Nutrition therapy.

A. Nutrition therapy is covered only when the following criteria are met:

- (I) Nutrition therapy is the sole source of nutrients or a significant percentage of the daily caloric intake;
- (II) Nutrition therapy is used in the treatment of, or in association with, a demonstrable disease, condition, or disorder;
- (III) Nutrition therapy is necessary to sustain life or health;
- (IV) Nutrition therapy is prescribed by a provider; and
- (V) Nutrition therapy is managed, monitored, and evaluated on an on-going basis, by a provider.

B. Only the following types of nutrition therapy are covered:

(I) Enteral Nutrition (EN). EN is the provision of nutritional requirements via the gastrointestinal tract. EN can be taken orally or through a tube into the stomach or small intestine;

(II) Parenteral Nutrition Therapy (PN) and Total Parenteral Nutrition (TPN). PN is liquid nutrition administered through a vein to provide part of daily nutritional requirements. TPN is a type of PN that provides all daily nutrient needs. PN or TPN are covered when the member's nutritional status cannot be adequately maintained on oral or enteral feedings;

(III) Intradialytic Parenteral Nutrition (IDPN). IDPN is a type of PN that is administered to members on chronic hemodialysis during dialysis sessions to provide most nutrient needs. IDPN is covered when the member is on chronic hemodialysis and nutritional status cannot be adequately maintained on oral or enteral feedings;

35. Office visit. Member encounter with a provider for health care, mental health, or substance use disorder in an office, clinic, or ambulatory care facility is covered based on the service, procedure, or related treatment plan;

36. Oral surgery is covered for injury, tumors, or cysts. Oral surgery includes, but is not limited to, reduction of fractures and dislocation of the jaws; external incision and drainage of cellulites; incision of accessory sinuses, salivary glands, or ducts; excision of exostosis of jaws and hard palate; and frenectomy. Treatment must be initiated within sixty (60) days of accident. No coverage for dental care, including oral surgery, as a result of poor dental hygiene. Extractions of bony or partial bony impactions are excluded;

37. Orthognathic or Jaw Surgery. Orthognathic or jaw surgery is covered when one (1) of the following conditions is documented and diagnosed:

- A. Acute traumatic injury, and post-surgical sequela;
- B. Cancerous or non-cancerous tumors and cysts, cancer, and post-surgical sequela;
- C. Cleft lip/palate (for cleft lip/palate related jaw surgery); or
- D. Physical or physiological abnormality when one (1) of the following criteria is met:

(I) Anteroposterior Discrepancies—

- (a) Maxillary/Mandibular incisor relationship: over jet of 5mm or more, or a 0 to a negative value (norm 2mm);
- (b) Maxillary/Mandibular anteroposterior molar relationship discrepancy of 4mm or more (norm 0 to 1mm); or
- (c) These values represent two (2) or more standard deviation from published norms;

(II) Vertical Discrepancies—

- (a) Presence of a vertical facial skeletal deformity which is two (2) or more standard deviations from published norms for accepted skeletal landmarks;
- (b) Open bite with no vertical overlap of anterior teeth or unilateral or bilateral posterior open bite greater than 2mm;
- (c) Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch; or
- (d) Supraeruption of a dentoalveolar segment due to lack of occlusion;

(III) Transverse Discrepancies—

- (a) Presence of a transverse skeletal discrepancy which is two (2) or more standard deviations from published norms; or
- (b) Total bilateral maxillary palatal cusp to mandibular-fossa discrepancy of 4mm or greater, or a unilateral discrepancy of 3mm or greater, given normal axial inclination of the posterior teeth; or

(IV) Asymmetries—

- (a) Anteroposterior, transverse, or lateral asymmetries greater than 3mm with concomitant occlusal asymmetry;
- (V) Masticatory (chewing) and swallowing dysfunction due to malocclusion (e.g., inability to incise or chew solid foods, choking on incompletely masticated solid foods, damage to soft tissue during mastication, malnutrition);
- (VI) Speech impairment; or
- (VII) Obstructive sleep apnea or airway dysfunction;

#### 38. Orthotics.

A. Ankle-Foot Orthosis (AFO) and Knee-Ankle-Foot Orthosis (KAFO).

(I) Basic coverage criteria for AFO and KAFO used during ambulation are as follows:

(a) AFO is covered when used in ambulation for members with weakness or deformity of the foot and ankle, which require stabilization for medical reasons, and have the potential to benefit functionally;

(b) KAFO is covered when used in ambulation for members when the following criteria are met:

- I. Member is covered for AFO; and
- II. Additional knee stability is required; and

(c) AFO and KAFO that are molded-to-patient-model, or custom-fabricated, are covered when used in ambulation, only when the basic coverage criteria and one (1) of the following criteria are met:

- I. The member could not be fitted with a prefabricated AFO;
- II. AFO or KAFO is expected to be permanent or for more than six (6) months duration;
- III. Knee, ankle, or foot must be controlled in more than one (1) plane;
- IV. There is documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; or
- V. The member has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

(II) AFO and KAFO Not Used During Ambulation.

(a) AFO and KAFO not used in ambulation are covered if the following criteria are met:

- I. Passive range of motion test was measured with goniometer and documented in the medical record;
- II. Documentation of an appropriate stretching program administered under the care of provider or caregiver;
- III. Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least ten degrees (10°) (i.e., a non-fixed contracture);
- IV. Reasonable expectation of the ability to correct the contracture;
- V. Contracture is interfering or expected to interfere significantly with the patient's functional abilities; and
- VI. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons; or
- VII. Member has plantar fasciitis.

(b) Replacement interface for AFO or KAFO is covered only if member continues to meet coverage criteria and is limited to a maximum of one (1) per six (6) months.

B. Cast Boot, Post-Operative Sandal or Shoe, or Healing Shoe. A cast boot, post-operative sandal or shoe, or healing shoe is covered for one (1) of the following indications:

- (I) To protect a cast from damage during weight-bearing

activities following injury or surgery;

(II) To provide appropriate support and/or weight-bearing surface to a foot following surgery;

(III) To promote good wound care and/or healing via appropriate weight distribution and foot protection; or

(IV) When the patient is currently receiving treatment for lymphedema and the foot cannot be fitted into conventional footwear.

C. Cranial Orthoses. Cranial orthosis is covered for Synostotic and Non-Synostotic Plagiocephaly. Plagiocephaly is an asymmetrically shaped head. Synostotic Plagiocephaly is due to premature closure of cranial sutures. Non-Synostotic Plagiocephaly is from positioning or deformation of the head. Cranial orthosis is the use of a special helmet or band on the head which aids in molding the shape of the cranium to normal. Initial reimbursement shall cover any subsequent revisions.

D. Elastic Supports. Elastic supports are covered when prescribed for one (1) of the following indications:

(I) Severe or incapacitating vascular problems, such as acute thrombophlebitis, massive venous stasis, or pulmonary embolism;

(II) Venous insufficiency;

(III) Varicose veins;

(IV) Edema of lower extremities;

(V) Edema during pregnancy; or

(VI) Lymphedema.

E. Footwear Incorporated Into a Brace for Members with Skeletally Mature Feet. Footwear incorporated into a brace must be billed by the same supplier billing for the brace. The following types of footwear incorporated into a brace are covered:

(I) Orthopedic footwear;

(II) Other footwear such as high top, depth inlay, or custom;

(III) Heel replacements, sole replacements, and shoe transfers involving shoes on a brace;

(IV) Inserts for a shoe that is an integral part of a brace and are required for the proper functioning of the brace; or

(V) Other shoe modifications if they are on a shoe that is an integral part of a brace and are required for the proper functioning of the brace.

F. Foot Orthoses. Custom, removable foot orthoses are covered for members who meet the following criteria:

(I) Member with skeletally mature feet who has any of the following conditions:

(a) Acute plantar fasciitis;

(b) Acute sport-related injuries with diagnoses related to inflammatory problems such as bursitis or tendonitis;

(c) Calcaneal bursitis (acute or chronic);

(d) Calcaneal spurs (heel spurs);

(e) Conditions related to diabetes;

(f) Inflammatory conditions (e.g., sesamoiditis, sub-metatarsal bursitis, synovitis, tenosynovitis, synovial cyst, osteomyelitis, and plantar fascial fibromatosis);

(g) Medial osteoarthritis of the knee;

(h) Musculoskeletal/arthropathic deformities including deformities of the joint or skeleton that impairs walking in a normal shoe (e.g., bunions, hallux valgus, talipes deformities, pes deformities, or anomalies of toes);

(i) Neurologically impaired feet including neuroma, tarsal tunnel syndrome, ganglionic cyst;

(j) Neuropathies involving the feet, including those associated with peripheral vascular disease, diabetes, carcinoma, drugs, toxins, and chronic renal disease; or

(k) Vascular conditions including ulceration, poor circulation, peripheral vascular disease, Buerger's disease (thromboangiitis obliterans), and chronic thrombophlebitis;

(II) Member with skeletally immature feet who has any of the following conditions:

(a) Hallux valgus deformities;

(b) In-toe or out-toe gait;

(c) Musculoskeletal weakness such as pronation or pes planus;

(d) Structural deformities such as tarsal coalitions; or

(e) Torsional conditions such as metatarsus adductus, tibial torsion, or femoral torsion.

G. Helmets. Helmets are covered when cranial protection is required due to a documented medical condition that makes the member susceptible to injury during activities of daily living.

H. Hip Orthosis. Hip orthosis is covered for one (1) of the following indications:

(I) To reduce pain by restricting mobility of the hip;

(II) To facilitate healing following an injury to the hip or related soft tissues;

(III) To facilitate healing following a surgical procedure of the hip or related soft tissue; or

(IV) To otherwise support weak hip muscles or a hip deformity.

I. Knee Orthosis. Knee orthosis is covered for one (1) of the following indications:

(I) To reduce pain by restricting mobility of the knee;

(II) To facilitate healing following an injury to the knee or related soft tissues;

(III) To facilitate healing following a surgical procedure on the knee or related soft tissue; or

(IV) To otherwise support weak knee muscles or a knee deformity.

J. Orthopedic Footwear for Diabetic Members.

(I) Orthopedic footwear, therapeutic shoes, inserts, or modifications to therapeutic shoes are covered for diabetic members if any following criteria are met:

(a) Previous amputation of the other foot or part of either foot;

(b) History of previous foot ulceration of either foot;

(c) History of pre-ulcerative calluses of either foot;

(d) Peripheral neuropathy with evidence of callus formation of either foot;

(e) Foot deformity of either foot; or

(f) Poor circulation in either foot.

(II) Coverage is limited to one (1) of the following within one (1) year:

(a) One (1) pair of custom molded shoes (which includes inserts provided with these shoes) and two (2) additional pairs of inserts;

(b) One (1) pair of depth shoes and three (3) pairs of inserts (not including the non-customized removable inserts provided with such shoes); or

(c) Up to three (3) pairs of inserts not dispensed with diabetic shoes if the supplier of the shoes verifies in writing that the patient has appropriate footwear into which the insert can be placed.

K. Orthotic-Related Supplies. Orthotic-related supplies are covered when necessary for the function of the covered orthotic device.

L. Spinal Orthoses. A thoracic-lumbar-sacral orthosis, lumbar orthosis, lumbar-sacral orthosis, and cervical orthosis are covered for the following indications:

(I) To reduce pain by restricting mobility of the trunk;

(II) To facilitate healing following an injury to the spine or related soft tissues;

(III) To facilitate healing following a surgical procedure of the spine or related soft tissue; or

(IV) To otherwise support weak spinal muscles or a deformed spine.

M. Trusses. Trusses are covered when a hernia is reducible with the application of a truss.

N. Upper Limb Orthosis. Upper limb orthosis is covered for the following indications:

(I) To reduce pain by restricting mobility of the joint(s);

(II) To facilitate healing following an injury to the joint(s) or related soft tissues; or

(III) To facilitate healing following a surgical procedure of the joint(s) or related soft tissue.

O. Orthotic Device Replacement. When repairing an item that is no longer cost-effective and is out of warranty, the plan will consider replacing the item subject to review of medical necessity and life expectancy of the device;

39. Preventive services.

A. Services recommended by the U.S. Preventive Services Task Force (categories A and B).

B. Vaccinations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

C. Preventive care and screenings for infants, children, and adolescents supported by the Health Resources and Services Administration.

D. Preventive care and screenings for women supported by the Health Resources and Services Administration.

E. Preventive exams and other services ordered as part of the exam. For benefits to be covered as preventive, they must be coded by the provider as routine, without indication of an injury or illness.

F. Cancer screenings. One (1) per calendar year. Additional screenings beyond one (1) per calendar year covered as diagnostic unless otherwise specified—

(I) Mammograms—no age limit. Standard two-dimensional (2D) breast mammography and breast tomosynthesis (three-dimensional (3D) mammography);

(II) Pap smears—no age limit;

(III) Prostate—no age limit; and

(IV) Colorectal screening—no age limit.

G. Online weight management program offered through the plan's exclusive provider arrangement;

40. Prostheses (prosthetic devices). Basic equipment that meets medical needs. Repair and replacement is covered due to normal wear and tear, if there is a change in medical condition, or if growth-related;

41. Pulmonary rehabilitation. Comprehensive, individualized, goal-directed outpatient pulmonary rehabilitation covered for pre- and post-operative intervention for lung transplantation and lung volume reduction surgery (LVRS) or when all of the following apply:

A. Member has a reduction of exercise tolerance that restricts the ability to perform activities of daily living (ADL) or work;

B. Member has chronic pulmonary disease (including asthma, emphysema, chronic bronchitis, chronic airflow obstruction, cystic fibrosis, alpha-1 antitrypsin deficiency, pneumoconiosis, asbestosis, radiation pneumonitis, pulmonary fibrosis, pulmonary alveolar proteinosis, pulmonary hemosiderosis, fibrosing alveolitis), or other conditions that affect pulmonary function such as ankylosing spondylitis, scoliosis, myasthenia gravis, muscular dystrophy, Guillain-Barré syndrome, or other infective polyneuritis, sarcoidosis, paralysis of diaphragm, or bronchopulmonary dysplasia; and

C. Member has a moderate to moderately severe functional pulmonary disability, as evidenced by either of the following, and does not have any concomitant medical condition that would otherwise imminently contribute to deterioration of pulmonary status or undermine the expected benefits of the program (e.g., symptomatic coronary artery disease, congestive heart failure, myocardial infarction within the last six (6) months, dysrhythmia, active joint disease, claudication, malignancy):

(I) A maximal pulmonary exercise stress test under optimal bronchodilatory treatment which demonstrates a respiratory limitation to exercise with a maximal oxygen uptake ( $VO_2$ max) equal to or less than twenty milliliters per kilogram per minute (20 mL/kg/min), or about five (5) metabolic equivalents (METS); or

(II) Pulmonary function tests showing that either the Forced Expiratory Volume in One Second (FEV1), Forced Vital Capacity (FVC), FEV1/FVC, or Diffusing Capacity of the Lung for

Carbon Monoxide (DLCO) is less than sixty percent (60%) of that predicted;

42. Skilled Nursing Facility. Skilled nursing facility services are covered up to one hundred twenty (120) days per calendar year;

43. Telehealth Services. Telehealth services are covered for the diagnosis, consultation, or treatment of a member on the same basis that the service would be covered when it is delivered in person;

44. Therapy. Physical, occupational, and speech therapy are covered when prescribed by a provider and subject to the provisions below:

A. Physical therapy.

(I) Physical therapy must meet the following criteria:

(a) The program is designed to improve lost or impaired physical function or reduce pain resulting from illness, injury, congenital defect, or surgery;

(b) The program is expected to result in significant therapeutic improvement over a clearly defined period of time; and

(c) The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals;

B. Occupational therapy must meet the following criteria:

(I) The program is designed to improve or compensate for lost or impaired physical functions, particularly those affecting activities of daily living, resulting from illness, injury, congenital defect, or surgery;

(II) The program is expected to result in significant therapeutic improvement over a clearly defined period of time; and

(III) The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals;

C. Speech therapy.

(I) All of the following criteria must be met for coverage of speech therapy:

(a) The therapy requires one-to-one intervention and supervision of a speech-language pathologist;

(b) The therapy plan includes specific tests and measures that will be used to document significant progress every two (2) weeks;

(c) Meaningful improvement is expected;

(d) The therapy includes a transition from one-to-one supervision to a self- or caregiver-provided maintenance program upon discharge; and

(e) One (1) of the following:

I. Member has severe impairment of speech-language; and an evaluation has been completed by a certified speech-language pathologist that includes age-appropriate standardized tests to measure the extent of the impairment, performance deviation, and language and pragmatic skill assessment levels; or

II. Member has a significant voice disorder that is the result of anatomic abnormality, neurological condition, or injury (e.g., vocal nodules or polyps, vocal cord paresis or paralysis, post-operative vocal cord surgery);

45. Transplants. Stem cell, kidney, liver, heart, lung, pancreas, small bowel, or any combination are covered. Includes services related to organ procurement and donor expenses if not covered under another plan. Member must contact medical plan for arrangements.

A. Network includes travel and lodging allowance for the transplant recipient and an immediate family travel companion when the transplant facility is more than fifty (50) miles from the recipient's residence. If the recipient is younger than age nineteen (19) years, travel and lodging is covered for both parents. The transplant recipient must be with the travel companion or parent(s) for the travel companion's or parent(s)' travel expense to be reimbursable. Combined travel and lodging expenses are limited to a ten thousand dollar (\$10,000) maximum per transplant.

(I) Lodging—maximum lodging expenses shall not exceed the per diem rates as established annually by U.S. General Services Administration (GSA) for a specific city or county. Go to [www.gsa.gov](http://www.gsa.gov) for per diem rates.

(II) Travel—IRS standard medical mileage rates (same as

flexible spending account (FSA) reimbursement).

(III) Meals—not covered.

B. Non-network. Charges above the maximum for services rendered at a non-network facility are the member's responsibility and do not apply to the member's deductible or out-of-pocket maximum. Travel, lodging, and meals are not covered;

46. Urgent care. Member encounter with a provider for urgent care is covered based on the service, procedure, or related treatment plan; and

47. Vision. One (1) routine exam and refraction is covered per calendar year.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director rescinds a rule as follows:

**22 CSR 10-2.060** PPO 300 Plan, PPO 600 Plan, and Health Savings Account Plan Limitations **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3564). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director adopts a rule as follows:

**22 CSR 10-2.061** Plan Limitations **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3564–3566). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care

Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

**22 CSR 10-2.075** Review and Appeals Procedure **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3566). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

**22 CSR 10-2.080** Miscellaneous Provisions **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3566–3567). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director adopts a rule as follows:

**22 CSR 10-2.088** Medicare Advantage Plan for Non-Active Medicare Primary Members **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3567). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care



Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

**22 CSR 10-2.089** Pharmacy Employer Group Waiver Plan for Medicare Primary Members **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3567–3568). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

**22 CSR 10-2.090** Pharmacy Benefit Summary **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3568–3570). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

**22 CSR 10-2.110** General Foster Parent Membership Provisions **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3570–3572). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—State Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care

Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

**22 CSR 10-2.140** Strive for Wellness® Health Center Provisions, Charges, and Services **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3572). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 3—Public Entity Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

**22 CSR 10-3.010** is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3579). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health Care Plan received one (1) comment on the proposed amendment.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the definition for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend section (19).

**22 CSR 10-3.010 Definitions**

(19) Diabetes Self-Management Education. A program prescribed by a provider and facilitated by health care professionals with the appropriate credentials, training, and experience to educate and support members with diabetes.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 3—Public Entity Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows

**22 CSR 10-3.020** General Membership Provisions **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3,

2018 (43 MoReg 3579–3582). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 3—Public Entity Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

**22 CSR 10-3.045** Plan Utilization Review Policy is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3582–3583). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 3—Public Entity Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director rescinds a rule as follows:

**22 CSR 10-3.053** PPO 1000 Plan Benefit Provisions and Covered Charges is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3583). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 3—Public Entity Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-3.055 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3584). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health Care Plan received one (1) comment on the proposed amendment.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the requirements for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend section (8).

**22 CSR 10-3.055 Health Savings Account Plan Benefit Provisions and Covered Charges**

(8) Four (4) Diabetes Self-Management Education visits received through a network provider are covered at one hundred percent (100%) after deductible is met.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 3—Public Entity Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director rescinds a rule as follows:

**22 CSR 10-3.056** PPO 600 Plan Benefit Provisions and Covered Charges is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3584). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 3—Public Entity Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-3.057 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3584–3593). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health

Care Plan received one (1) comment on the proposed amendment.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the requirements for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend paragraph (3)(E)14.

## 22 CSR 10-3.057 Medical Plan Benefit Provisions and Covered Charges

(3) Covered Charges Applicable to the PPO 750 Plan, PPO 1250, and HSA Plan.

(E) Plan benefits for the PPO 750 Plan, PPO 1250, and HSA Plan are as follows:

1. Allergy Testing and Immunotherapy. Allergy testing and allergy immunotherapy are considered medically necessary for members with clinically significant allergic symptoms. The following tests and treatments are covered:

A. Epicutaneous (scratch, prick, or puncture) when Immunoglobulin E- (IgE-) mediated reactions occur to any of the following:

- (I) Foods;
- (II) Hymenoptera venom (stinging insects);
- (III) Inhalants; or
- (IV) Specific drugs (penicillins and macromolecular

agents);

B. Intradermal (Intracutaneous) when IgE-mediated reactions occur to any of the following:

- (I) Foods;
- (II) Hymenoptera venom (stinging insects);
- (III) Inhalants; or
- (IV) Specific drugs (penicillins and macromolecular

agents);

C. Skin or Serial Endpoint Titration (SET), also known as intradermal dilutional testing (IDT), for determining the starting dose for immunotherapy for members highly allergic to any of the following:

- (I) Hymenoptera venom (stinging insects); or
- (II) Inhalants;

D. Skin Patch Testing: for diagnosing contact allergic dermatitis;

E. Photo Patch Testing: for diagnosing photo-allergy (such as photo-allergic contact dermatitis);

F. Photo Tests: for evaluating photo-sensitivity disorders;

G. Bronchial Challenge Test: for testing with methacholine, histamine, or antigens in defining asthma or airway hyperactivity when either of the following conditions is met:

- (I) Bronchial challenge test is being used to identify new allergens for which skin or blood testing has not been validated; or
- (II) Skin testing is unreliable;

H. Exercise Challenge Testing for exercise-induced bronchospasm;

I. Ingestion (Oral) Challenge Test for any of the following:

- (I) Food or other substances; or
- (II) Drugs when all of the following are met:
  - (a) History of allergy to a particular drug;
  - (b) There is no effective alternative drug; and
  - (c) Treatment with that drug class is essential;

J. In Vitro IgE Antibody Tests (RAST, MAST, FAST, ELISA, ImmunoCAP) are covered for any of the following:

- (I) Allergic broncho-pulmonary aspergillosis (ABPA) and certain parasitic diseases;
- (II) Food allergy;
- (III) Hymenoptera venom allergy (stinging insects);
- (IV) Inhalant allergy; or
- (V) Specific drugs;

K. Total Serum IgE for diagnostic evaluation in members with known or suspected ABPA and/or hyper IgE syndrome;

L. Lymphocyte transformation tests such as lymphocyte mitogen response test, PHE stimulation test, or lymphocyte antigen response assay are covered for evaluation of persons with any of the following suspected conditions:

- (I) Sensitivity to beryllium;
- (II) Congenital or acquired immunodeficiency diseases

affecting cell-mediated immunity, such as severe combined immunodeficiency, common variable immunodeficiency, X-linked immunodeficiency with hyper IgM, Nijmegen breakage syndrome, reticular dysgenesis, DiGeorge syndrome, Nezelof syndrome, Wiscott-Aldrich syndrome, ataxia telangiectasia, and chronic mucocutaneous candidiasis;

- (III) Thymoma; and

(IV) To predict allograft compatibility in the transplant setting;

M. Allergy retesting: routine allergy retesting is not considered medically necessary;

N. Allergy immunotherapy is covered for the treatment of any of the following IgE-mediated allergies:

- (I) Allergic (extrinsic) asthma;
- (II) Dust mite atopic dermatitis;
- (III) Hymenoptera (bees, hornets, wasps, fire ants) sensitive individuals;
- (IV) Mold-induced allergic rhinitis;
- (V) Perennial rhinitis;
- (VI) Seasonal allergic rhinitis or conjunctivitis when one

(1) of the following conditions are met:

- (a) Member has symptoms of allergic rhinitis or asthma after natural exposure to the allergen;
- (b) Member has a life-threatening allergy to insect stings; or

(c) Member has skin test or serologic evidence of IgE mediated antibody to a potent extract of the allergen; and

(VII) Avoidance or pharmacologic therapy cannot control allergic symptoms or member has unacceptable side effects with pharmacologic therapy;

O. Other treatments: the following other treatments are covered:

(I) Rapid, rush, cluster, or acute desensitization for members with any of the following conditions:

- (a) IgE antibodies to a particular drug that cannot be treated effectively with alternative medications;
- (b) Insect sting (e.g., wasps, hornets, bees, fire ants) hypersensitivity (hymenoptera); or
- (c) Members with moderate to severe allergic rhinitis who need treatment during or immediately before the season of the affecting allergy;

(II) Rapid desensitization is considered experimental and investigational for other indications;

P. Epinephrine kits, to prevent anaphylactic shock for members who have had life-threatening reactions to insect stings, foods, drugs, or other allergens; have severe asthma or if needed during immunotherapy;

2. Ambulance service. The following ambulance transport services are covered:

A. By ground to the nearest appropriate facility when other means of transportation would be contraindicated;

B. By air to the nearest appropriate facility when the member's medical condition is such that transportation by either basic or advanced life support ground ambulance is not appropriate or contraindicated;

3. Applied Behavior Analysis (ABA) for Autism;

4. Bariatric surgery. Bariatric surgery is covered when all of the following requirements have been met:

A. The surgery is performed at a facility accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) for the billed procedure;

B. The following open or laparoscopic bariatric surgery

procedures are covered:

- (I) Roux-en-Y gastric bypass;
- (II) Sleeve gastrectomy;
- (III) Biliopancreatic diversion with duodenal switch for individuals with a body mass index (BMI) greater than fifty (50);
- (IV) Adjustable silicone gastric banding and adjustments of a silicone gastric banding to control the rate of weight loss and/or treat symptoms secondary to gastric restriction following an adjustable silicone gastric banding procedure;

(V) Surgical reversal of bariatric surgery when complications of the original surgery (e.g., stricture, pouch dilatation, erosion, or band slippage) cause abdominal pain, inability to eat or drink, or cause vomiting of prescribed meals;

(VI) Revision of a previous bariatric surgical procedure or conversion to another procedure due to inadequate weight loss when one (1) of the following specific criteria has been met:

(a) There is evidence of full compliance with the previously prescribed post-operative dietary and exercise program; or

(b) There is documented clinical testing demonstrating technical failure of the original bariatric surgical procedure which caused the individual to fail achieving adequate weight loss of at least fifty percent (50%) of excess body weight or failure to achieve body weight to within thirty percent (30%) of ideal body weight at least two (2) years following the original surgery;

C. All of the following criteria have been met:

(I) The member is eighteen (18) years or older or has reached full skeletal growth, and has evidence of one (1) of the following:

(a) BMI greater than forty (40); or

(b) BMI between thirty-five (35) and thirty-nine and nine tenths (39.9) and one (1) or more of the following:

I. Type II diabetes;

II. Cardiovascular disease such as stroke, myocardial infarction, stable or unstable angina pectoris, hypertension, or coronary artery bypass; or

III. Life-threatening cardiopulmonary problems such as severe sleep apnea, Pickwickian syndrome, or obesity-related cardiomyopathy; and

(II) Demonstration that dietary attempts at weight control have been ineffective through completion of a structured diet program. Commercial weight loss programs are acceptable if completed under the direction of a provider or registered dietitian and documentation of participation is available for review. One (1) structured diet program for six (6) consecutive months or two (2) structured diet programs for three (3) consecutive months each within a two- (2-) year period prior to the request for the surgical treatment of morbid obesity are sufficient. Provider-supervised programs consisting exclusively of pharmacological management are not sufficient; and

(III) A thorough multidisciplinary evaluation within the previous twelve (12) months, which include all of the following:

(a) An evaluation by a bariatric surgeon recommending surgical treatment, including a description of the proposed procedure and all of the associated current procedural terminology codes;

(b) A separate medical evaluation from a provider other than the surgeon recommending surgery that includes a medical clearance for bariatric surgery;

(c) Completion of a psychological examination from a mental health provider evaluating the member's readiness and fitness for surgery and the necessary post-operative lifestyle changes. After the evaluation, the mental health provider must provide clearance for bariatric surgery; and

(d) A nutritional evaluation by a provider or registered dietitian;

5. Blood storage. Storage of whole blood, blood plasma, and blood products is covered in conjunction with medical treatment that requires immediate blood transfusion support;

6. Bone Growth Stimulators. Implantable bone growth stimulators are covered as an outpatient surgery benefit. The following non-

implantable bone growth stimulators are covered as a durable medical equipment benefit:

A. Ultrasonic osteogenesis stimulator (e.g., the Sonic Accelerated Fracture Healing System (SAFHS)) to accelerate healing of fresh fractures, fusions, or delayed unions at either of the following high-risk sites:

(I) Fresh fractures, fusions, or delayed unions of the shaft (diaphysis) of the tibia that are open or segmental; or

(II) Fresh fractures, fusions, or delayed unions of the scaphoid (carpal navicular);

B. Ultrasonic osteogenesis stimulator for non-unions, failed arthrodesis, and congenital pseudarthrosis (pseudarthrosis) of the appendicular skeleton if there has been no progression of healing for three (3) or more months despite appropriate fracture care; or

C. Direct current electrical bone-growth stimulator is covered for the following indications:

(I) Delayed unions of fractures or failed arthrodesis at high-risk sites (i.e., open or segmental tibial fractures, carpal navicular fractures);

(II) Non-unions, failed fusions, and congenital pseudarthrosis where there is no evidence of progression of healing for three (3) or more months despite appropriate fracture care; or

(III) Members who are at high risk for spinal fusion failure when any of the following criteria is met:

(a) A multiple-level fusion entailing three (3) or more vertebrae (e.g., L3 to L5, L4 to S1, etc.);

(b) Grade II or worse spondylolisthesis; or

(c) One (1) or more failed fusions;

7. Contraception and Sterilization. All Food and Drug Administration- (FDA-) approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity;

8. Cardiac rehabilitation. An electrocardiographically-monitored program of outpatient cardiac rehabilitation (Phase II) is covered for specific criteria when it is individually prescribed by a provider and a formal exercise stress test is completed following the event and prior to the initiation of the program. Cardiac rehabilitation is covered for members who meet one (1) of the following criteria:

A. Acute myocardial infarction (MI) (heart attack in the last twelve (12) months);

B. Coronary artery bypass grafting (CABG);

C. Stable angina pectoris;

D. Percutaneous coronary vessel remodeling;

E. Valve replacement or repair;

F. Heart transplant;

G. Coronary artery disease (CAD) associated with chronic stable angina that has failed to respond adequately to pharmacotherapy and is interfering with the ability to perform age-related activities of daily living and/or impairing functional abilities; or

H. Heart failure that has failed to respond adequately to pharmacotherapy and is interfering with the ability to perform age-related activities of daily living and/or impairing functional abilities;

9. Chelation therapy. The administration of FDA-approved chelating agents is covered for any of the following conditions:

A. Genetic or hereditary hemochromatosis;

B. Lead overload in cases of acute or long-term lead exposure;

C. Secondary hemochromatosis due to chronic iron overload due to transfusion-dependent anemias (e.g., Thalassemias, Cooley's anemia, sickle cell anemia, sideroblastic anemia);

D. Copper overload in patients with Wilson's disease;

E. Arsenic, mercury, iron, copper, or gold poisoning when long-term exposure to and toxicity has been confirmed through lab results or clinical findings consistent with metal toxicity;

F. Aluminum overload in chronic hemodialysis patients;

G. Emergency treatment of hypercalcemia;

H. Prophylaxis against doxorubicin-induced cardiomyopathy;

I. Internal plutonium, americium, or curium contamination;  
or

J. Cystinuria;

10. Chiropractic services. Chiropractic manipulation and adjunct therapeutic procedures/modalities (e.g., mobilization, therapeutic exercise, traction) are covered when all of the following conditions are met:

A. A neuromusculoskeletal condition is diagnosed that may be relieved by standard chiropractic treatment in order to restore optimal function;

B. Chiropractic care is being performed by a licensed doctor of chiropractic who is practicing within the scope of his/her license as defined by state law;

C. The individual is involved in a treatment program that clearly documents all of the following:

(I) A prescribed treatment program that is expected to result in significant therapeutic improvement over a clearly defined period of time;

(II) The symptoms being treated;

(III) Diagnostic procedures and results;

(IV) Frequency, duration, and results of planned treatment modalities;

(V) Anticipated length of treatment plan with identification of quantifiable, attainable short-term and long-term goals; and

(VI) Demonstrated progress toward significant functional gains and/or improved activity tolerances;

D. Following previous successful treatment with chiropractic care, acute exacerbation or re-injury are covered when all of the following criteria are met:

(I) The member reached maximal therapeutic benefit with prior chiropractic treatment;

(II) The member was compliant with a self-directed home-care program;

(III) Significant therapeutic improvement is expected with continued treatment; and

(IV) The anticipated length of treatment is expected to be short-term (e.g., no more than six (6) visits within a three- (3-) week period);

11. Clinical trials. Routine member care costs incurred as the result of a Phase I, II, III, or IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition are covered when—

A. The study or investigation is conducted under an investigational new drug application reviewed by the FDA; or

B. Is a drug trial that is exempt from having such an investigational new drug application. Life-threatening condition means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted; and

C. Routine member care costs include all items and services consistent with the coverage provided in plan benefits that would otherwise be covered for a member not enrolled in a clinical trial. Routine patient care costs do not include the investigational item, device, or service itself; items and services that are provided solely to satisfy data collection and analysis needs and are not used in the direct clinical management of the member; or a service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis;

D. The member must be eligible to participate in the clinical trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition; and

E. The clinical trial must be approved or funded by one (1) of the following:

(I) National Institutes of Health (NIH);

(II) Centers for Disease Control and Prevention (CDC);

(III) Agency for Health Care Research and Quality;

(IV) Centers for Medicare & Medicaid Services (CMS);

(V) A cooperative group or center of any of the previously named agencies or the Department of Defense or the Department of

Veterans Affairs;

(VI) A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants; or

(VII) A study or investigation that is conducted by the Department of Veterans Affairs, the Department of Defense, or the Department of Energy and has been reviewed and approved to be comparable to the system of peer review of studies and investigations used by the NIH and assures unbiased review of the highest scientific standards by qualified individuals who have no interest in the outcome of the review;

12. Cochlear implant device. Uniaural (monaural) or binaural (bilateral) cochlear implantation and necessary replacement batteries are covered for a member with bilateral, pre- or post-linguistic, sensorineural, moderate-to-profound hearing impairment when there is reasonable expectation that a significant benefit will be achieved from the device and when the following age-specific criteria are met:

A. Auditory brainstem implant. Auditory brainstem implant (ABI) covered for the diagnosis of neurofibromatosis type II, von Recklinghausen's disease, or when a member is undergoing bilateral removal of tumors of the auditory nerves, and it is anticipated that the member will become completely deaf as a result of the surgery, or the member had bilateral auditory nerve tumors removed and is now bilaterally deaf;

(I) For an adult (age eighteen (18) years or older) with BOTH of the following:

(a) Bilateral, severe to profound sensorineural hearing loss determined by a pure-tone average of seventy (70) decibels (dB) hearing loss or greater at five hundred (500) hertz (Hz), one thousand (1000) Hz, and two thousand (2000) Hz; and

(b) Member has limited benefit from appropriately fitted binaural hearing aids. Limited benefit from amplification is defined by test scores of forty percent (40%) correct or less in best-aided listening condition on open-set sentence cognition (e.g., Central Institute for the Deaf (CID) sentences, Hearing in Noise Test (HINT) sentences, and Consonant-Nucleus-Consonant (CNC) test);

(II) For a child age twelve (12) months to seventeen (17) years, eleven (11) months with both of the following:

(a) Profound, bilateral sensorineural hearing loss with thresholds of ninety (90) dB or greater at one thousand (1000) Hz; and

(b) Limited or no benefit from a three- (3-) month trial of appropriately fitted binaural hearing aids;

(III) For children four (4) years of age or younger, with one (1) of the following:

(a) Failure to reach developmentally appropriate auditory milestones measured using the Infant-Toddler Meaningful Auditory Integration Scale, the Meaningful Auditory Integration Scale, or the Early Speech Perception test; or

(b) Less than twenty percent (20%) correct on open-set word recognition test Multisyllabic Lexical Neighborhood Test (MLNT) in conjunction with appropriate amplification and participation in intensive aural habilitation over a three- (3-) to six- (6-) month period;

(IV) For children older than four (4) years of age with one (1) of the following:

(a) Less than twelve percent (12%) correct on the Phonetically Balanced-Kindergarten Test; or

(b) Less than thirty percent (30%) correct on the HINT for children, the open-set Multisyllabic Lexical Neighborhood Test (MLNT) or Lexical Neighborhood Test (LNT), depending on the child's cognitive ability and linguistic skills; and

(V) A three- (3-) to six- (6-) month hearing aid trial has been undertaken by a child without previous experience with hearing aids;

B. Radiologic evidence of cochlear ossification;

C. The following additional medical necessity criteria must also be met for uniaural (monaural) or binaural (bilateral) cochlear

implantation in adults and children:

(I) Member must be enrolled in an educational program that supports listening and speaking with aided hearing;

(II) Member must have had an assessment by an audiologist and from an otolaryngologist experienced in this procedure indicating the likelihood of success with this device;

(III) Member must have no medical contraindications to cochlear implantation (e.g., cochlear aplasia, active middle ear infection); and

(IV) Member must have arrangements for appropriate follow-up care, including the speech therapy required to take full advantage of this device;

D. A second cochlear implant is covered in the contralateral (opposite) ear as medically necessary in an individual with an existing unilateral cochlear implant when the hearing aid in the contralateral ear produces limited or no benefit;

E. The replacement of an existing cochlear implant is covered when either of the following criteria is met:

(I) Currently used component is no longer functional and cannot be repaired; or

(II) Currently used component renders the implant recipient unable to adequately and/or safely perform his/her age-appropriate activities of daily living; and

F. Post-cochlear or ABI rehabilitation program (aural rehabilitation) is covered to achieve benefit from a covered device;

13. Dental care.

A. Dental care is covered for the following:

(I) Treatment to reduce trauma and restorative services limited to dental implants only when the result of accidental injury to sound natural teeth and tissue that are viable, functional, and free of disease. Treatment must be initiated within sixty (60) days of accident; and

(II) Restorative services limited to dental implants when needed as a result of cancerous or non-cancerous tumors and cysts, cancer, and post-surgical sequelae.

B. The administration of general anesthesia, monitored anesthesia care, and hospital charges for dental care are covered for children younger than five (5) years, the severely disabled, or a person with a medical or behavioral condition that requires hospitalization when provided in a network or non-network hospital or surgical center;

14. Diabetes Self-Management Education;

15. Dialysis is covered when received through a network provider;

16. Durable medical equipment (DME) is covered when ordered by a provider to treat an injury or illness. DME includes, but is not limited to, the following:

A. Insulin pumps;

B. Oxygen;

C. Augmentative communication devices;

D. Manual and powered mobility devices;

E. Disposable supplies that do not withstand prolonged use and are periodically replaced, including, but not limited to, the following:

(I) Colostomy and ureterostomy bags;

(II) Prescription compression stockings limited to two (2) pairs or four (4) individual stockings per plan year;

F. Blood pressure cuffs/monitors with a diagnosis of diabetes;

G. Repair and replacement of DME is covered when any of the following criteria are met:

(I) Repairs, including the replacement of essential accessories, which are necessary to make the item or device serviceable;

(II) Routine wear and tear of the equipment renders it non-functional and the member still requires the equipment; or

(III) The provider has documented that the condition of the member changes or if growth-related;

17. Emergency room services. Coverage is for emergency medical conditions. If a member is admitted to the hospital, s/he may be

required to transfer to network facility for maximum benefit. Hospital and ancillary charges are paid as a network benefit;

18. Eye glasses and contact lenses. Coverage limited to charges incurred in connection with the fitting of eye glasses or contact lenses for initial placement within one (1) year following cataract surgery;

19. Foot care (trimming of nails, corns, or calluses). Foot care services are covered when administered by a provider and—

A. When associated with systemic conditions that are significant enough to result in severe circulatory insufficiency or areas of desensitization in the lower extremities including, but not limited to, any of the following:

(I) Diabetes mellitus;

(II) Peripheral vascular disease; or

(III) Peripheral neuropathy.

(IV) Evaluation/debridement of mycotic nails, in the absence of a systemic condition, when both of the following conditions are met:

(a) Pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate; and

(b) If the member is ambulatory, pain markedly limits ambulation;

20. Genetic counseling. Pre-test and post-test genetic counseling with a provider or a licensed or certified genetic counselor are covered when a member is recommended for covered heritable genetic testing.

A. Genetic counseling in connection with pregnancy management is covered only for evaluation of any of the following:

(I) Couples who are closely related genetically (e.g., consanguinity, incest);

(II) Familial cancer disorders;

(III) Individuals recognized to be at increased risk for genetic disorders;

(IV) Infertility cases where either parent is known to have a chromosomal abnormality;

(V) Primary amenorrhea, azoospermia, abnormal sexual development, or failure in developing secondary sexual characteristics;

(VI) Mother is a known, or presumed carrier of an X-linked recessive disorder;

(VII) One (1) or both parents are known carriers of an autosomal recessive disorder;

(VIII) Parents of a child born with a genetic disorder, birth defect, inborn error of metabolism, or chromosome abnormality;

(IX) Parents of a child with intellectual developmental disorders, autism, developmental delays, or learning disabilities;

(X) Pregnant women who, based on prenatal ultrasound tests or an abnormal multiple marker screening test, maternal serum alpha-fetoprotein (AFP) test, test for sickle cell anemia, or tests for other genetic abnormalities have been told their pregnancy may be at increased risk for complications or birth defects;

(XI) Pregnant women age thirty-five (35) years or older at delivery;

(XII) Pregnant women, or women planning pregnancy, exposed to potentially teratogenic, mutagenic, or carcinogenic agents such as chemicals, drugs, infections, or radiation;

(XIII) Previous unexplained stillbirth or repeated (three (3) or more; two (2) or more among infertile couples) first-trimester miscarriages, where there is suspicion of parental or fetal chromosomal abnormalities; or

(XIV) When contemplating pregnancy, either parent affected with an autosomal dominant disorder;

21. Genetic testing.

A. Genetic testing is covered to establish a molecular diagnosis of an inheritable disease when all of the following criteria are met:

(I) The member displays clinical features or is at direct risk of inheriting the mutation in question (pre-symptomatic);

(II) The result of the test will directly impact the treatment

being delivered to the member;

(III) The testing method is considered scientifically valid for identification of a genetically-linked heritable disease; and

(IV) After history, physical examination, pedigree analysis, genetic counseling, and completion of conventional diagnostic studies, a definitive diagnosis remains uncertain.

B. Genetic testing for the breast cancer susceptibility gene (BRCA) when family history is present;

22. Hair analysis. Chemical hair analysis is covered for the diagnosis of suspected chronic arsenic poisoning. Other purposes are considered experimental and investigational;

23. Hair prostheses. Prostheses and expenses for scalp hair prostheses worn for hair loss are covered for alopecia areata or alopecia totalis for children eighteen (18) years of age or younger. The annual maximum is two hundred dollars (\$200), and the lifetime maximum is three thousand two hundred dollars (\$3,200);

24. Hearing aids (per ear). Hearing aids covered for conductive hearing loss unresponsive to medical or surgical interventions, sensorineural hearing loss, and mixed hearing loss.

A. Prior to receiving a hearing aid members must receive—

(I) A medical exam by a physician or other qualified provider to identify any medically treatable conditions that may affect hearing; and

(II) A comprehensive hearing test to assess the need for hearing aids conducted by a certified audiologist, hearing instrument specialist, or other provider licensed or certified to administer this test.

B. Covered once every two (2) years. If the cost of one (1) hearing aid exceeds the amount listed below, member is also responsible for charges over that amount.

(I) Conventional: one thousand dollars (\$1,000).

(II) Programmable: two thousand dollars (\$2,000).

(III) Digital: two thousand five hundred dollars (\$2,500).

(IV) Bone Anchoring Hearing Aid (BAHA): three thousand five hundred dollars (\$3,500);

25. Hearing testing. One (1) hearing test per year. Additional hearing tests are covered if recommended by provider;

26. Home health care. Skilled home health nursing care is covered for members who are homebound because of injury or illness (i.e., the member leaves home only with considerable and taxing effort, and absences from home are infrequent or of short duration, or to receive medical care). Services must be performed by a registered nurse or licensed practical nurse, licensed therapist, or a registered dietitian. Covered services include:

A. Home visits instead of visits to the provider's office that do not exceed the usual and customary charge to perform the same service in a provider's office;

B. Intermittent nurse services. Benefits are paid for only one (1) nurse at any one (1) time, not to exceed four (4) hours per twenty-four- (24-) hour period;

C. Nutrition counseling provided by or under the supervision of a registered dietitian;

D. Physical, occupational, respiratory, and speech therapy provided by or under the supervision of a licensed therapist;

E. Medical supplies, drugs, or medication prescribed by provider, and laboratory services to the extent that the plan would have covered them under this plan if the covered person had been in a hospital;

F. A home health care visit is defined as—

(I) A visit by a nurse providing intermittent nurse services (each visit includes up to a four- (4-) hour consecutive visit in a twenty-four- (24-) hour period if clinical eligibility for coverage is met) or a single visit by a therapist or a registered dietitian; and

G. Benefits cannot be provided for any of the following:

(I) Homemaker or housekeeping services;

(II) Supportive environment materials such as handrails, ramps, air conditioners, and telephones;

(III) Services performed by family members or volunteer

workers;

(IV) "Meals on Wheels" or similar food service;

(V) Separate charges for records, reports, or transportation;

(VI) Expenses for the normal necessities of living such as food, clothing, and household supplies; and

(VII) Legal and financial counseling services, unless otherwise covered under this plan;

27. Hospice care and palliative services (inpatient or outpatient). Includes bereavement and respite care. Hospice care services, including pre-hospice evaluation or consultation, are covered when the individual is terminally ill and expected to live six (6) months or less, potentially curative treatment for the terminal illness is not part of the prescribed plan of care, the individual or appointed designee has formally consented to hospice care (i.e., care directed mostly toward palliative care and symptom management), and the hospice services are provided by a certified/accredited hospice agency with care available twenty-four (24) hours per day, seven (7) days per week.

A. When the above criteria are met, the following hospice care services are covered:

(I) Assessment of the medical and social needs of the terminally ill person, and a description of the care to meet those needs;

(II) Inpatient care in a facility when needed for pain control and other acute and chronic symptom management, psychological and dietary counseling, physical or occupational therapy, and part-time home health care services;

(III) Outpatient care for other services as related to the terminal illness, which include services of a physician, physical or occupational therapy, and nutrition counseling provided by or under the supervision of a registered dietitian; and

(IV) Bereavement counseling benefits which are received by a member's close relative when directly connected to the member's death and bundled with other hospice charges. The services must be furnished within twelve (12) months of death;

28. Hospital (includes inpatient, outpatient, and surgical centers).

A. The following benefits are covered:

(I) Semi-private room and board. For network charges, this rate is based on network repricing. For non-network charges, any charge over a semi-private room charge will be a covered expense only when clinical eligibility for coverage is met. If the hospital has no semi-private rooms, the plan will allow the private room rate subject to usual, customary, and reasonable charges or the network rate, whichever is applicable;

(II) Intensive care unit room and board;

(III) Surgery, therapies, and ancillary services including, but not limited to:

(a) Cornea transplant;

(b) Coverage for breast reconstruction surgery or prostheses following mastectomy and lumpectomy is available to both females and males. A diagnosis of breast cancer is not required for breast reconstruction services to be covered, and the timing of reconstructive services is not a factor in coverage;

(c) Sterilization for the purpose of birth control is covered;

(d) Cosmetic/reconstructive surgery is covered to repair a functional disorder caused by disease or injury;

(e) Cosmetic/reconstructive surgery is covered to repair a congenital defect or abnormality for a member younger than nineteen (19) years; and

(f) Blood, blood plasma, and plasma expanders are covered, when not available without charge;

(IV) Inpatient mental health services are covered when authorized by a physician for treatment of a mental health disorder. Inpatient mental health services are covered, subject to all of the following:

(a) Member must be ill in more than one (1) area of

daily living to such an extent that s/he is rendered dysfunctional and requires the intensity of an inpatient setting for treatment. Without such inpatient treatment, the member's condition would deteriorate;

(b) The member's mental health disorder must be treatable in an inpatient facility;

(c) The member's mental health disorder must meet diagnostic criteria as described in the most recent edition of the *American Psychiatric Association Diagnostic and Statistical Manual (DSM)*. If outside of the United States, the member's mental health disorder must meet diagnostic criteria established and commonly recognized by the medical community in that region;

(d) The attending provider must be a psychiatrist. If the admitting provider is not a psychiatrist, a psychiatrist must be attending to the member within twenty-four (24) hours of admittance. Such psychiatrist must be United States board-eligible or board-certified. If outside of the United States, inpatient services must be provided by an individual who has received a diploma from a medical school recognized by the government agency in the country where the medical school is located. The attending provider must meet the requirements, if any, set out by the foreign government or regionally-recognized licensing body for treatment of mental health disorders;

(e) Day treatment (partial hospitalization) for mental health services means a day treatment program that offers intensive, multidisciplinary services provided on less than a full-time basis. The program is designed to treat patients with serious mental or nervous disorders and offers major diagnostic, psychosocial, and prevocational modalities. Such programs must be a less-restrictive alternative to inpatient treatment; and

(f) Mental health services received in a residential treatment facility that is licensed by the state in which it operates and provides treatment for mental health disorders is covered. This does not include services provided at a group home. If outside of the United States, the residential treatment facility must be licensed or approved by the foreign government or an accreditation or licensing body working in that foreign country; and

(V) Outpatient mental health services are covered if the member is at a therapeutic medical or mental health facility and treatment includes measurable goals and continued progress toward functional behavior and termination of treatment. Continued coverage may be denied when positive response to treatment is not evident. Treatment must be provided by one (1) of the following:

(a) A United States board-eligible or board-certified psychiatrist licensed in the state where the treatment is provided;

(b) A therapist with a doctorate or master's degree that denotes a specialty in psychiatry (Psy.D.);

(c) A state-licensed psychologist;

(d) A state-licensed or certified social worker practicing within the scope of his or her license or certification; or

(e) Licensed professional counselor;

29. Infusions are covered when received through a network provider. Medications (specialty and non-specialty) that can be safely obtained through a pharmacy and which may be self-administered are not a medical plan benefit but are covered as part of the pharmacy benefit;

30. Injections. See preventive services for coverage of vaccinations. See contraception and sterilization for coverage of birth control injections. Medications (specialty and non-specialty) that can be safely obtained through a pharmacy and which may be self-administered are not a medical plan benefit but are covered as part of the pharmacy benefit.

A. B12 injections are covered for the following conditions:

(I) Pernicious anemia;

(II) Crohn's disease;

(III) Ulcerative colitis;

(IV) Inflammatory bowel disease;

(V) Intestinal malabsorption;

(VI) Fish tapeworm anemia;

(VII) Vitamin B12 deficiency;

(VIII) Other vitamin B12 deficiency anemia;

(IX) Macrocytic anemia;

(X) Other specified megaloblastic anemias;

(XI) Megaloblastic anemia;

(XII) Malnutrition of alcoholism;

(XIII) Thrombocytopenia, unspecified;

(XIV) Dementia in conditions classified elsewhere;

(XV) Polyneuropathy in diseases classified elsewhere;

(XVI) Alcoholic polyneuropathy;

(XVII) Regional enteritis of small intestine;

(XVIII) Postgastric surgery syndromes;

(XIX) Other prophylactic chemo-therapy;

(XX) Intestinal bypass or anastomosis status;

(XXI) Acquired absence of stomach;

(XXII) Pancreatic insufficiency; and

(XXIII) Ideopathic progressive polyneuropathy;

31. Lab, X-ray, and other diagnostic procedures. Outpatient diagnostic services are covered when tests or procedures are performed for a specific symptom and to detect or monitor a condition. Professional charges for automated lab services performed by an out-of-network provider are not covered;

32. Maternity coverage. Prenatal and postnatal care is covered. Routine prenatal office visits and screenings recommended by the Health Resources and Services Administration are covered at one hundred percent (100%). Other care is subject to the deductible and coinsurance. Newborns and their mothers are allowed hospital stays of at least forty-eight (48) hours after vaginal birth and ninety-six (96) hours after cesarean section birth. If discharge occurs earlier than specific time periods, the plan shall provide coverage for post discharge care that shall consist of a two- (2-) visit minimum, at least one (1) in the home;

33. Nutritional counseling. Individualized nutritional evaluation and counseling for the management of any medical condition for which appropriate diet and eating habits are essential to the overall treatment program is covered when ordered by a physician or physician extender and provided by a licensed health-care professional (e.g., a registered dietitian);

34. Nutrition therapy.

A. Nutrition therapy is covered only when the following criteria are met:

(I) Nutrition therapy is the sole source of nutrients or a significant percentage of the daily caloric intake;

(II) Nutrition therapy is used in the treatment of, or in association with, a demonstrable disease, condition, or disorder;

(III) Nutrition therapy is necessary to sustain life or health;

(IV) Nutrition therapy is prescribed by a provider; and

(V) Nutrition therapy is managed, monitored, and evaluated on an on-going basis, by a provider.

B. Only the following types of nutrition therapy are covered:

(I) Enteral Nutrition (EN). EN is the provision of nutritional requirements via the gastrointestinal tract. EN can be taken orally or through a tube into the stomach or small intestine;

(II) Parenteral Nutrition Therapy (PN) and Total Parenteral Nutrition (TPN). PN is liquid nutrition administered through a vein to provide part of daily nutritional requirements. TPN is a type of PN that provides all daily nutrient needs. PN or TPN are covered when the member's nutritional status cannot be adequately maintained on oral or enteral feedings;

(III) Intradialytic Parenteral Nutrition (IDPN). IDPN is a type of PN that is administered to members on chronic hemodialysis during dialysis sessions to provide most nutrient needs. IDPN is covered when the member is on chronic hemodialysis and nutritional status cannot be adequately maintained on oral or enteral feedings;

35. Office visit. Member encounter with a provider for health care, mental health, or substance use disorder in an office, clinic, or ambulatory care facility is covered based on the service, procedure, or related treatment plan;

36. Oral surgery is covered for injury, tumors, or cysts. Oral



surgery includes, but is not limited to, reduction of fractures and dislocation of the jaws; external incision and drainage of cellulites; incision of accessory sinuses, salivary glands, or ducts; excision of exostosis of jaws and hard palate; and frenectomy. Treatment must be initiated within sixty (60) days of accident. No coverage for dental care, including oral surgery, as a result of poor dental hygiene. Extractions of bony or partial bony impactions are excluded;

37. Orthognathic or Jaw Surgery. Orthognathic or jaw surgery is covered when one (1) of the following conditions is documented and diagnosed:

- A. Acute traumatic injury, and post-surgical sequela;
- B. Cancerous or non-cancerous tumors and cysts, cancer, and post-surgical sequela;
- C. Cleft lip/palate (for cleft lip/palate related jaw surgery);

or

D. Physical or physiological abnormality when one (1) of the following criteria is met:

(I) Anteroposterior Discrepancies—

- (a) Maxillary/Mandibular incisor relationship: over jet of 5mm or more, or a 0 to a negative value (norm 2mm);
- (b) Maxillary/Mandibular anteroposterior molar relationship discrepancy of 4mm or more (norm 0 to 1mm); or
- (c) These values represent two (2) or more standard deviation from published norms;

(II) Vertical Discrepancies—

- (a) Presence of a vertical facial skeletal deformity which is two (2) or more standard deviations from published norms for accepted skeletal landmarks;
- (b) Open bite with no vertical overlap of anterior teeth or unilateral or bilateral posterior open bite greater than 2mm;
- (c) Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch; or
- (d) Supraeruption of a dentoalveolar segment due to lack of occlusion;

(III) Transverse Discrepancies—

- (a) Presence of a transverse skeletal discrepancy which is two (2) or more standard deviations from published norms; or
- (b) Total bilateral maxillary palatal cusp to mandibular-fossa discrepancy of 4mm or greater, or a unilateral discrepancy of 3mm or greater, given normal axial inclination of the posterior teeth; or

(IV) Asymmetries—

- (a) Anteroposterior, transverse, or lateral asymmetries greater than 3mm with concomitant occlusal asymmetry;

(V) Masticatory (chewing) and swallowing dysfunction due to malocclusion (e.g., inability to incise or chew solid foods, choking on incompletely masticated solid foods, damage to soft tissue during mastication, malnutrition);

(VI) Speech impairment; or

(VII) Obstructive sleep apnea or airway dysfunction;

38. Orthotics.

A. Ankle-Foot Orthosis (AFO) and Knee-Ankle-Foot Orthosis (KAFO).

(I) Basic coverage criteria for AFO and KAFO used during ambulation are as follows:

(a) AFO is covered when used in ambulation for members with weakness or deformity of the foot and ankle, which require stabilization for medical reasons, and have the potential to benefit functionally;

(b) KAFO is covered when used in ambulation for members when the following criteria are met:

- I. Member is covered for AFO; and
- II. Additional knee stability is required; and

(c) AFO and KAFO that are molded-to-patient-model, or custom-fabricated, are covered when used in ambulation, only when the basic coverage criteria and one (1) of the following criteria are met:

- I. The member could not be fitted with a prefabricated

AFO;

II. AFO or KAFO is expected to be permanent or for more than six (6) months duration;

III. Knee, ankle, or foot must be controlled in more than one (1) plane;

IV. There is documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; or

V. The member has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

(II) AFO and KAFO Not Used During Ambulation.

(a) AFO and KAFO not used in ambulation are covered if the following criteria are met:

I. Passive range of motion test was measured with goniometer and documented in the medical record;

II. Documentation of an appropriate stretching program administered under the care of provider or caregiver;

III. Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least ten degrees (10°) (i.e., a non-fixed contracture);

IV. Reasonable expectation of the ability to correct the contracture;

V. Contracture is interfering or expected to interfere significantly with the patient's functional abilities; and

VI. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons; or

VII. Member has plantar fasciitis.

(b) Replacement interface for AFO or KAFO is covered only if member continues to meet coverage criteria and is limited to a maximum of one (1) per six (6) months.

B. Cast Boot, Post-Operative Sandal or Shoe, or Healing Shoe. A cast boot, post-operative sandal or shoe, or healing shoe is covered for one (1) of the following indications:

(I) To protect a cast from damage during weight-bearing activities following injury or surgery;

(II) To provide appropriate support and/or weight-bearing surface to a foot following surgery;

(III) To promote good wound care and/or healing via appropriate weight distribution and foot protection; or

(IV) When the patient is currently receiving treatment for lymphedema and the foot cannot be fitted into conventional footwear.

C. Cranial Orthoses. Cranial orthosis is covered for Synostotic and Non-Synostotic Plagiocephaly. Plagiocephaly is an asymmetrically shaped head. Synostotic Plagiocephaly is due to premature closure of cranial sutures. Non-Synostotic Plagiocephaly is from positioning or deformation of the head. Cranial orthosis is the use of a special helmet or band on the head which aids in molding the shape of the cranium to normal. Initial reimbursement shall cover any subsequent revisions.

D. Elastic Supports. Elastic supports are covered when prescribed for one (1) of the following indications:

(I) Severe or incapacitating vascular problems, such as acute thrombophlebitis, massive venous stasis, or pulmonary embolism;

(II) Venous insufficiency;

(III) Varicose veins;

(IV) Edema of lower extremities;

(V) Edema during pregnancy; or

(VI) Lymphedema.

E. Footwear Incorporated Into a Brace for Members with Skeletally Mature Feet. Footwear incorporated into a brace must be billed by the same supplier billing for the brace. The following types of footwear incorporated into a brace are covered:

(I) Orthopedic footwear;

(II) Other footwear such as high top, depth inlay, or custom;

(III) Heel replacements, sole replacements, and shoe transfers involving shoes on a brace;

(IV) Inserts for a shoe that is an integral part of a brace and are required for the proper functioning of the brace; or

(V) Other shoe modifications if they are on a shoe that is an integral part of a brace and are required for the proper functioning of the brace.

F. Foot Orthoses. Custom, removable foot orthoses are covered for members who meet the following criteria:

(I) Member with skeletally mature feet who has any of the following conditions:

- (a) Acute plantar fasciitis;
- (b) Acute sport-related injuries with diagnoses related to inflammatory problems such as bursitis or tendonitis;
- (c) Calcaneal bursitis (acute or chronic);
- (d) Calcaneal spurs (heel spurs);
- (e) Conditions related to diabetes;
- (f) Inflammatory conditions (e.g., sesamoiditis, sub-metatarsal bursitis, synovitis, tenosynovitis, synovial cyst, osteomyelitis, and plantar fascial fibromatosis);
- (g) Medial osteoarthritis of the knee;
- (h) Musculoskeletal/arthropathic deformities including deformities of the joint or skeleton that impairs walking in a normal shoe (e.g., bunions, hallux valgus, talipes deformities, pes deformities, or anomalies of toes);

(i) Neurologically impaired feet including neuroma, tarsal tunnel syndrome, ganglionic cyst;

(j) Neuropathies involving the feet, including those associated with peripheral vascular disease, diabetes, carcinoma, drugs, toxins, and chronic renal disease; or

(k) Vascular conditions including ulceration, poor circulation, peripheral vascular disease, Buerger's disease (thromboangiitis obliterans), and chronic thrombophlebitis;

(II) Member with skeletally immature feet who has any of the following conditions:

- (a) Hallux valgus deformities;
- (b) In-toe or out-toe gait;
- (c) Musculoskeletal weakness such as pronation or pes planus;
- (d) Structural deformities such as tarsal coalitions; or
- (e) Torsional conditions such as metatarsus adductus, tibial torsion, or femoral torsion.

G. Helmets. Helmets are covered when cranial protection is required due to a documented medical condition that makes the member susceptible to injury during activities of daily living.

H. Hip Orthosis. Hip orthosis is covered for one (1) of the following indications:

- (I) To reduce pain by restricting mobility of the hip;
- (II) To facilitate healing following an injury to the hip or related soft tissues;
- (III) To facilitate healing following a surgical procedure of the hip or related soft tissue; or
- (IV) To otherwise support weak hip muscles or a hip deformity.

I. Knee Orthosis. Knee orthosis is covered for one (1) of the following indications:

- (I) To reduce pain by restricting mobility of the knee;
- (II) To facilitate healing following an injury to the knee or related soft tissues;
- (III) To facilitate healing following a surgical procedure on the knee or related soft tissue; or
- (IV) To otherwise support weak knee muscles or a knee deformity.

J. Orthopedic Footwear for Diabetic Members.

(I) Orthopedic footwear, therapeutic shoes, inserts, or modifications to therapeutic shoes are covered for diabetic members if any following criteria are met:

- (a) Previous amputation of the other foot or part of either foot;
- (b) History of previous foot ulceration of either foot;

(c) History of pre-ulcerative calluses of either foot;

(d) Peripheral neuropathy with evidence of callus formation of either foot;

- (e) Foot deformity of either foot; or
- (f) Poor circulation in either foot.

(II) Coverage is limited to one (1) of the following within one (1) year:

(a) One (1) pair of custom molded shoes (which includes inserts provided with these shoes) and two (2) additional pairs of inserts;

(b) One (1) pair of depth shoes and three (3) pairs of inserts (not including the non-customized removable inserts provided with such shoes); or

(c) Up to three (3) pairs of inserts not dispensed with diabetic shoes if the supplier of the shoes verifies in writing that the patient has appropriate footwear into which the insert can be placed.

K. Orthotic-Related Supplies. Orthotic-related supplies are covered when necessary for the function of the covered orthotic device.

L. Spinal Orthoses. A thoracic-lumbar-sacral orthosis, lumbar orthosis, lumbar-sacral orthosis, and cervical orthosis are covered for the following indications:

(I) To reduce pain by restricting mobility of the trunk;

(II) To facilitate healing following an injury to the spine or related soft tissues;

(III) To facilitate healing following a surgical procedure of the spine or related soft tissue; or

(IV) To otherwise support weak spinal muscles or a deformed spine.

M. Trusses. Trusses are covered when a hernia is reducible with the application of a truss.

N. Upper Limb Orthosis. Upper limb orthosis is covered for the following indications:

(I) To reduce pain by restricting mobility of the joint(s);

(II) To facilitate healing following an injury to the joint(s) or related soft tissues; or

(III) To facilitate healing following a surgical procedure of the joint(s) or related soft tissue.

O. Orthotic Device Replacement. When repairing an item that is no longer cost-effective and is out of warranty, the plan will consider replacing the item subject to review of medical necessity and life expectancy of the device;

39. Preventive services.

A. Services recommended by the U.S. Preventive Services Task Force (categories A and B).

B. Vaccinations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

C. Preventive care and screenings for infants, children, and adolescents supported by the Health Resources and Services Administration.

D. Preventive care and screenings for women supported by the Health Resources and Services Administration.

E. Preventive exams and other services ordered as part of the exam. For benefits to be covered as preventive, they must be coded by the provider as routine, without indication of an injury or illness.

F. Cancer screenings. One (1) per calendar year. Additional screenings beyond one (1) per calendar year covered as diagnostic unless otherwise specified—

(I) Mammograms—no age limit. Standard two-dimensional (2D) breast mammography and breast tomosynthesis (three-dimensional (3D) mammography);

(II) Pap smears—no age limit;

(III) Prostate—no age limit; and

(IV) Colorectal screening—no age limit.

G. Online weight management program offered through the plan's exclusive provider arrangement;

40. Prostheses (prosthetic devices). Basic equipment that meets

medical needs. Repair and replacement is covered due to normal wear and tear, if there is a change in medical condition, or if growth-related;

41. Pulmonary rehabilitation. Comprehensive, individualized, goal-directed outpatient pulmonary rehabilitation covered for pre- and post-operative intervention for lung transplantation and lung volume reduction surgery (LVRS) or when all of the following apply:

A. Member has a reduction of exercise tolerance that restricts the ability to perform activities of daily living (ADL) or work;

B. Member has chronic pulmonary disease (including asthma, emphysema, chronic bronchitis, chronic airflow obstruction, cystic fibrosis, alpha-1 antitrypsin deficiency, pneumoconiosis, asbestosis, radiation pneumonitis, pulmonary fibrosis, pulmonary alveolar proteinosis, pulmonary hemosiderosis, fibrosing alveolitis), or other conditions that affect pulmonary function such as ankylosing spondylitis, scoliosis, myasthenia gravis, muscular dystrophy, Guillain-Barré syndrome, or other infective polyneuritis, sarcoidosis, paralysis of diaphragm, or bronchopulmonary dysplasia; and

C. Member has a moderate to moderately severe functional pulmonary disability, as evidenced by either of the following, and does not have any concomitant medical condition that would otherwise imminently contribute to deterioration of pulmonary status or undermine the expected benefits of the program (e.g., symptomatic coronary artery disease, congestive heart failure, myocardial infarction within the last six (6) months, dysrhythmia, active joint disease, claudication, malignancy):

(I) A maximal pulmonary exercise stress test under optimal bronchodilatory treatment which demonstrates a respiratory limitation to exercise with a maximal oxygen uptake ( $VO_2$ max) equal to or less than twenty milliliters per kilogram per minute (20 mL/kg/min), or about five (5) metabolic equivalents (METs); or

(II) Pulmonary function tests showing that either the Forced Expiratory Volume in One Second (FEV1), Forced Vital Capacity (FVC), FEV1/FVC, or Diffusing Capacity of the Lung for Carbon Monoxide (DLCO) is less than sixty percent (60%) of that predicted;

42. Skilled Nursing Facility. Skilled nursing facility services are covered up to one hundred twenty (120) days per calendar year;

43. Telehealth Services. Telehealth services are covered for the diagnosis, consultation, or treatment of a member on the same basis that the service would be covered when it is delivered in person;

44. Therapy. Physical, occupational, and speech therapy are covered when prescribed by a provider and subject to the provisions below:

A. Physical therapy.

(I) Physical therapy must meet the following criteria:

(a) The program is designed to improve lost or impaired physical function or reduce pain resulting from illness, injury, congenital defect, or surgery;

(b) The program is expected to result in significant therapeutic improvement over a clearly defined period of time; and

(c) The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals;

B. Occupational therapy must meet the following criteria:

(I) The program is designed to improve or compensate for lost or impaired physical functions, particularly those affecting activities of daily living, resulting from illness, injury, congenital defect, or surgery;

(II) The program is expected to result in significant therapeutic improvement over a clearly defined period of time; and

(III) The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals;

C. Speech therapy.

(I) All of the following criteria must be met for coverage of speech therapy:

(a) The therapy requires one-to-one intervention and supervision of a speech-language pathologist;

(b) The therapy plan includes specific tests and measures

that will be used to document significant progress every two (2) weeks;

(c) Meaningful improvement is expected;

(d) The therapy includes a transition from one-to-one supervision to a self- or caregiver-provided maintenance program upon discharge; and

(e) One (1) of the following:

I. Member has severe impairment of speech-language; and an evaluation has been completed by a certified speech-language pathologist that includes age-appropriate standardized tests to measure the extent of the impairment, performance deviation, and language and pragmatic skill assessment levels; or

II. Member has a significant voice disorder that is the result of anatomic abnormality, neurological condition, or injury (e.g., vocal nodules or polyps, vocal cord paresis or paralysis, post-operative vocal cord surgery);

45. Transplants. Stem cell, kidney, liver, heart, lung, pancreas, small bowel, or any combination are covered. Includes services related to organ procurement and donor expenses if not covered under another plan. Member must contact medical plan for arrangements.

A. Network includes travel and lodging allowance for the transplant recipient and an immediate family travel companion when the transplant facility is more than fifty (50) miles from the recipient's residence. If the recipient is younger than age nineteen (19) years, travel and lodging is covered for both parents. The transplant recipient must be with the travel companion or parent(s) for the travel companion's or parent(s)' travel expense to be reimbursable. Combined travel and lodging expenses are limited to a ten thousand dollar (\$10,000) maximum per transplant.

(I) Lodging—maximum lodging expenses shall not exceed the per diem rates as established annually by U.S. General Services Administration (GSA) for a specific city or county. Go to [www.gsa.gov](http://www.gsa.gov) for per diem rates.

(II) Travel—IRS standard medical mileage rates (same as flexible spending account (FSA) reimbursement).

(III) Meals—not covered.

B. Non-network. Charges above the maximum for services rendered at a non-network facility are the member's responsibility and do not apply to the member's deductible or out-of-pocket maximum. Travel, lodging, and meals are not covered;

46. Urgent care. Member encounter with a provider for urgent care is covered based on the service, procedure, or related treatment plan; and

47. Vision. One (1) routine exam and refraction is covered per calendar year.

## Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN Division 10—Health Care Plan Chapter 3—Public Entity Membership

### ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director adopts a rule as follows:

22 CSR 10-3.058 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3594-3595). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health Care Plan received one (1) comment on the proposed rule.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the requirements for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend subsection (5)(D).

**22 CSR 10-3.058 PPO 750 Plan Benefit Provisions and Covered Charges**

(5) The following services are not subject to deductible, coinsurance, or copayment requirements and will be paid at one hundred percent (100%) when provided by a network provider:

(D) Four (4) Diabetes Self-Management Education visits.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 3—Public Entity Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director adopts a rule as follows:

22 CSR 10-3.059 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3595–3597). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health Care Plan received one (1) comment on the proposed rule.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the requirements for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend subsection (5)(D).

**22 CSR 10-3.059 PPO 1250 Plan Benefit Provisions and Covered Charges**

(5) The following services are not subject to deductible, coinsurance, or copayment requirements and will be paid at one hundred percent (100%) when provided by a network provider:

(D) Four (4) Diabetes Self-Management Education visits.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 3—Public Entity Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director rescinds a rule as follows:

**22 CSR 10-3.060 PPO 600 Plan, PPO 1000 Plan, and Health Savings Account Plan Limitations is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3597). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 3—Public Entity Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director adopts a rule as follows:

**22 CSR 10-3.061 Plan Limitations is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3597–3598). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 3—Public Entity Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

**22 CSR 10-3.080 Miscellaneous Provisions is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3598–3599). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED  
HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 3—Public Entity Membership**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

**22 CSR 10-3.090 Pharmacy Benefit Summary is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3599–3601). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** The Missouri Consolidated Health Care Plan received one (1) comment on the proposed amendment.

**COMMENT #1:** MCHCP staff commented that, under (1)(A)1.F.(III)(a), the copayment for up to a ninety- (90-) day supply for a generic drug on the formulary should be twenty-five dollars (\$25).

**RESPONSE AND EXPLANATION OF CHANGE:** Based on this comment MCHCP has amended (1)(A)1.F.(III)(a) to reflect the correct copayment of twenty-five dollar (\$25) for up to a ninety- (90-) day supply for a generic drug on the formulary.

(1) The pharmacy benefit provides coverage for prescription drugs. Vitamin and nutrient coverage is limited to prenatal agents, therapeutic agents for specific deficiencies and conditions, and hematopoietic agents as prescribed by a provider.

(A) PPO 750 Plan and PPO 1250 Plan Prescription Drug Coverage.

1. Network.

A. Preferred formulary generic drug copayment: Ten Dollars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and thirty dollars (\$30) for up to a ninety- (90-) day supply for a generic drug on the formulary; formulary generic birth control and tobacco cessation prescriptions covered at one hundred percent (100%).

B. Preferred formulary brand drug copayment: Forty dollars (\$40) for up to a thirty-one- (31-) day supply; eighty dollars (\$80) for up to a sixty- (60-) day supply; and one hundred twenty dollars (\$120) for up to a ninety- (90-) day supply for a brand drug on the formulary; formulary brand birth control and tobacco cessation prescriptions covered at one hundred percent (100%).

C. Non-preferred formulary drug and approved excluded drug copayment: One hundred dollars (\$100) for up to a thirty-one- (31-) day supply; two hundred dollars (\$200) for up to a sixty- (60-) day supply; and three hundred dollars (\$300) for up to a ninety- (90-) day supply for a drug not on the formulary.

D. Specialty drug (as designated as such by the PBM) copayment: Seventy-five dollars (\$75) for up to a thirty-one- (31-) day supply for a specialty drug on the formulary;

E. Diabetic drug (as designated as such by the PBM) copayment: Fifty percent (50%) of the applicable network copayment.

F. Home delivery programs.

(I) Maintenance prescriptions may be filled through the pharmacy benefit manager's (PBM's) home delivery program. A member must choose how maintenance prescription(s) will be filled by notifying the PBM of his/her decision to fill a maintenance prescription through home delivery or retail pharmacy.

(a) If the member chooses to fill his/her maintenance prescription at a retail pharmacy and the member does not notify the PBM of his/her decision, the first two (2) maintenance prescription orders may be filled by the retail pharmacy. After the first two (2) orders are filled at the retail pharmacy, the member must notify the PBM of his/her decision to continue to fill the maintenance prescription at the retail pharmacy. If a member does not make a decision after the first two (2) orders are filled at the retail pharmacy, s/he will be charged the full discounted cost of the drug until the PBM has been notified of the decision and the amount charged will not apply to the out-of-pocket maximum.

(b) Once a member makes his/her delivery decision, the member can modify the decision by contacting the PBM.

(II) Specialty drugs are covered only through the specialty home delivery network for up to a thirty-one- (31-) day supply unless

the PBM has determined that the specialty drug is eligible for up to a ninety- (90-) day supply. All specialty prescriptions must be filled through the PBM's specialty pharmacy, unless the prescription is identified by the PBM as emergent. The first fill of a specialty prescription may be filled through a retail pharmacy.

(a) Specialty split-fill program—The specialty split-fill program applies to select specialty drugs as determined by the PBM. For the first three (3) months, members will be shipped a fifteen- (15-) day supply with a prorated copayment. If the member is able to continue with the medication, the remaining supply will be shipped with the remaining portion of the copayment. Starting with the fourth month, an up to thirty-one- (31-) day supply will be shipped if the member continues on treatment.

(III) Prescriptions filled through home delivery programs have the following copayments:

(a) Preferred formulary generic drug copayments: Ten dollars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and twenty-five dollars (\$25) for up to a ninety- (90-) day supply for a generic drug on the formulary;

(b) Preferred formulary brand drug copayments: Forty dollars (\$40) for up to a thirty-one- (31-) day supply; eighty dollars (\$80) for up to a sixty- (60-) day supply; and one hundred dollars (\$100) for up to a ninety- (90-) day supply for a brand drug on the formulary;

(c) Non-preferred formulary drug and approved excluded drug copayments: One hundred dollars (\$100) for up to a thirty-one- (31-) day supply; two hundred dollars (\$200) for up to a sixty- (60-) day supply; and two hundred fifty dollars (\$250) for up to a ninety- (90-) day supply for a drug not on the formulary.

(d) Specialty drug (as designated as such by the PBM) copayment: Seventy-five dollars (\$75) for up to a thirty-one- (31-) day supply for a specialty drug on the formulary;

G. Diabetic drug (as designated as such by the PBM) copayment: Fifty percent (50%) of the applicable network copayment.

H. Only one (1) copayment is charged if a combination of different manufactured dosage amounts must be dispensed in order to fill a prescribed single dosage amount.

I. The copayment for a compound drug is based on the primary drug in the compound. The primary drug in a compound is the most expensive prescription drug in the mix. If any ingredient in the compound is excluded by the plan, the compound will be denied.

J. If the copayment amount is more than the cost of the drug, the member is only responsible for the cost of the drug.

K. If the physician allows for generic substitution and the member chooses a brand-name drug, the member is responsible for the generic copayment and the cost difference between the brand-name and generic drug which shall not apply to the out-of-pocket maximum.

L. Preferred select brand drugs, as determined by the PBM: Ten dollars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and twenty-five dollars (\$25) for up to a ninety- (90-) day supply;

M. Prescription drugs and prescribed over-the-counter drugs as recommended by the U.S. Preventive Services Task Force (categories A and B) and, for women, by the Health Resources and Services Administration are covered at one hundred percent (100%) when filled at a network pharmacy. The following are also covered at one hundred percent (100%) when filled at a network pharmacy:

(I) Vaccine recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

(II) Generic Tamoxifen, generic Raloxifene, and brand Soltamox for prevention of breast cancer;

(III) Prescribed preferred diabetic test strips and lancets; and

(IV) One (1) preferred glucometer.

2. Non-network: If a member chooses to use a non-network

pharmacy for non-specialty prescriptions, s/he will be required to pay the full cost of the prescription and then file a claim with the PBM. The PBM will reimburse the cost of the drug based on the network discounted amount as determined by the PBM, less the applicable network copayment.

3. Out-of-pocket maximum.

A. Network and non-network out-of-pocket maximums are separate.

B. The family out-of-pocket maximum is an aggregate of applicable charges received by all covered family members of the plan. Any combination of covered family member applicable charges may be used to meet the family out-of-pocket maximum. Applicable charges received by one (1) family member may only meet the individual out-of-pocket maximum amount.

C. Network individual—four thousand one hundred fifty dollars (\$4,150).

D. Network family—eight thousand three hundred dollars (\$8,300).

E. Non-network—no maximum.

**T**his section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs, and other items required to be published in the *Missouri Register* by law.

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

**NOTIFICATION OF REVIEW:  
APPLICATION REVIEW SCHEDULE**

The Missouri Health Facilities Review Committee has initiated review of the CON applications listed below. A decision is tentatively scheduled for April 22, 2019. These applications are available for public inspection at the address shown below.

**Date Filed**

**Project Number:** Project Name  
City (County)  
Cost, Description

**03/07/2019**

**#5678 RT:** Sunshine Villa Homes LLC  
Scott City (Scott County)  
\$3,000, LTC bed expansion of 4 ALF beds

**03/11/2019**

**#5683 HT:** Barnes-Jewish West County Hospital  
St. Louis (St. Louis County)  
\$2,327,954, Replace MRI

Any person wishing to request a public hearing for the purpose of commenting on these applications must submit a written request to this effect, which must be received by April 12, 2019. All written requests and comments should be sent to—

Chairman  
Missouri Health Facilities Review Committee  
c/o Certificate of Need Program  
3418 Knipp Drive, Suite F  
PO Box 570  
Jefferson City, MO 65102  
For additional information contact Alison Dorge at  
alison.dorge@health.mo.gov.

**T**he Secretary of State is required by sections 347.141 and 359.481, RSMo 2016, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to [adrules.dissolutions@sos.mo.gov](mailto:adrules.dissolutions@sos.mo.gov).

**NOTICE OF DISSOLUTION  
TO ALL CREDITORS OF  
AND CLAIMANTS AGAINST  
MVM KNWF FUND, INC.**

MVM KNWF FUND, INC., a Missouri corporation, filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State on January 30, 2019. Any and all claims against MVM KNWF FUND, INC. may be sent to Jonathan Goldstein, Advantage Capital, 190 Carondelet Plaza, Suite 1500, St. Louis, MO 63105. Each claim should include the following information: the name, address and telephone number of the claimant; the amount of the claim; the basis of the claim and the date(s) on which the event(s) on which the claim is based occurred.

Any and all claims against MVM KNWF FUND, INC. will be barred unless a proceeding to enforce such claim is commenced within two (2) years after the date of this notice is published.

**NOTICE OF DISSOLUTION  
TO ALL CREDITORS OF  
AND CLAIMANTS AGAINST  
MVM PINE TRAILS FUND, INC.**

MVM PINE TRAILS FUND, INC., a Missouri corporation, filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State on January 30, 2019. Any and all claims against MVM PINE TRAILS FUND, INC. may be sent to Jonathan Goldstein, Advantage Capital, 190 Carondelet Plaza, Suite 1500, St. Louis, MO 63105. Each claim should include the following information: the name, address and telephone number of the claimant; the amount of the claim; the basis of the claim and the date(s) on which the event(s) on which the claim is based occurred.

Any and all claims against MVM PINE TRAILS FUND, INC. will be barred unless a proceeding to enforce such claim is commenced within two (2) years after the date of this notice is published.

**NOTICE OF WINDING UP OF  
LIMITED LIABILITY COMPANY TO ALL  
CREDITORS OF AND CLAIMANTS AGAINST  
1825 PENNSYLVANIA, LLC**

On February 25, 2019, 1825 Pennsylvania, LLC, a Missouri Limited Liability Company, filed its Notice of Winding Up for a Limited Liability Company with the Missouri Secretary of State.

Any and all claims against 1825 Pennsylvania, LLC may be sent to Richard A. Epstein, P.O. Box 410291, Creve Coeur, Mo. 63141. Each claim should include the following information: the name, address and telephone number of the claimant; the amount of the claim; the basis for the claim; and the date(s) on which the event(s) on which the claim is based occurred.

Any and all claims against 1825 Pennsylvania, LLC will be barred unless a proceeding to enforce such claim is commenced within three (3) years after the date this notice is published.



**NOTICE OF DISSOLUTION  
TO ALL CREDITORS OF  
AND CLAIMANTS AGAINST  
MVM FOX RIVER II FUND, INC.**

MVM FOX RIVER II FUND, INC., a Missouri corporation, filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State on January 30, 2019. Any and all claims against MVM FOX RIVER II FUND, INC. may be sent to Jonathan Goldstein, Advantage Capital, 190 Carondelet Plaza, Suite 1500, St. Louis, MO 63105. Each claim should include the following information: the name, address and telephone number of the claimant; the amount of the claim; the basis of the claim and the date(s) on which the event(s) on which the claim is based occurred.

Any and all claims against MVM FOX RIVER II FUND, INC. will be barred unless a proceeding to enforce such claim is commenced within two (2) years after the date of this notice is published.

**NOTICE OF DISSOLUTION  
TO ALL CREDITORS OF  
AND CLAIMANTS AGAINST  
MVM CHEROKEE SPRINGS FUND, INC.**

MVM CHEROKEE SPRINGS FUND, INC., a Missouri corporation, filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State on January 30, 2019. Any and all claims against MVM CHEROKEE SPRINGS FUND, INC. may be sent to Jonathan Goldstein, Advantage Capital, 190 Carondelet Plaza, Suite 1500, St. Louis, MO 63105. Each claim should include the following information: the name, address and telephone number of the claimant; the amount of the claim; the basis of the claim and the date(s) on which the event(s) on which the claim is based occurred.

Any and all claims against MVM CHEROKEE SPRINGS FUND, INC. will be barred unless a proceeding to enforce such claim is commenced within two (2) years after the date of this notice is published.

**Notice of Winding Up of Limited Liability Company to all Creditors of and Claimants Against Ferngate Pharmaceuticals LLC**

On August 28, 2018, Ferngate Pharmaceuticals LLC, a Missouri limited liability company (the "Company"), filed its Notice of Winding Up for a limited liability company with the Missouri Secretary of State.

Any claim against the Company must be sent to James Schieffarth, 75 W. Lockwood Avenue, Suite 1, St. Louis, MO 63119. Each claim must include: (1) the name, address, and telephone number of the claimant; (2) amount and nature of the claim; (3) date on which the claim arose; (4) basis of the claim and (5) any documentation supporting the claim.

All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the date of the publication of this notice.

**NOTICE OF CORPORATE DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST D&D FUNTIME, INC.**

On February 26, 2019, D&D Funtime, Inc., a Missouri corporation (the Corporation) filed its Articles of Dissolution with the Missouri Secretary of State. Dissolution was effective on February 26, 2019. All claims against the corporation should be directed to the corporation at:

c/o Kevin C. Roberts, Esq.  
Roberts, Wooten and Zimmer, L.L.C.  
P.o. Box 888  
Hillsboro, Missouri 63050

All claims must include:

1. The name and address of the claimant;
2. The amount claimed;
3. The basis of the claim; and,
4. Document of the claim.

All claims against D&D Funtime, Inc. will be barred unless a proceeding to enforce the claim is commenced within two years after the publication of this Notice.

**NOTICE OF DISSOLUTION  
TO ALL CREDITORS OF AND CLAIMANTS AGAINST  
BETTER ROOFING MATERIALS COMPANY**

On July 12, 2018, Better Roofing Materials Company, a Missouri Corporation (hereinafter the "Corporation"), filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State.

All claims against the Corporation should be submitted in writing to: Richard A. Epstein, Box 410291, Creve Coeur, Mo. 63141. Each claim must include (1) the name, address and telephone number of the claimant; (2) the amount of the claim; (3) the date on which the claim arose; (4) a brief description of the basis of the claim; and (5) any documentation relating to the claim.

All claims against Better Roofing Materials Company will be barred unless a proceeding to enforce the claim is commenced within two (2) years after publication of this notice.

# Rule Changes Since Update to Code of State Regulations

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—43 (2018) and 44 (2019). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
1 CSR 10	<b>OFFICE OF ADMINISTRATION</b> State Officials' Salary Compensation Schedule				42 MoReg 1849 43 MoReg 3648
I CSR 10-3.010	Commissioner of Administration		43 MoReg 3205	This Issue	
I CSR 10-4.010	Commissioner of Administration		43 MoReg 3208R	This IssueR	
I CSR 10-5.010	Commissioner of Administration		43 MoReg 3208		
I CSR 10-7.010	Commissioner of Administration		43 MoReg 3209	This Issue	
I CSR 10-8.010	Commissioner of Administration		43 MoReg 3210	This Issue	
I CSR 10-9.010	Commissioner of Administration		43 MoReg 3210R	This IssueR	
I CSR 10-10.010	Commissioner of Administration		44 MoReg 673R		
I CSR 10-11.010	Commissioner of Administration		43 MoReg 3211	This Issue	
I CSR 10-11.020	Commissioner of Administration		43 MoReg 3214R	This IssueR	
I CSR 10-11.030	Commissioner of Administration		43 MoReg 3214R	This IssueR	
I CSR 10-13.010	Commissioner of Administration		43 MoReg 3214R	This IssueR	
I CSR 10-16.010	Commissioner of Administration		43 MoReg 3215	This Issue	
I CSR 20-5.010	Personnel Advisory Board and Division of Personnel		44 MoReg 673		
I CSR 20-5.015	Personnel Advisory Board and Division of Personnel		44 MoReg 675R		
I CSR 20-5.020	Personnel Advisory Board and Division of Personnel		44 MoReg 675		
I CSR 20-5.025	Personnel Advisory Board and Division of Personnel		44 MoReg 676		
I CSR 30-2.020	Division of Facilities Management, Design and Construction		43 MoReg 2813R	44 MoReg 846R	
I CSR 30-2.030	Division of Facilities Management, Design and Construction		43 MoReg 2813R	44 MoReg 846R	
I CSR 30-2.040	Division of Facilities Management, Design and Construction		43 MoReg 2813R	44 MoReg 846R	
I CSR 30-2.050	Division of Facilities Management, Design and Construction		43 MoReg 2814R	44 MoReg 846R	
I CSR 30-3.010	Division of Facilities Management, Design and Construction		43 MoReg 2814R	44 MoReg 847R	
I CSR 30-3.020	Division of Facilities Management, Design and Construction		43 MoReg 2814R	44 MoReg 847R	
I CSR 30-3.025	Division of Facilities Management, Design and Construction		44 MoReg 38		
I CSR 30-3.030	Division of Facilities Management, Design and Construction		43 MoReg 3215		
I CSR 30-3.035	Division of Facilities Management, Design and Construction		43 MoReg 2814R	44 MoReg 847R	
I CSR 30-3.040	Division of Facilities Management, Design and Construction		43 MoReg 3218		
I CSR 30-3.050	Division of Facilities Management, Design and Construction		43 MoReg 3221		
I CSR 30-3.060	Division of Facilities Management, Design and Construction		44 MoReg 45R		
I CSR 30-4.010	Division of Facilities Management, Design and Construction		43 MoReg 2815R	44 MoReg 847R	
I CSR 30-4.020	Division of Facilities Management, Design and Construction		44 MoReg 45		
I CSR 30-4.030	Division of Facilities Management, Design and Construction		44 MoReg 49R		
I CSR 30-4.040	Division of Facilities Management, Design and Construction		44 MoReg 49R		
I CSR 35-1.050	Division of Facilities Management		43 MoReg 3222		
I CSR 35-2.010	Division of Facilities Management		44 MoReg 50R		
I CSR 35-2.020	Division of Facilities Management		44 MoReg 50R		
I CSR 35-2.030	Division of Facilities Management		44 MoReg 50		
I CSR 35-2.040	Division of Facilities Management		44 MoReg 52R		
I CSR 35-2.050	Division of Facilities Management		44 MoReg 52R		
I CSR 40-1.010	Purchasing and Materials Management		43 MoReg 3226R	44 MoReg 847R	
I CSR 40-1.030	Purchasing and Materials Management		43 MoReg 3227R	44 MoReg 847R	
I CSR 40-1.040	Purchasing and Materials Management		43 MoReg 3227R	44 MoReg 848R	
I CSR 40-1.050	Purchasing and Materials Management	43 MoReg 2967	43 MoReg 3227	44 MoReg 848	
I CSR 40-1.090	Purchasing and Materials Management		43 MoReg 3237R	44 MoReg 848R	
<b>DEPARTMENT OF AGRICULTURE</b>					
2 CSR 70-17.010	Plant Industries		44 MoReg 52		
2 CSR 70-17.020	Plant Industries		44 MoReg 53		
2 CSR 70-17.030	Plant Industries		44 MoReg 57		
2 CSR 70-17.040	Plant Industries		44 MoReg 59		
2 CSR 70-17.050	Plant Industries		44 MoReg 59		
2 CSR 70-17.060	Plant Industries		44 MoReg 60		
2 CSR 70-17.070	Plant Industries		44 MoReg 62		
2 CSR 70-17.080	Plant Industries		44 MoReg 65		
2 CSR 70-17.090	Plant Industries		44 MoReg 65		
2 CSR 70-17.100	Plant Industries		44 MoReg 68		
2 CSR 70-17.110	Plant Industries		44 MoReg 70		
2 CSR 70-17.120	Plant Industries		44 MoReg 71		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
2 CSR 80-5.010	State Milk Board		This Issue		
2 CSR 90-10	Weights, Measures and Consumer Protection				42 MoReg 1203
2 CSR 90-38.010	Weights, Measures and Consumer Protection		43 MoReg 2012R		
2 CSR 90-38.020	Weights, Measures and Consumer Protection		43 MoReg 2012R		
2 CSR 90-38.030	Weights, Measures and Consumer Protection		43 MoReg 2012R		
2 CSR 90-38.040	Weights, Measures and Consumer Protection		43 MoReg 2013R		
2 CSR 90-38.050	Weights, Measures and Consumer Protection		43 MoReg 2013R		
<b>DEPARTMENT OF CONSERVATION</b>					
3 CSR 10-6.505	Conservation Commission		N.A.	44 MoReg 958	
3 CSR 10-6.515	Conservation Commission		N.A.	44 MoReg 958	
3 CSR 10-7.455	Conservation Commission				44 MoReg 445
3 CSR 10-9.110	Conservation Commission		This Issue		
3 CSR 10-9.220	Conservation Commission		44 MoReg 273		
3 CSR 10-10.743	Conservation Commission		This Issue		
3 CSR 10-11.115	Conservation Commission		This Issue		
3 CSR 10-11.205	Conservation Commission		N.A.	This Issue	
3 CSR 10-11.210	Conservation Commission		N.A.	This Issue	
3 CSR 10-12.140	Conservation Commission		N.A.	This Issue	
<b>DEPARTMENT OF ECONOMIC DEVELOPMENT</b>					
4 CSR 80-1.010	Economic Development Programs		43 MoReg 3059R	This IssueR	
4 CSR 80-2.010	Economic Development Programs		43 MoReg 3059R	This IssueR	
4 CSR 80-2.020	Economic Development Programs		43 MoReg 3059R	This IssueR	
4 CSR 80-2.030	Economic Development Programs		43 MoReg 3060R	This IssueR	
4 CSR 80-5.010	Economic Development Programs		43 MoReg 3060	This Issue	
4 CSR 80-5.020	Economic Development Programs		43 MoReg 3061R	This IssueR	
4 CSR 80-7.010	Economic Development Programs		43 MoReg 3061R	This IssueR	
4 CSR 80-7.020	Economic Development Programs		43 MoReg 3061R	This IssueR	
4 CSR 80-7.030	Economic Development Programs		43 MoReg 3061R	This IssueR	
4 CSR 80-7.040	Economic Development Programs		43 MoReg 3062R	This IssueR	
4 CSR 85-2.010	Division of Business and Community Services		43 MoReg 3062	This Issue	
4 CSR 85-2.015	Division of Business and Community Services		43 MoReg 3062R	This IssueR	
4 CSR 85-2.020	Division of Business and Community Services		43 MoReg 3063	This Issue	
4 CSR 85-2.030	Division of Business and Community Services		43 MoReg 3064	This Issue	
4 CSR 85-2.040	Division of Business and Community Services		43 MoReg 3065R	This IssueR	
4 CSR 85-6.010	Division of Business and Community Services		43 MoReg 3065R	This IssueR	
4 CSR 85-7.010	Division of Business and Community Services		43 MoReg 3065R	This IssueR	
4 CSR 195-1.010	Division of Workforce Development		43 MoReg 3066	This Issue	
4 CSR 195-2.010	Division of Workforce Development		43 MoReg 3066R	This IssueR	
4 CSR 195-2.020	Division of Workforce Development		43 MoReg 3066R	This IssueR	
4 CSR 195-2.030	Division of Workforce Development		43 MoReg 3067R	This IssueR	
4 CSR 195-3.010	Division of Workforce Development		43 MoReg 3067R	This IssueR	
4 CSR 195-3.020	Division of Workforce Development		43 MoReg 3067R	This IssueR	
4 CSR 195-4.010	Division of Workforce Development		43 MoReg 3067R	This IssueR	
4 CSR 195-5.010	Division of Workforce Development		43 MoReg 3068R	This IssueR	
4 CSR 195-5.020	Division of Workforce Development		43 MoReg 3068R	This IssueR	
4 CSR 195-5.030	Division of Workforce Development		43 MoReg 3068R	This IssueR	
4 CSR 240-2.010	Public Service Commission		43 MoReg 3762		
4 CSR 240-2.070	Public Service Commission		43 MoReg 3762		
4 CSR 240-2.120	Public Service Commission		43 MoReg 3763		
4 CSR 240-2.205	Public Service Commission		43 MoReg 3763		
4 CSR 240-3.010	Public Service Commission		43 MoReg 3764		
4 CSR 240-3.015	Public Service Commission		43 MoReg 3764R		
4 CSR 240-3.020	Public Service Commission		43 MoReg 3764R		
4 CSR 240-3.025	Public Service Commission		43 MoReg 3765R		
4 CSR 240-3.030	Public Service Commission		43 MoReg 3765		
4 CSR 240-3.145	Public Service Commission		43 MoReg 3766R		
4 CSR 240-3.180	Public Service Commission		43 MoReg 3766R		
4 CSR 240-3.185	Public Service Commission		43 MoReg 3766R		
4 CSR 240-3.235	Public Service Commission		44 MoReg 71R		
4 CSR 240-3.250	Public Service Commission		43 MoReg 3767R		
4 CSR 240-3.260	Public Service Commission		44 MoReg 71R		
4 CSR 240-3.275	Public Service Commission		44 MoReg 72R		
4 CSR 240-10.020	Public Service Commission		43 MoReg 3767		
4 CSR 240-10.040	Public Service Commission		43 MoReg 3768		
4 CSR 240-13.010	Public Service Commission		43 MoReg 3768		
4 CSR 240-13.015	Public Service Commission		43 MoReg 3769		
4 CSR 240-13.020	Public Service Commission		43 MoReg 3769		
4 CSR 240-13.025	Public Service Commission		43 MoReg 3770		
4 CSR 240-13.030	Public Service Commission		43 MoReg 3770		
4 CSR 240-13.050	Public Service Commission		43 MoReg 3770		
4 CSR 240-13.055	Public Service Commission		43 MoReg 3773		
4 CSR 240-13.070	Public Service Commission		43 MoReg 3774		
4 CSR 240-20.070	Public Service Commission		43 MoReg 3774		
4 CSR 240-20.100	Public Service Commission		This Issue		
4 CSR 240-20.105	Public Service Commission		43 MoReg 3776		
4 CSR 240-40.033	Public Service Commission	44 MoReg 493	44 MoReg 500		
4 CSR 240-40.085	Public Service Commission		44 MoReg 72		
4 CSR 240-40.090	Public Service Commission		44 MoReg 73		
4 CSR 340-2	Division of Energy				43 MoReg 15 43 MoReg 3869
<b>DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION</b>					
5 CSR 20-100.120	Division of Learning Services		43 MoReg 3779R		
5 CSR 20-100.160	Division of Learning Services		43 MoReg 3068	This Issue	
5 CSR 20-100.190	Division of Learning Services		43 MoReg 3780		
5 CSR 20-100.200	Division of Learning Services		43 MoReg 3070	This Issue	
5 CSR 20-100.230	Division of Learning Services		44 MoReg 678		
5 CSR 20-100.260	Division of Learning Services		44 MoReg 74		
5 CSR 20-100.300	Division of Learning Services				43 MoReg 3651
	<i>(Changed from 5 CSR 20-600.120)</i>				

Rule Number	Agency	Emergency	Proposed	Order	In Addition
5 CSR 20-100.310	Division of Learning Services ( <i>Changed from 5 CSR 20-600.130</i> )				43 MoReg 365I
5 CSR 20-100.320	Division of Learning Services ( <i>Changed from 5 CSR 20-600.140</i> )				43 MoReg 365I
5 CSR 20-100.330	Division of Learning Services ( <i>Changed from 5 CSR 20-600.110</i> )		44 MoReg 79		
5 CSR 20-400.250	Division of Learning Services		44 MoReg 774R		
5 CSR 20-400.280	Division of Learning Services		44 MoReg 774R		
5 CSR 20-400.540	Division of Learning Services		44 MoReg 679		
5 CSR 20-500.110	Division of Learning Services		43 MoReg 3780R		
5 CSR 20-600.110	Division of Learning Services ( <i>Changed to 5 CSR 20-100.330</i> )		44 MoReg 79		
5 CSR 20-600.120	Division of Learning Services ( <i>Changed to 5 CSR 20-100.300</i> )				43 MoReg 365I
5 CSR 20-600.130	Division of Learning Services ( <i>Changed to 5 CSR 20-100.310</i> )				43 MoReg 365I
5 CSR 20-600.140	Division of Learning Services ( <i>Changed to 5 CSR 20-100.320</i> )				43 MoReg 365I
5 CSR 30-261.010	Division of Financial and Administrative Services		44 MoReg 79		
5 CSR 30-345.030	Division of Financial and Administrative Services		43 MoReg 3071	This Issue	
<b>DEPARTMENT OF HIGHER EDUCATION</b>					
6 CSR 10-2.080	Commissioner of Higher Education		44 MoReg 774		
6 CSR 10-2.100	Commissioner of Higher Education		44 MoReg 775		
6 CSR 10-2.120	Commissioner of Higher Education		44 MoReg 775		
6 CSR 10-2.140	Commissioner of Higher Education		44 MoReg 776		
6 CSR 10-2.150	Commissioner of Higher Education		44 MoReg 776		
6 CSR 10-2.160	Commissioner of Higher Education		44 MoReg 777		
6 CSR 10-2.170	Commissioner of Higher Education		44 MoReg 777		
6 CSR 10-2.180	Commissioner of Higher Education		44 MoReg 777		
6 CSR 10-2.190	Commissioner of Higher Education		44 MoReg 778		
6 CSR 10-4.010	Commissioner of Higher Education		43 MoReg 123		
			43 MoReg 3474	This Issue	
<b>MISSOURI DEPARTMENT OF TRANSPORTATION</b>					
7 CSR	Department of Transportation				41 MoReg 845
7 CSR 10-4.020	Missouri Highways and Transportation Commission		44 MoReg 274		
7 CSR 10-19.010	Missouri Highways and Transportation Commission		42 MoReg 93R		
<b>DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS</b>					
8 CSR	Department of Labor and Industrial Relations				41 MoReg 845
8 CSR 30-3.010	Division of Labor Standards	44 MoReg 5	44 MoReg 81		
8 CSR 30-3.030	Division of Labor Standards	44 MoReg 6	44 MoReg 82		
8 CSR 30-3.040	Division of Labor Standards	44 MoReg 7	44 MoReg 83		
8 CSR 30-3.050	Division of Labor Standards	44 MoReg 7	44 MoReg 83		
8 CSR 30-3.060	Division of Labor Standards	44 MoReg 8	44 MoReg 83		
<b>DEPARTMENT OF MENTAL HEALTH</b>					
9 CSR	Department of Mental Health				41 MoReg 845
9 CSR 10-5.190	Director, Department of Mental Health		44 MoReg 779		
9 CSR 10-5.240	Director, Department of Mental Health ( <i>Changed to 9 CSR 10-7.035</i> )		43 MoReg 2975	44 MoReg 704	
9 CSR 10-7.010	Director, Department of Mental Health		43 MoReg 3781		
9 CSR 10-7.020	Director, Department of Mental Health		43 MoReg 3786		
9 CSR 10-7.030	Director, Department of Mental Health		43 MoReg 3788		
9 CSR 10-7.035	Director, Department of Mental Health ( <i>Changed from 9 CSR 10-5.240</i> )		43 MoReg 2975	44 MoReg 704	
9 CSR 10-7.040	Director, Department of Mental Health		43 MoReg 3794		
9 CSR 10-7.050	Director, Department of Mental Health		43 MoReg 3795		
9 CSR 10-7.080	Director, Department of Mental Health		43 MoReg 3796		
9 CSR 10-7.090	Director, Department of Mental Health		43 MoReg 3797		
9 CSR 10-7.100	Director, Department of Mental Health		43 MoReg 3799		
9 CSR 10-7.110	Director, Department of Mental Health		43 MoReg 3800		
9 CSR 10-7.120	Director, Department of Mental Health		43 MoReg 3802		
9 CSR 10-7.130	Director, Department of Mental Health		43 MoReg 3805		
9 CSR 30-3.230	Certification Standards		44 MoReg 781		
9 CSR 45-3.010	Division of Developmental Disabilities		44 MoReg 784		
<b>DEPARTMENT OF NATURAL RESOURCES</b>					
10 CSR	Department of Natural Resources				41 MoReg 845
10 CSR 10-2.205	Air Conservation Commission		43 MoReg 2039	44 MoReg 573	
10 CSR 10-2.230	Air Conservation Commission		43 MoReg 2042	44 MoReg 574	
10 CSR 10-5.220	Air Conservation Commission		43 MoReg 2046	44 MoReg 575	
10 CSR 10-5.295	Air Conservation Commission		43 MoReg 2052	44 MoReg 581	
10 CSR 10-5.330	Air Conservation Commission		43 MoReg 2055	44 MoReg 581	
10 CSR 10-6.045	Air Conservation Commission		43 MoReg 2073	44 MoReg 586	
10 CSR 10-6.060	Air Conservation Commission		43 MoReg 2076	44 MoReg 589	
10 CSR 10-6.062	Air Conservation Commission		43 MoReg 2101	44 MoReg 600	
10 CSR 10-6.065	Air Conservation Commission		43 MoReg 2104	44 MoReg 602	
10 CSR 10-6.130	Air Conservation Commission		43 MoReg 1304		
10 CSR 10-6.170	Air Conservation Commission		43 MoReg 2126	44 MoReg 603	
10 CSR 10-6.220	Air Conservation Commission		43 MoReg 2127	44 MoReg 604	
10 CSR 10-6.261	Air Conservation Commission		43 MoReg 2129	44 MoReg 605	
10 CSR 10-6.330	Air Conservation Commission		43 MoReg 2134	44 MoReg 606	
10 CSR 10-6.372	Air Conservation Commission		43 MoReg 2137	44 MoReg 607	
10 CSR 10-6.374	Air Conservation Commission		43 MoReg 2144	44 MoReg 608	
10 CSR 10-6.376	Air Conservation Commission		43 MoReg 2151	44 MoReg 608	
10 CSR 10-6.390	Air Conservation Commission		43 MoReg 2158	44 MoReg 609	
10 CSR 25-2.010	Hazardous Waste Management Commission		43 MoReg 1759	44 MoReg 609	
10 CSR 25-2.020	Hazardous Waste Management Commission		43 MoReg 1759R	44 MoReg 610R	

Rule Number	Agency	Emergency	Proposed	Order	In Addition
10 CSR 25-3.260	Hazardous Waste Management Commission		43 MoReg 1759	44 MoReg 610	
10 CSR 25-4.261	Hazardous Waste Management Commission		43 MoReg 1761	44 MoReg 611	
10 CSR 25-5.262	Hazardous Waste Management Commission		43 MoReg 1765	44 MoReg 612	
10 CSR 25-6.263	Hazardous Waste Management Commission		43 MoReg 1767	44 MoReg 614	
10 CSR 25-7.264	Hazardous Waste Management Commission		43 MoReg 1772	44 MoReg 616	
10 CSR 25-7.265	Hazardous Waste Management Commission		43 MoReg 1774	44 MoReg 618	
10 CSR 25-7.266	Hazardous Waste Management Commission		43 MoReg 1777	44 MoReg 618	
10 CSR 25-7.270	Hazardous Waste Management Commission		43 MoReg 1778	44 MoReg 618	
10 CSR 25-8.124	Hazardous Waste Management Commission		43 MoReg 1779	44 MoReg 619	
10 CSR 25-9.020	Hazardous Waste Management Commission		43 MoReg 1787R	44 MoReg 619R	
10 CSR 25-10.010	Hazardous Waste Management Commission		43 MoReg 1790R	44 MoReg 619R	
10 CSR 25-11.279	Hazardous Waste Management Commission		43 MoReg 1790	44 MoReg 619	
10 CSR 25-12.010	Hazardous Waste Management Commission		43 MoReg 1792	44 MoReg 620	
10 CSR 25-13.010	Hazardous Waste Management Commission		43 MoReg 1795	44 MoReg 620	
10 CSR 25-15.010	Hazardous Waste Management Commission		43 MoReg 1798	44 MoReg 620	
10 CSR 25-16.273	Hazardous Waste Management Commission		43 MoReg 1800	44 MoReg 620	
10 CSR 26-2.080	Petroleum and Hazardous Substance Storage Tanks		43 MoReg 2263	44 MoReg 621W	
10 CSR 80-2.010	Solid Waste Management		44 MoReg 501		
10 CSR 130-1.010	State Environmental Improvement and Energy Resources Authority		43 MoReg 3237	44 MoReg 848	
10 CSR 130-1.020	State Environmental Improvement and Energy Resources Authority		43 MoReg 3238	44 MoReg 848	

**DEPARTMENT OF PUBLIC SAFETY**

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11 CSR 10-11.010	Adjutant General		This IssueR		
11 CSR 10-11.020	Adjutant General		This IssueR		
11 CSR 10-11.040	Adjutant General		This IssueR		
11 CSR 10-11.050	Adjutant General		This IssueR		
11 CSR 10-11.070	Adjutant General		This IssueR		
11 CSR 10-11.090	Adjutant General		This IssueR		
11 CSR 10-11.100	Adjutant General		This IssueR		
11 CSR 10-11.110	Adjutant General		This IssueR		
11 CSR 10-11.120	Adjutant General		This IssueR		
11 CSR 30-1.010	Office of the Director		This Issue		
11 CSR 30-1.050	Office of the Director		This IssueR		
11 CSR 30-8.010	Office of the Director		43 MoReg 1328R		
11 CSR 30-8.020	Office of the Director		43 MoReg 1328R		
11 CSR 30-8.030	Office of the Director		43 MoReg 1328R		
11 CSR 30-8.040	Office of the Director		43 MoReg 1328R		
11 CSR 30-9.010	Office of the Director		43 MoReg 1329R		
11 CSR 30-9.020	Office of the Director		43 MoReg 1329R		
11 CSR 30-9.030	Office of the Director		43 MoReg 1329R		
11 CSR 30-9.040	Office of the Director		43 MoReg 1329R		
11 CSR 30-9.050	Office of the Director		43 MoReg 1330R		
11 CSR 30-10.010	Office of the Director		This IssueR		
11 CSR 30-16.010	Office of the Director		42 MoReg 180		
11 CSR 30-16.020	Office of the Director		This Issue		
11 CSR 30-16.020	Office of the Director		42 MoReg 182		
11 CSR 45-7.130	Missouri Gaming Commission		43 MoReg 3485		
11 CSR 45-9.102	Missouri Gaming Commission		43 MoReg 3486		
11 CSR 45-9.106	Missouri Gaming Commission		43 MoReg 3486		
11 CSR 45-9.109	Missouri Gaming Commission		43 MoReg 3486		
11 CSR 45-9.116	Missouri Gaming Commission		43 MoReg 3487		
11 CSR 45-9.117	Missouri Gaming Commission		43 MoReg 3487		
11 CSR 45-30.020	Missouri Gaming Commission		43 MoReg 3488R		
11 CSR 45-40.030	Missouri Gaming Commission		43 MoReg 3488		
11 CSR 50-2.010	Missouri State Highway Patrol		44 MoReg 681		
11 CSR 50-2.030	Missouri State Highway Patrol		44 MoReg 682		
11 CSR 50-2.100	Missouri State Highway Patrol		44 MoReg 682		
11 CSR 50-2.110	Missouri State Highway Patrol		44 MoReg 683		
11 CSR 50-2.335	Missouri State Highway Patrol		44 MoReg 683		
11 CSR 50-3.010	Missouri State Highway Patrol		44 MoReg 917		
	<i>(Changed from 11 CSR 80-5.010)</i>				
11 CSR 50-4.010	Missouri State Highway Patrol		44 MoReg 920		
	<i>(Changed from 11 CSR 80-9.010)</i>				
11 CSR 50-5.010	Missouri State Highway Patrol		44 MoReg 915		
	<i>(Changed from 11 CSR 80-2.010)</i>				
11 CSR 50-6.010	Missouri State Highway Patrol		44 MoReg 916		
	<i>(Changed from 11 CSR 80-3.010)</i>				
11 CSR 50-7.010	Missouri State Highway Patrol		44 MoReg 916		
	<i>(Changed from 11 CSR 80-4.010)</i>				
11 CSR 50-7.020	Missouri State Highway Patrol		44 MoReg 920		
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11 CSR 70-1.010	Division of Alcohol and Tobacco Control		43 MoReg 3240		
11 CSR 70-2.010	Division of Alcohol and Tobacco Control		43 MoReg 3241		
11 CSR 70-2.020	Division of Alcohol and Tobacco Control		43 MoReg 3242		
11 CSR 70-2.030	Division of Alcohol and Tobacco Control		43 MoReg 3244		
11 CSR 70-2.040	Division of Alcohol and Tobacco Control		43 MoReg 3245		
11 CSR 70-2.050	Division of Alcohol and Tobacco Control		43 MoReg 3246		
11 CSR 70-2.060	Division of Alcohol and Tobacco Control		43 MoReg 3247		
11 CSR 70-2.070	Division of Alcohol and Tobacco Control		43 MoReg 3248		
11 CSR 70-2.080	Division of Alcohol and Tobacco Control		43 MoReg 3248		
11 CSR 70-2.090	Division of Alcohol and Tobacco Control		43 MoReg 3249		
11 CSR 70-2.100	Division of Alcohol and Tobacco Control		43 MoReg 3249		
11 CSR 70-2.120	Division of Alcohol and Tobacco Control		43 MoReg 3250		
11 CSR 70-2.130	Division of Alcohol and Tobacco Control		43 MoReg 3252		

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11 CSR 70-2.170	Division of Alcohol and Tobacco Control		43 MoReg 3254		
11 CSR 70-2.180	Division of Alcohol and Tobacco Control		43 MoReg 3255		
11 CSR 70-2.190	Division of Alcohol and Tobacco Control		43 MoReg 3255		
11 CSR 70-2.230	Division of Alcohol and Tobacco Control		43 MoReg 3257		
11 CSR 70-2.240	Division of Alcohol and Tobacco Control	43 MoReg 3199	44 MoReg 787		
11 CSR 70-2.250	Division of Alcohol and Tobacco Control		43 MoReg 3258		
11 CSR 70-2.260	Division of Alcohol and Tobacco Control		43 MoReg 3259		
11 CSR 70-2.270	Division of Alcohol and Tobacco Control		43 MoReg 3259		
11 CSR 70-2.280	Division of Alcohol and Tobacco Control		43 MoReg 3260		
11 CSR 70-3.010	Division of Alcohol and Tobacco Control		43 MoReg 3262		
11 CSR 80-1.010	Missouri State Water Patrol		44 MoReg 915R		
11 CSR 80-2.010	Missouri State Water Patrol ( <i>Changed to 11 CSR 50-5.010</i> )		44 MoReg 915		
11 CSR 80-3.010	Missouri State Water Patrol ( <i>Changed to 11 CSR 50-6.010</i> )		44 MoReg 916		
11 CSR 80-3.020	Missouri State Water Patrol		44 MoReg 916R		
11 CSR 80-4.010	Missouri State Water Patrol ( <i>Changed to 11 CSR 50-7.010</i> )		44 MoReg 916		
11 CSR 80-5.010	Missouri State Water Patrol ( <i>Changed to 11 CSR 50-3.010</i> )		44 MoReg 917		
11 CSR 80-6.010	Missouri State Water Patrol		44 MoReg 919R		
11 CSR 80-7.010	Missouri State Water Patrol ( <i>Changed to 11 CSR 50-7.020</i> )		44 MoReg 920		
11 CSR 80-8.010	Missouri State Water Patrol		44 MoReg 920R		
11 CSR 80-9.010	Missouri State Water Patrol ( <i>Changed to 11 CSR 50-4.010</i> )		44 MoReg 920		
11 CSR 80-9.020	Missouri State Water Patrol		44 MoReg 921R		
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12 CSR 10-2.010	Director of Revenue		43 MoReg 3263	44 MoReg 959	
12 CSR 10-3.017	Director of Revenue ( <i>Changed to 12 CSR 10-103.017</i> )		43 MoReg 3266	44 MoReg 959	
12 CSR 10-3.858	Director of Revenue ( <i>Changed to 12 CSR 10-110.858</i> )		43 MoReg 3268	44 MoReg 960	
12 CSR 10-3.876	Director of Revenue ( <i>Changed to 12 CSR 10-103.876</i> )		43 MoReg 3266	44 MoReg 960	
12 CSR 10-4.320	Director of Revenue ( <i>Changed to 12 CSR 10-113.320</i> )		43 MoReg 3268	44 MoReg 960	
12 CSR 10-10.120	Director of Revenue		43 MoReg 3268	44 MoReg 959	
12 CSR 10-23.100	Director of Revenue		43 MoReg 3489	This Issue	
12 CSR 10-23.260	Director of Revenue		43 MoReg 3490	This Issue	
12 CSR 10-23.280	Director of Revenue		43 MoReg 3491	This Issue	
12 CSR 10-23.340	Director of Revenue		43 MoReg 3491	This Issue	
12 CSR 10-23.345	Director of Revenue		43 MoReg 3492	This Issue	
12 CSR 10-23.350	Director of Revenue		43 MoReg 3492	This Issue	
12 CSR 10-23.370	Director of Revenue		43 MoReg 3494	This Issue	
12 CSR 10-23.405	Director of Revenue		43 MoReg 3494	This Issue	
12 CSR 10-23.424	Director of Revenue		43 MoReg 3495	This Issue	
12 CSR 10-24.405	Director of Revenue		44 MoReg 789		
12 CSR 10-26.080	Director of Revenue		43 MoReg 3495	This Issue	
12 CSR 10-26.180	Director of Revenue		43 MoReg 3496	This Issue	
12 CSR 10-26.190	Director of Revenue		43 MoReg 3496	This Issue	
12 CSR 10-41.010	Director of Revenue	43 MoReg 3347	43 MoReg 3497	44 MoReg 959	
12 CSR 10-101.500	Director of Revenue		43 MoReg 3269	44 MoReg 959	
12 CSR 10-103.017	Director of Revenue ( <i>Changed from 12 CSR 10-3.017</i> )		43 MoReg 3266	44 MoReg 959	
12 CSR 10-103.395	Director of Revenue		43 MoReg 3270	44 MoReg 959	
12 CSR 10-103.700	Director of Revenue		43 MoReg 3270	44 MoReg 959	
12 CSR 10-103.876	Director of Revenue ( <i>Changed from 12 CSR 10-3.876</i> )		43 MoReg 3266	44 MoReg 960	
12 CSR 10-110.858	Director of Revenue ( <i>Changed from 12 CSR 10-3.858</i> )		43 MoReg 3268	44 MoReg 960	
12 CSR 10-113.320	Director of Revenue ( <i>Changed from 12 CSR 10-4.320</i> )		43 MoReg 3268	44 MoReg 960	
12 CSR 40-10.040	State Lottery		44 MoReg 274		
12 CSR 40-40.280	State Lottery		44 MoReg 275		
12 CSR 40-50.060	State Lottery		44 MoReg 275		
12 CSR 40-70.040	State Lottery		44 MoReg 275		
<b>DEPARTMENT OF SOCIAL SERVICES</b>					
13 CSR	Department of Social Services				42 MoReg 990
13 CSR 5-2.010	Office of the Director ( <i>Changed from 13 CSR 45-2.010</i> )		43 MoReg 2654	44 MoReg 704	
13 CSR 10-3.010	Division of Finance and Administrative Services ( <i>Changed from 13 CSR 35-100.010</i> )		43 MoReg 2544	44 MoReg 621	
13 CSR 10-3.020	Division of Finance and Administrative Services ( <i>Changed from 13 CSR 35-100.020</i> )		43 MoReg 2546	44 MoReg 621	
13 CSR 10-3.030	Division of Finance and Administrative Services ( <i>Changed from 13 CSR 35-100.030</i> )		43 MoReg 2549	44 MoReg 622	
13 CSR 10-3.040	Division of Finance and Administrative Services ( <i>Changed from 13 CSR 40-79.010</i> )		43 MoReg 2553	44 MoReg 622	
13 CSR 10-3.050	Division of Finance and Administrative Services		43 MoReg 2543	44 MoReg 622	
13 CSR 10-3.060	Division of Finance and Administrative Services		44 MoReg 789		

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13 CSR 10-3.070	Division of Finance and Administrative Services		44 MoReg 791		
13 CSR 15-19.010	Division of Aging		43 MoReg 2853R	44 MoReg 848R	
13 CSR 30-2.010	Child Support Enforcement <i>(Changed to 13 CSR 40-108.040)</i>		43 MoReg 2645	44 MoReg 706	
13 CSR 30-4.020	Child Support Enforcement <i>(Changed to 13 CSR 40-104.010)</i>		43 MoReg 2648	44 MoReg 705	
13 CSR 30-5.010	Child Support Enforcement <i>(Changed to 13 CSR 40-102.010)</i>		43 MoReg 2853	44 MoReg 850	
13 CSR 30-5.020	Child Support Enforcement <i>(Changed to 13 CSR 40-106.010)</i>		43 MoReg 3072	This Issue	
13 CSR 30-6.010	Child Support Enforcement <i>(Changed to 13 CSR 40-104.020)</i>		43 MoReg 3074	This Issue	
13 CSR 30-7.010	Child Support Enforcement <i>(Changed to 13 CSR 40-100.020)</i>		43 MoReg 3075	This Issue	
13 CSR 30-8.010	Child Support Enforcement <i>(Changed to 13 CSR 40-100.030)</i>		43 MoReg 2855	44 MoReg 850	
13 CSR 30-9.010	Child Support Enforcement <i>(Changed to 13 CSR 40-108.030)</i>		43 MoReg 2650	44 MoReg 705	
13 CSR 30-10.010	Child Support Enforcement <i>(Changed to 13 CSR 40-110.040)</i>		43 MoReg 2651	44 MoReg 706	
13 CSR 35-31.015	Children's Division		43 MoReg 2652	44 MoReg 704	
13 CSR 35-34.080	Children's Division		43 MoReg 3502		
13 CSR 35-35.050	Children's Division <i>(Changed from 13 CSR 40-30.010)</i>		43 MoReg 2654	44 MoReg 704	
13 CSR 35-60.030	Children's Division		43 MoReg 3081	This Issue	
13 CSR 35-73.010	Children's Division <i>(Changed from 13 CSR 40-73.010)</i>		43 MoReg 2979	44 MoReg 960	
13 CSR 35-73.012	Children's Division <i>(Changed from 13 CSR 40-73.012)</i>		43 MoReg 2857	44 MoReg 849	
13 CSR 35-73.030	Children's Division <i>(Changed from 13 CSR 40-73.030)</i>		43 MoReg 2858	44 MoReg 849	
13 CSR 35-73.035	Children's Division <i>(Changed from 13 CSR 40-73.035)</i>		43 MoReg 2979	44 MoReg 960	
13 CSR 35-73.040	Children's Division <i>(Changed from 13 CSR 40-73.040)</i>		43 MoReg 2980	44 MoReg 961	
13 CSR 35-73.050	Children's Division <i>(Changed from 13 CSR 40-73.050)</i>		43 MoReg 2980	44 MoReg 961	
13 CSR 35-73.060	Children's Division <i>(Changed from 13 CSR 40-73.060)</i>		43 MoReg 2981	44 MoReg 961	
13 CSR 35-73.070	Children's Division <i>(Changed from 13 CSR 40-73.070)</i>		43 MoReg 2981	44 MoReg 961	
13 CSR 35-73.075	Children's Division <i>(Changed from 13 CSR 40-73.075)</i>		43 MoReg 2981	44 MoReg 961	
13 CSR 35-73.080	Children's Division <i>(Changed from 13 CSR 40-73.080)</i>		43 MoReg 2982	44 MoReg 962	
13 CSR 35-100.010	Children's Division <i>(Changed to 13 CSR 10-3.010)</i>		43 MoReg 2544	44 MoReg 621	
13 CSR 35-100.020	Children's Division <i>(Changed to 13 CSR 10-3.020)</i>		43 MoReg 2546	44 MoReg 621	
13 CSR 35-100.030	Children's Division <i>(Changed to 13 CSR 10-3.030)</i>		43 MoReg 2549	44 MoReg 622	
13 CSR 40-2.010	Family Support Division		43 MoReg 3082	This Issue	
13 CSR 40-2.020	Family Support Division		43 MoReg 3082	This Issue	
13 CSR 40-2.040	Family Support Division		43 MoReg 3082	This Issue	
13 CSR 40-2.050	Family Support Division		43 MoReg 2653	44 MoReg 705	
13 CSR 40-2.090	Family Support Division		43 MoReg 2551R	44 MoReg 622R	
13 CSR 40-2.100	Family Support Division		43 MoReg 2653	44 MoReg 705	
13 CSR 40-2.120	Family Support Division		43 MoReg 3083	This Issue	
13 CSR 40-2.150	Family Support Division		43 MoReg 2551	44 MoReg 622	
13 CSR 40-2.200	Family Support Division		43 MoReg 3084	This Issue	
13 CSR 40-2.260	Family Support Division		43 MoReg 3085	This Issue	
13 CSR 40-2.375	Family Support Division		43 MoReg 2552R	44 MoReg 623R	
13 CSR 40-2.395	Family Support Division		43 MoReg 3086	This Issue	
13 CSR 40-3.020	Family Support Division <i>(Changed to 13 CSR 40-108.020)</i>		43 MoReg 2653	44 MoReg 705	
13 CSR 40-7.010	Family Support Division		43 MoReg 3087	This Issue	
13 CSR 40-7.020	Family Support Division		43 MoReg 2654	44 MoReg 705	
13 CSR 40-7.070	Family Support Division		43 MoReg 2552	44 MoReg 623	
13 CSR 40-30.010	Family Support Division <i>(Changed to 13 CSR 35-35.050)</i>		43 MoReg 2654	44 MoReg 704	
13 CSR 40-32.020	Family Support Division		43 MoReg 2856R	44 MoReg 849R	
13 CSR 40-34.012	Family Support Division		43 MoReg 1917R	43 MoReg 3866R	
13 CSR 40-34.060	Family Support Division		43 MoReg 3089R	This IssueR	
13 CSR 40-36.001	Family Support Division		43 MoReg 2857R	44 MoReg 849R	
13 CSR 40-50.010	Family Support Division		43 MoReg 3089R	This IssueR	
13 CSR 40-73.010	Family Support Division <i>(Changed to 13 CSR 35-73.010)</i>		43 MoReg 2979	44 MoReg 960	
13 CSR 40-73.012	Family Support Division <i>(Changed to 13 CSR 35-73.012)</i>		43 MoReg 2857	44 MoReg 849	
13 CSR 40-73.015	Family Support Division		43 MoReg 2857R	44 MoReg 849R	
13 CSR 40-73.018	Family Support Division		43 MoReg 2858R	44 MoReg 850R	
13 CSR 40-73.030	Family Support Division <i>(Changed to 13 CSR 35-73.030)</i>		43 MoReg 2858	44 MoReg 849	
13 CSR 40-73.035	Family Support Division <i>(Changed to 13 CSR 35-73.035)</i>		43 MoReg 2979	44 MoReg 960	
13 CSR 40-73.040	Family Support Division <i>(Changed to 13 CSR 35-73.040)</i>		43 MoReg 2980	44 MoReg 961	
13 CSR 40-73.050	Family Support Division <i>(Changed to 13 CSR 35-73.050)</i>		43 MoReg 2980	44 MoReg 961	



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13 CSR 40-73.070	Family Support Division (Changed to 13 CSR 35-73.070)		43 MoReg 2981	44 MoReg 961	
13 CSR 40-73.075	Family Support Division (Changed to 13 CSR 35-73.075)		43 MoReg 2981	44 MoReg 961	
13 CSR 40-73.080	Family Support Division (Changed to 13 CSR 35-73.080)		43 MoReg 2982	44 MoReg 962	
13 CSR 40-79.010	Family Support Division (Changed to 13 CSR 10-3.040)		43 MoReg 2553	44 MoReg 622	
13 CSR 40-80.010	Family Support Division		43 MoReg 2555R	44 MoReg 623R	
13 CSR 40-91.010	Family Support Division		43 MoReg 3089	This Issue	
13 CSR 40-91.030	Family Support Division		43 MoReg 3092	This Issue	
13 CSR 40-100.020	Family Support Division (Changed from 13 CSR 30-7.010)		43 MoReg 3075	This Issue	
13 CSR 40-100.030	Family Support Division (Changed from 13 CSR 30-8.010)		43 MoReg 2855	44 MoReg 850	
13 CSR 40-102.010	Family Support Division (Changed from 13 CSR 30-5.010)		43 MoReg 2853	44 MoReg 850	
13 CSR 40-104.010	Family Support Division (Changed from 13 CSR 30-4.020)		43 MoReg 2648	44 MoReg 705	
13 CSR 40-104.020	Family Support Division (Changed from 13 CSR 30-6.010)		43 MoReg 3074	This Issue	
13 CSR 40-106.010	Family Support Division (Changed from 13 CSR 30-5.020)		43 MoReg 3072	This Issue	
13 CSR 40-108.020	Family Support Division (Changed from 13 CSR 40-3.020)		43 MoReg 2653	44 MoReg 705	
13 CSR 40-108.030	Family Support Division (Changed from 13 CSR 30-9.010)		43 MoReg 2650	44 MoReg 705	
13 CSR 40-108.040	Family Support Division (Changed from 13 CSR 30-2.010)		43 MoReg 2645	44 MoReg 706	
13 CSR 40-110.040	Family Support Division (Changed from 13 CSR 30-10.010)		43 MoReg 2651	44 MoReg 706	
13 CSR 45-2.010	Division of Legal Services (Changed to 13 CSR 5-2.010)		43 MoReg 2654	44 MoReg 704	
13 CSR 65-3.010	Missouri Medicaid Audit and Compliance	44 MoReg 761			
13 CSR 65-3.060	Missouri Medicaid Audit and Compliance		43 MoReg 2858	44 MoReg 850	
13 CSR 70-2.100	MO HealthNet Division		43 MoReg 2859	44 MoReg 851	
13 CSR 70-3.100	MO HealthNet Division		43 MoReg 3092	This Issue	
13 CSR 70-3.130	MO HealthNet Division		43 MoReg 2860R	44 MoReg 851R	
13 CSR 70-3.230	MO HealthNet Division		43 MoReg 2860	44 MoReg 851	
13 CSR 70-3.270	MO HealthNet Division		43 MoReg 2557	44 MoReg 623W	
13 CSR 70-3.280	MO HealthNet Division		44 MoReg 563		
13 CSR 70-3.290	MO HealthNet Division		44 MoReg 564		
13 CSR 70-3.300	MO HealthNet Division		43 MoReg 2658	44 MoReg 706	
13 CSR 70-4.051	MO HealthNet Division		43 MoReg 3093	This Issue	
13 CSR 70-10.016	MO HealthNet Division	44 MoReg 494	43 MoReg 3094	44 MoReg 852	
13 CSR 70-10.070	MO HealthNet Division		43 MoReg 2866	44 MoReg 852	
13 CSR 70-10.120	MO HealthNet Division		43 MoReg 2661	44 MoReg 713	
13 CSR 70-10.160	MO HealthNet Division		43 MoReg 2866	44 MoReg 852	
13 CSR 70-15.160	MO HealthNet Division		44 MoReg 685		
13 CSR 70-20.030	MO HealthNet Division		43 MoReg 2868	44 MoReg 852	
13 CSR 70-20.031	MO HealthNet Division		43 MoReg 3099	This Issue	
13 CSR 70-20.034	MO HealthNet Division		43 MoReg 3099R	This IssueR	
13 CSR 70-20.060	MO HealthNet Division		43 MoReg 2564	44 MoReg 623W	
13 CSR 70-20.070	MO HealthNet Division		43 MoReg 2566	44 MoReg 624	
13 CSR 70-20.340	MO HealthNet Division		43 MoReg 3099	This Issue	
13 CSR 70-26.010	MO HealthNet Division		43 MoReg 3101	This Issue	
13 CSR 70-30.010	MO HealthNet Division		43 MoReg 3103	This Issue	
13 CSR 70-94.010	MO HealthNet Division		43 MoReg 3502		
13 CSR 70-98.015	MO HealthNet Division		43 MoReg 3103	This Issue	
13 CSR 70-98.020	MO HealthNet Division		43 MoReg 3105	This Issue	
13 CSR 110-2.060	Division of Youth Services		43 MoReg 2662	44 MoReg 713	
13 CSR 110-2.120	Division of Youth Services		43 MoReg 2663	44 MoReg 713	
13 CSR 110-3.010	Division of Youth Services		43 MoReg 3106	This Issue	
13 CSR 110-3.015	Division of Youth Services		43 MoReg 2868R	44 MoReg 852R	
13 CSR 110-3.020	Division of Youth Services		43 MoReg 2869R	44 MoReg 852R	
13 CSR 110-3.030	Division of Youth Services		43 MoReg 3505		
13 CSR 110-3.040	Division of Youth Services		43 MoReg 3106	This Issue	
13 CSR 110-3.050	Division of Youth Services		43 MoReg 3271R		
13 CSR 110-3.060	Division of Youth Services		43 MoReg 3107	This Issue	
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13 CSR 110-8.010	Division of Youth Services		44 MoReg 565		
13 CSR 110-8.020	Division of Youth Services		44 MoReg 566		
<b>14 CSR</b>	<b>DEPARTMENT OF CORRECTIONS</b> Department of Corrections				42 MoReg 990
<b>15 CSR</b>	<b>ELECTED OFFICIALS</b> Elected Officials				43 MoReg 1498
15 CSR 30-130.010	Secretary of State	44 MoReg 22	44 MoReg 99		
15 CSR 30-130.020	Secretary of State	44 MoReg 22	44 MoReg 99		
15 CSR 30-130.030	Secretary of State	44 MoReg 23	44 MoReg 100		
15 CSR 30-130.040	Secretary of State	44 MoReg 23	44 MoReg 102		
15 CSR 30-130.050	Secretary of State	44 MoReg 24	44 MoReg 102		
15 CSR 30-130.060	Secretary of State	44 MoReg 24	44 MoReg 103		
15 CSR 30-130.070	Secretary of State	44 MoReg 25	44 MoReg 103		
15 CSR 30-130.080	Secretary of State	44 MoReg 26	44 MoReg 103		
15 CSR 30-130.090	Secretary of State	44 MoReg 26	44 MoReg 104		
15 CSR 30-130.100	Secretary of State	44 MoReg 27	44 MoReg 104		
15 CSR 30-200.010	Secretary of State		44 MoReg 921		
15 CSR 30-200.020	Secretary of State		44 MoReg 922		

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15 CSR 40-3.135	State Auditor		44 MoReg 811		
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16 CSR 10-3.020	The Public School Retirement Systems of Missouri		44 MoReg 686		
16 CSR 10-5.010	The Public School Retirement Systems of Missouri		44 MoReg 686		
16 CSR 10-6.030	The Public School Retirement Systems of Missouri		44 MoReg 688		
16 CSR 10-6.060	The Public School Retirement Systems of Missouri		44 MoReg 688		
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19 CSR 30-1.023	Division of Regulation and Licensure	43 MoReg 2970	43 MoReg 2990	44 MoReg 713	
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19 CSR 30-20.013	Division of Regulation and Licensure	44 MoReg 897	44 MoReg 925		
19 CSR 30-60.020	Division of Regulation and Licensure	44 MoReg 898	44 MoReg 925		
19 CSR 30-60.050	Division of Regulation and Licensure	44 MoReg 899	44 MoReg 926		
19 CSR 30-61.025	Division of Regulation and Licensure	44 MoReg 900	44 MoReg 927		
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19 CSR 30-61.055	Division of Regulation and Licensure	44 MoReg 901	44 MoReg 930		
19 CSR 30-61.105	Division of Regulation and Licensure	44 MoReg 903	44 MoReg 931		
19 CSR 30-61.210	Division of Regulation and Licensure	44 MoReg 904	44 MoReg 934		
19 CSR 30-62.032	Division of Regulation and Licensure	44 MoReg 905	44 MoReg 935		
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19 CSR 73-2.051	Missouri Board of Nursing Home Administrators		43 MoReg 2876	44 MoReg 853	
19 CSR 73-2.053	Missouri Board of Nursing Home Administrators		43 MoReg 2876	44 MoReg 853	
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20 CSR 100-9.100	Insurer Conduct		43 MoReg 3523	44 MoReg 967	
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20 CSR 200-16.120	Insurance Solvency and Company Regulation		44 MoReg 695R		
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20 CSR 200-20.010	Insurance Solvency and Company Regulation		44 MoReg 105		
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22 CSR 10-2.061	Health Care Plan	43 MoReg 3382	43 MoReg 3564	This Issue	
22 CSR 10-2.075	Health Care Plan	43 MoReg 3383	43 MoReg 3566	This Issue	
22 CSR 10-2.080	Health Care Plan	43 MoReg 3384	43 MoReg 3566	This Issue	
22 CSR 10-2.088	Health Care Plan	43 MoReg 3384	43 MoReg 3567	This Issue	
22 CSR 10-2.089	Health Care Plan	43 MoReg 3385	43 MoReg 3567	This Issue	
22 CSR 10-2.090	Health Care Plan	43 MoReg 3386	43 MoReg 3568	This Issue	
22 CSR 10-2.110	Health Care Plan	43 MoReg 3389	43 MoReg 3570	This Issue	
22 CSR 10-2.140	Health Care Plan	43 MoReg 3390	43 MoReg 3572	This Issue	
22 CSR 10-3.010	Health Care Plan	43 MoReg 3391	43 MoReg 3579	This Issue	
22 CSR 10-3.020	Health Care Plan	43 MoReg 3392	43 MoReg 3579	This Issue	
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22 CSR 10-3.053	Health Care Plan	43 MoReg 3396R	43 MoReg 3583R	This IssueR	
22 CSR 10-3.055	Health Care Plan	43 MoReg 3397	43 MoReg 3584	This Issue	
22 CSR 10-3.056	Health Care Plan	43 MoReg 3397R	43 MoReg 3584R	This IssueR	
22 CSR 10-3.057	Health Care Plan	43 MoReg 3398	43 MoReg 3584	This Issue	
22 CSR 10-3.058	Health Care Plan	43 MoReg 3407	43 MoReg 3594	This Issue	
22 CSR 10-3.059	Health Care Plan	43 MoReg 3409	43 MoReg 3595	This Issue	
22 CSR 10-3.060	Health Care Plan	43 MoReg 3410R	43 MoReg 3597R	This IssueR	
22 CSR 10-3.061	Health Care Plan	43 MoReg 3411	43 MoReg 3597	This Issue	
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22 CSR 10-3.090	Health Care Plan	43 MoReg 3413	43 MoReg 3599	This Issue	

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4 CSR 85-5.010	Overview and Definitions . . . . .	May 1, 2019 Issue .March 30, 2019 . . . . .	Dec. 31, 2019
4 CSR 85-5.020	Applications . . . . .	May 1, 2019 Issue .March 30, 2019 . . . . .	Dec. 31, 2019
4 CSR 85-5.030	Preliminary Application Evaluation- Net Fiscal Benefit . . . . .	May 1, 2019 Issue .March 30, 2019 . . . . .	Dec. 31, 2019
4 CSR 85-5.040	Preliminary Application- Overall Size and Quality of the Project . . . . .	May 1, 2019 Issue .March 30, 2019 . . . . .	Dec. 31, 2019
4 CSR 85-5.050	Preliminary Application- Level of Economic Distress . . . . .	May 1, 2019 Issue .March 30, 2019 . . . . .	Dec. 31, 2019
4 CSR 85-5.060	Preliminary Application- Input from Local Elected Officials . . . . .	May 1, 2019 Issue .March 30, 2019 . . . . .	Dec. 31, 2019
4 CSR 85-5.070	Compliance with Other Provisions of Law . . . . .	May 1, 2019 Issue .March 30, 2019 . . . . .	Dec. 31, 2019
4 CSR 85-5.080	Phased Projects . . . . .	May 1, 2019 Issue .March 30, 2019 . . . . .	Dec. 31, 2019
4 CSR 85-5.090	Developer Fees; General Contractor Requirements . . . . .	May 1, 2019 Issue .March 30, 2019 . . . . .	Dec. 31, 2019
4 CSR 85-5.100	Not-for-Profits . . . . .	May 1, 2019 Issue .March 30, 2019 . . . . .	Dec. 31, 2019
4 CSR 85-5.110	Administrative Closure . . . . .	May 1, 2019 Issue .March 30, 2019 . . . . .	Dec. 31, 2019
<b>Public Service Commission</b>			
4 CSR 240-40.033	Safety Standards - Liquefied Natural Gas Facilities . . . . .	44 MoReg 493 . . . . .	Dec. 29, 2018 . . . . . June 26, 2019
<b>Department of Labor and Industrial Relations</b>			
<b>Division of Labor Standards</b>			
8 CSR 30-3.010	Applicable Wage Rates for Public Works Projects . . . . .	44 MoReg 5 . . . . .	Dec. 01, 2018 . . . . . May 29, 2019
8 CSR 30-3.030	Apprentices and Entry-Level Workers . . . . .	44 MoReg 6 . . . . .	Dec. 01, 2018 . . . . . May 29, 2019
8 CSR 30-3.040	Classifications of Construction Work . . . . .	44 MoReg 7 . . . . .	Dec. 01, 2018 . . . . . May 29, 2019
8 CSR 30-3.050	Posting of Prevailing Wage Rates . . . . .	44 MoReg 7 . . . . .	Dec. 01, 2018 . . . . . May 29, 2019
8 CSR 30-3.060	Occupational Titles of Work Descriptions . . . . .	44 MoReg 8 . . . . .	Dec. 01, 2018 . . . . . May 29, 2019
<b>Department of Mental Health</b>			
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9 CSR 30-6.010	Certified Community Behavioral Health Clinics . . . . .	May 1, 2019 Issue . . . . .	July 1, 2019 . . . . . Oct. 30, 2019
<b>Department of Public Safety</b>			
<b>Division of Alcohol and Tobacco Control</b>			
11 CSR 70-2.240	Advertising of Intoxicating Liquor . . . . .	43 MoReg 3199 . . . . .	Oct. 20, 2018 . . . . . April 17, 2019
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<b>Director of Revenue</b>			
12 CSR 10-41.010	Annual Adjusted Rate of Interest . . . . .	43 MoReg 3347 . . . . .	Jan. 1, 2019 . . . . . June 29, 2019
<b>Department of Social Services</b>			
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13 CSR 70-10.016	Global Per Diem Adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates . . . . .	44 MoReg 494 . . . . .	Dec. 31, 2018 . . . . . June 28, 2019
<b>Elected Officials</b>			
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15 CSR 30-14.010	Campaign Contribution Limits . . . . .	May 1, 2019 Issue .March 30, 2019 . . . . .	Jan. 8, 2020
15 CSR 30-130.010	Definitions . . . . .	44 MoReg 22 . . . . .	Dec. 10, 2018 . . . . . June 7, 2019
15 CSR 30-130.020	Applications, Interim Operating Permits and Forms . . . . .	44 MoReg 22 . . . . .	Dec. 10, 2018 . . . . . June 7, 2019
15 CSR 30-130.030	Fees . . . . .	44 MoReg 23 . . . . .	Dec. 10, 2018 . . . . . June 7, 2019
15 CSR 30-130.040	Approval of Assurance Organizations . . . . .	44 MoReg 23 . . . . .	Dec. 10, 2018 . . . . . June 7, 2019
15 CSR 30-130.050	Use of Assurance Organizations by Applicant . . . . .	44 MoReg 24 . . . . .	Dec. 10, 2018 . . . . . June 7, 2019
15 CSR 30-130.060	Proof of Positive Working Capital, Bonds and Letters . . . . .	44 MoReg 24 . . . . .	Dec. 10, 2018 . . . . . June 7, 2019
15 CSR 30-130.070	Disciplinary Actions . . . . .	44 MoReg 25 . . . . .	Dec. 10, 2018 . . . . . June 7, 2019
15 CSR 30-130.080	Request for Hearing . . . . .	44 MoReg 26 . . . . .	Dec. 10, 2018 . . . . . June 7, 2019
15 CSR 30-130.090	Hearings . . . . .	44 MoReg 26 . . . . .	Dec. 10, 2018 . . . . . June 7, 2019
15 CSR 30-130.100	Appeals . . . . .	44 MoReg 27 . . . . .	Dec. 10, 2018 . . . . . June 7, 2019
15 CSR 30-200.025	Application and Payment Procedures for Appropriations or Grants . . . . .	44 MoReg 897 . . . . .	Feb. 17, 2019 . . . . . Aug. 15, 2019
<b>Department of Health and Senior Services</b>			
<b>Office of the Director</b>			
19 CSR 20-60.010	Levels of Maternal and Neonatal Care Designations . . . . .	44 MoReg 496 . . . . .	Dec. 30, 2018 . . . . . June 27, 2019
19 CSR 30-1.002	Schedules of Controlled Substances . . . . .	43 MoReg 3347 . . . . .	Nov. 04, 2018 . . . . . May 2, 2019
19 CSR 30-20.013	Incorporation of Medicare Conditions of Participation . . . . .	44 MoReg 897 . . . . .	Feb. 24, 2019 . . . . . Aug. 22, 2019
19 CSR 30-60.020	Application for Annual Fire Safety and Health and Sanitation Inspections and Inspection Procedures . . . . .	44 MoReg 898 . . . . .	Feb. 25, 2019 . . . . . Aug. 23, 2019

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19 CSR 30-60.050	Staffing Requirements . . . . .	44 MoReg 899 . . . . .	Feb. 25, 2019 . . . . . Aug. 23, 2019
19 CSR 30-61.025	Organization and Administration . . . . .	44 MoReg 900 . . . . .	Feb. 25, 2019 . . . . . Aug. 23, 2019
19 CSR 30-61.045	Initial Licensing Information . . . . .	44 MoReg 901 . . . . .	Feb. 25, 2019 . . . . . Aug. 23, 2019
19 CSR 30-61.055	License Renewal . . . . .	44 MoReg 901 . . . . .	Feb. 25, 2019 . . . . . Aug. 23, 2019
19 CSR 30-61.105	The Day Care Provider and Other Day Care Personnel . . . . .	44 MoReg 903 . . . . .	Feb. 25, 2019 . . . . . Aug. 23, 2019
19 CSR 30-61.210	Records and Reports . . . . .	44 MoReg 904 . . . . .	Feb. 25, 2019 . . . . . Aug. 23, 2019
19 CSR 30-62.032	Organization and Administration . . . . .	44 MoReg 905 . . . . .	Feb. 25, 2019 . . . . . Aug. 23, 2019
19 CSR 30-62.042	Initial Licensing Information . . . . .	44 MoReg 905 . . . . .	Feb. 25, 2019 . . . . . Aug. 23, 2019
19 CSR 30-62.052	License Renewal . . . . .	44 MoReg 906 . . . . .	Feb. 25, 2019 . . . . . Aug. 23, 2019
19 CSR 30-62.102	Personnel . . . . .	44 MoReg 907 . . . . .	Feb. 25, 2019 . . . . . Aug. 23, 2019
19 CSR 30-62.222	Records and Reports . . . . .	44 MoReg 909 . . . . .	Feb. 25, 2019 . . . . . Aug. 23, 2019
19 CSR 30-63.010	Definitions . . . . .	44 MoReg 910 . . . . .	Feb. 25, 2019 . . . . . Aug. 23, 2019
19 CSR 30-63.020	General Requirements . . . . .	44 MoReg 911 . . . . .	Feb. 25, 2019 . . . . . Aug. 23, 2019
19 CSR 30-63.030	Criminal Background Screening Cost . . . . .	44 MoReg 911 . . . . .	Feb. 25, 2019 . . . . . Aug. 23, 2019
19 CSR 30-63.040	Background Screening Findings . . . . .	44 MoReg 912 . . . . .	Feb. 25, 2019 . . . . . Aug. 23, 2019
19 CSR 30-63.050	Process for Appeal Required in Section 210.1080, RSMo . . . . .	44 MoReg 913 . . . . .	Feb. 25, 2019 . . . . . Aug. 23, 2019
19 CSR 30-95.020	General Provisions . . . . .	44 MoReg 271 . . . . .	Dec. 24, 2018 . . . . . June 21, 2019
19 CSR 73-2.011	Fee Waiver for Military Families and Low-Income Individuals . . . . .	This Issue . . . . .	March 3, 2019 . . . . . Aug. 29, 2019
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20 CSR 2015-1.030	Fees . . . . .	This Issue . . . . .	April 1, 2019 . . . . . Sept. 30, 2019
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20 CSR 2110-2.250	Prescribing Opioids . . . . .	43 MoReg 3759 . . . . .	Nov. 17, 2018 . . . . . May 15, 2019
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20 CSR 2150-2.080	Physician Licensure Fees . . . . .	This Issue . . . . .	March 4, 2019 . . . . . Aug. 30, 2019
20 CSR 2150-2.230	Assistant Physician—Continuing Education . . . . .	This Issue . . . . .	March 4, 2019 . . . . . Aug. 30, 2019
20 CSR 2150-2.240	Assistant Physician Collaborative Practice Agreements . . . . .	This Issue . . . . .	March 4, 2019 . . . . . Aug. 30, 2019
20 CSR 2150-2.250	Assistant Physician—Collaborative Practice Change Requirements . . . . .	This Issue . . . . .	March 4, 2019 . . . . . Aug. 30, 2019
20 CSR 2150-2.260	Assistant Physician—Certificate of Prescriptive Authority . . . . .	This Issue . . . . .	March 4, 2019 . . . . . Aug. 30, 2019
20 CSR 2150-5.100	Collaborative Practice Arrangement with Nurses . . . . .	This Issue . . . . .	March 4, 2019 . . . . . Aug. 30, 2019
20 CSR 2150-7.130	Applicants for Certificate of Controlled Substance Prescriptive Authority . . . . .	This Issue . . . . .	March 4, 2019 . . . . . Aug. 30, 2019
20 CSR 2150-7.135	Physician Assistant Supervision Agreements . . . . .	This Issue . . . . .	March 4, 2019 . . . . . Aug. 30, 2019
<b>State Board of Nursing</b>			
20 CSR 2200-4.200	Collaborative Practice . . . . .	This Issue . . . . .	March 4, 2019 . . . . . Aug. 30, 2019
<b>State Board of Pharmacy</b>			
20 CSR 2220-2.400	Compounding Standards of Practice . . . . .	May 1, 2019 Issue . . . . .	March 30, 2019 . . . . . Jan. 8, 2020
20 CSR 2220-4.010	General Fees . . . . .	44 MoReg 28 . . . . .	Dec. 8, 2018 . . . . . June 5, 2019
20 CSR 2220-8.010	Definitions . . . . .	44 MoReg 28 . . . . .	Dec. 8, 2018 . . . . . June 5, 2019
20 CSR 2220-8.020	Licensing Requirements . . . . .	44 MoReg 29 . . . . .	Dec. 8, 2018 . . . . . June 5, 2019
20 CSR 2220-8.030	Nonresident Third-Party Logistics Providers/Drug Outsourcer Facilities . . . . .	44 MoReg 30 . . . . .	Dec. 8, 2018 . . . . . June 5, 2019
20 CSR 2220-8.040	Standards of Operation (Drug Outsourcers) . . . . .	44 MoReg 31 . . . . .	Dec. 8, 2018 . . . . . June 5, 2019
20 CSR 2220-8.045	Standards of Operation (Third-Party Logistics Providers) . . . . .	44 MoReg 33 . . . . .	Dec. 8, 2018 . . . . . June 5, 2019
<b>Missouri Veterinary Medical Board</b>			
20 CSR 2270-4.031	Minimum Standards for Practice Techniques . . . . .	May 1, 2019 Issue . . . . .	March 30, 2019 . . . . . Jan. 8, 2020
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20 CSR 2231-3.010	Fee Waiver for Military Families and Low-Income Individuals . . . . .	43 MoReg 3760 . . . . .	Nov. 17, 2018 . . . . . May 15, 2019
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20 CSR 2232-1.040	Fees . . . . .	43 MoReg 3760 . . . . .	Nov. 17, 2018 . . . . . May 15, 2019
<b>Missouri Consolidated Health Care Plan</b>			
22 CSR 10-1.030	Board of Trustees Election Process . . . . .	43 MoReg 3354 . . . . .	Jan. 1, 2019 . . . . . June 29, 2019
22 CSR 10-2.010	Definitions . . . . .	43 MoReg 3356 . . . . .	Jan. 1, 2019 . . . . . June 29, 2019
22 CSR 10-2.020	General Membership Provisions . . . . .	43 MoReg 3357 . . . . .	Jan. 1, 2019 . . . . . June 29, 2019
22 CSR 10-2.030	Contributions . . . . .	43 MoReg 3362 . . . . .	Jan. 1, 2019 . . . . . June 29, 2019
22 CSR 10-2.045	Plan Utilization Review Policy . . . . .	43 MoReg 3365 . . . . .	Jan. 1, 2019 . . . . . June 29, 2019
22 CSR 10-2.046	PPO 750 Plan Benefit Provisions and Covered Charges . . . . .	43 MoReg 3366 . . . . .	Jan. 1, 2019 . . . . . June 29, 2019
22 CSR 10-2.047	PPO 1250 Plan Benefit Provisions and Covered Charges . . . . .	43 MoReg 3368 . . . . .	Jan. 1, 2019 . . . . . June 29, 2019
22 CSR 10-2.051	PPO 300 Plan Benefit Provisions and Covered Charges . . . . .	43 MoReg 3370 . . . . .	Jan. 1, 2019 . . . . . June 29, 2019
22 CSR 10-2.052	PPO 600 Plan Benefit Provisions and Covered Charges . . . . .	43 MoReg 3370 . . . . .	Jan. 1, 2019 . . . . . June 29, 2019

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22 CSR 10-2.053 Health Savings Account Plan Benefit Provisions and Covered Charges . . . . .	.43 MoReg 3370 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-2.055 Medical Plan Benefit Provisions and Covered Charges . . . . .	.43 MoReg 3372 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-2.060 PPO 300 Plan, PPO 600 Plan, and Health Savings Account Plan Limitations . . . . .	.43 MoReg 3381 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-2.061 Plan Limitations . . . . .	.43 MoReg 3382 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-2.075 Review and Appeals Procedure . . . . .	.43 MoReg 3383 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-2.080 Miscellaneous Provisions . . . . .	.43 MoReg 3384 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-2.088 Medicare Advantage Plan . . . . .	.43 MoReg 3384 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-2.089 Pharmacy Employer Group Waiver Plan for Medicare Primary Members . . . . .	.43 MoReg 3385 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-2.090 Pharmacy Benefit Summary . . . . .	.43 MoReg 3386 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-2.110 General Foster Parent Membership Provisions . . . . .	.43 MoReg 3389 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-2.140 Strive for Wellness <sup>®</sup> Health Center Provisions, Charges, and Services . . . . .	.43 MoReg 3390 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-3.010 Definitions . . . . .	.43 MoReg 3391 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-3.020 General Membership Provisions . . . . .	.43 MoReg 3392 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-3.045 Plan Utilization Review Policy . . . . .	.43 MoReg 3395 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-3.053 PPO 1000 Plan Benefit Provisions and Covered Charges . . . . .	.43 MoReg 3396 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-3.055 Health Savings Account Plan Benefit Provisions and Covered Charges . . . . .	.43 MoReg 3397 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-3.056 PPO 600 Plan Benefit Provisions and Covered Charges . . . . .	.43 MoReg 3397 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-3.057 Medical Plan Benefit Provisions and Covered Charges . . . . .	.43 MoReg 3398 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-3.058 PPO 750 Plan Benefit Provisions and Covered Charges . . . . .	.43 MoReg 3407 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-3.059 PPO 1250 Plan Benefit Provisions and Covered Charges . . . . .	.43 MoReg 3409 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-3.060 PPO 600 Plan, PPO 1000 Plan, and Health Savings Account Plan Limitations . . . . .	.43 MoReg 3410 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-3.061 Plan Limitations . . . . .	.43 MoReg 3411 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-3.080 Miscellaneous Provisions . . . . .	.43 MoReg 3412 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019
22 CSR 10-3.090 Pharmacy Benefit Summary . . . . .	.43 MoReg 3413 . . . . .	Jan. 1, 2019 . . . . .	June 29, 2019



<b>Executive Orders</b>	<b>Subject Matter</b>	<b>Filed Date</b>	<b>Publication</b>
<b><u>2019</u></b>			
<b>19-04</b>	Establishes the Missouri School Safety Task Force	March 13, 2019	Next Issue
<b>Proclamation</b>	Governor reduces line items in the budget.	Jan. 28, 2019	44 MoReg 771
<b>19-03</b>	Transfers the Division of Workforce Development to the Department of Higher Education	Jan. 17, 2019	44 MoReg 767
<b>19-02</b>	Transfers the Office of Public Counsel and Public Service Commission to the Department of Insurance, Financial Institutions and Professional Registration	Jan. 17, 2019	44 MoReg 765
<b>19-01</b>	Transfers the Division of Energy to the Department of Natural Resources	Jan. 17, 2019	44 MoReg 763
<b><u>2018</u></b>			
<b>18-12</b>	Establishes the Missouri 2020 Complete Count Committee	Dec. 18, 2018	44 MoReg 498
<b>18-11</b>	Closes state offices December 24, 2018.	Nov. 30, 2018	43 MoReg 3761
<b>18-10</b>	Establishes that each executive branch adhere to the code of conduct regarding gifts form lobbyist	Nov. 20, 2018	44 MoReg 36
<b>18-09</b>	Closes state offices November 23, 2018.	Nov. 1, 2018	43 MoReg 3204
<b>18-08</b>	Establishes the Missouri Justice Reinvestment Executive Oversight Council.	Oct. 25, 2018	43 MoReg 3472
<b>Proclamation</b>	Governor temporarily reduces line items in the budget.	Oct. 31, 2018	43 MoReg 3416
<b>18-07</b>	Establishes the Bicentennial Commission.	Oct. 12, 2018	43 MoReg 3202
<b>Proclamation</b>	Calls upon the Senators and Representatives to enact legislation requiring the Department of Elementary and Secondary Education to establish a statewide program to be known as the "STEM Career Awareness Program."	Sept. 4, 2018	43 MoReg 2780
<b>18-06</b>	Designates those members of the governor's staff who have supervisory authority over each department, division, or agency of state government.	Aug. 21, 2018	43 MoReg 2778
<b>18-05</b>	Declares a drought alert for 47 Missouri counties and orders the director of the Department of Natural Resources to activate and designate a chairperson for the Drought Assessment Committee	July 18, 2018	43 MoReg 2539
<b>18-04</b>	Extends the deadline from Section 3d of Executive Order 17-03 through September 30,2018.	June 29, 2018	43 MoReg 1996
<b>18-03</b>	Reauthorizes and restructures the Homeland Security Advisory Council.	April 25, 2018	43 MoReg 1123
<b>18-02</b>	Declares a State of Emergency and activates the state militia in response to severe weather that began on Feb. 23.	Feb. 24, 2018	43 MoReg 664
<b>Proclamation</b>	Governor notifies the General Assembly that he is reducing appropriation lines in the fiscal year 2018 budget.	Feb. 14, 2018	43 MoReg 519
<b>18-01</b>	Rescinds Executive Order 07-21.	Jan. 4, 2018	43 MoReg 251

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