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SALUS POPULI SUPREMA LEX ESTO

"The welfare of the people shall be the supreme law."

JOHN R. ASHCROFT

SECRETARY OF STATE

MISSOURI REGISTER

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

HOW TO CITE RULES AND RSMO

RULES

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

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

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

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

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

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

Code and *Register* on the Internet

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

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

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

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

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

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

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

Title 2—DEPARTMENT OF AGRICULTURE
Division 70—Plant Industries
Chapter 17—Industrial Hemp

EMERGENCY AMENDMENT

2 CSR 70-17.010 Definitions. The department is amending sections (1), (7), (8), (17), and (26), adding new section (25), and renumbering thereafter.

PURPOSE: This amendment updates the list of definitions for Chapter 17.

EMERGENCY STATEMENT: This emergency amendment informs the public of what provisions are necessary for the efficient and effective management of the Industrial Hemp Program. The department believes this emergency amendment is necessary to serve a compelling governmental interest in order to incorporate changes in federal regulations made on March 22, 2021, affecting the regulatory framework for industrial hemp production in Missouri. Emergency rules are necessary to be in compliance with federal rule 7 CFR part 990 Establishment of a Domestic Hemp Production Program published on January 19, 2021 and effective on March 22, 2021. Missouri's industrial hemp producers are currently preparing for outdoor planting operations for the 2021 growing season. A proposed amendment, which covers the same material, is published in this issue of the ***Missouri Register****. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitution****. MDA believes this emergency amendment is fair to all interested parties under the circumstances. This emergency amendment was filed May 26, 2021, becomes effective June 10, 2021, and expires December 6, 2021.*

(1) Acceptable industrial hemp THC level (acceptable THC level)—when the application of the measurement of uncertainty to the reported delta-9 THC **(also referred to as 'Total THC' or 'Total Potential THC')** content concentration level on a dry weight basis produces a distribution range that includes three-tenths of one percent (0.3%) or less. *[Any certificate of analysis that does not include a measurement of uncertainty, the measurement of uncertainty is deemed zero percent (0.00%).]*

(7) Certificate of analysis—a certificate from a testing laboratory describing the results of the laboratory's testing of a sample. **Any certificate of analysis that does not include a measurement of uncertainty, the measurement of uncertainty is deemed zero percent (0.00%).**

(8) Certified industrial hemp sampler (certified sampler)—a **natural** person that meets the requirements established by the department for conducting *[field]* **compliance** sampling of industrial hemp.

(17) Lot—a group of plants of the same cannabis variety or strain in a contiguous area in a field, greenhouse, or indoor *[growing structure]* **cultivation facility**.

(25) Remediation – the process of rendering non-compliant hemp compliant in accordance with the MDA Remediation Protocol.

*[(25)]***(26)** Testing laboratory—a laboratory—

(A) Is registered with the Drug Enforcement Agency (DEA) or other requirements established by the United States Department of Agriculture **by December 31, 2022**; *[or]* **and**

(B) Is accredited *[or has begun the process of accreditation]* as a testing laboratory to International Organization for Standardization (ISO/IEC) 17025 by a third-party accrediting body such as the American Association for Laboratory Accreditation (A2LA), ANSI-ASQ National Accreditation Board (ANAB), or American Society of Crime Laboratory Directors (ASCLD). *[The laboratory must be accredited and also have the cannabis testing they perform on their scope of accreditation by December 31, 2023.]*

AUTHORITY: section 195.773, RSMo Supp. [2019] ***2020****. Original rule filed Nov. 20, 2018, effective July 30, 2019. Emergency amendment filed Dec. 17, 2019, effective Jan. 2, 2020, terminated May 30, 2020. Amended: Filed Sept. 30, 2019, effective May 30, 2020. Emergency amendment filed May 26, 2021, effective June 10, 2021, expires Dec. 6, 2021. A proposed amendment covering the same material is published in this issue of the* ***Missouri Register****.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

Title 2—DEPARTMENT OF AGRICULTURE
Division 70—Plant Industries
Chapter 17—Industrial Hemp

EMERGENCY AMENDMENT

2 CSR 70-17.100 Sampling Requirements and Results of Analysis.

The department is amending sections (5), (9), (10), (11), (14), and (15).

PURPOSE: This amendment updates reporting information for Certified Samplers, timelines for pre-harvest sampling, submitting compliance certificates of analysis, and close out of orders of destruction.

*EMERGENCY STATEMENT: This emergency amendment informs the public of what provisions are necessary for the efficient and effective management of the Industrial Hemp Program. The department believes this emergency amendment is necessary to serve a compelling governmental interest in order to incorporate changes in federal regulations made on March 22, 2021, affecting the regulatory framework for industrial hemp production in Missouri. Emergency rules are necessary to be in compliance with federal rule 7 CFR part 990 Establishment of a Domestic Hemp Production Program published on January 19, 2021 and effective on March 22, 2021. Missouri's industrial hemp producers are currently preparing for outdoor planting operations for the 2021 growing season. A proposed amendment, which covers the same material, is published in this issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitution**. MDA believes this emergency amendment is fair to all interested parties under the circumstances. This emergency amendment was filed May 26, 2021, becomes effective June 10, 2021, and expires December 6, 2021.*

(5) Certified samplers or authorized department personnel shall—

(A) Adhere to the department sampling protocol for collection and handling of samples; *[and]*

(B) Complete and attach a department chain of custody form to each sample*[.]***; and**

(C) Complete and submit all reporting as required by the Department.

(9) Samples must be taken within *[fifteen (15)]* **thirty (30) calendar** days prior to harvest.

(10) The **harvested materials from the** lot *[is a]* **are considered** publicly marketable *[product]* **products** if the sample used to determine compliance with applicable laws and regulations meets the definition of acceptable THC level.

(11) For any **pre-harvest** sample exceeding the acceptable THC level, the registered producer may request *[the laboratory to retest the sample. The registered producer must notify the department and the laboratory of the request in writing.]***;**

(A) The laboratory retest the original sample;

(B) To remediate the lot and then resample the lot per the Sampling Protocol to determine compliance; or

(C) To proceed with an Order of Destruction for the lot.

(14) Registered producers must submit certificates of analysis for all samples used to determine compliance with applicable laws and regulations to the department **within seven (7) calendar days of receipt**.

[(A) Registered producers must submit to the department, within three (3) business days of receipt, copies of any certificate of analysis that show the tested sample measured above the acceptable THC level as evidence that the lot does not comply with applicable laws and regulations.

(B) Registered producers must submit to the department, within thirty (30) business days of receipt, copies of any certificate of analysis that show the tested sample measured within the acceptable THC level as evidence that the lot does comply with applicable laws and regulations.]

(15) The department may issue to the registered producer or permit holder an order of destruction for any lot testing out of compliance. Destruction must be completed by the registered producer or permit holder within fifteen (15) **calendar** days of receipt of the department's order of destruction. The Missouri State Highway Patrol or local law enforcement agency must complete certification of **ordered** crop destruction. In addition—

(A) The registered producer or permit holder must maintain a destruction report; and

(B) The registered producer or permit holder must submit a copy of the destruction report to the department within thirty (30) *[business]* **calendar** days of crop destruction.

*AUTHORITY: section 195.773, RSMo Supp. [2019] **2020**. Original rule filed Nov. 20, 2018, effective July 30, 2019. Emergency amendment filed Dec. 17, 2019, effective Jan. 2, 2020, terminated May 30, 2020. Amended: Filed Sept. 30, 2019, effective May 30, 2020. Emergency amendment filed May 26, 2021, effective June 10, 2021, expires Dec. 6, 2021. A proposed amendment covering this same material is published in this issue of the **Missouri register**.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 35—Children's Division
Chapter 30—Voluntary Placement Agreement

EMERGENCY RULE

13 CSR 35-30.020 Immediate Safety Intervention Plan

PURPOSE: This rule governs the use of Immediate Safety Intervention Plans, which are used as part of Temporary Alternative Placement Agreements (TAPAs) under section 210.123, RSMo. An Immediate Safety Intervention Plan is a form for the relative caretaker of a child under a TAPA to use to notify medical care providers, educational institutions and others that they have legal authority to make day-to-day decisions for the child in their care.

EMERGENCY STATEMENT: This emergency rule implements House Bill 1414 (2020), which requires the Department of Social Services, Children's Division, to promulgate regulations to implement Temporary Alternative Placement Agreements (TAPAs), and to promulgate a form for the relative caretaker of a child under a TAPA to use to notify medical care providers, educational institutions, and others that they have legal authority to make day-to-day decisions for the child in their care. See section 210.123.12, RSMo. The Department of Social Services and the Children's Division are vested by law with the authority and responsibility to establish the child welfare system for the whole state, and to implement TAPAs in particular. See sections 207.020, 210.109, 210.145, 210.123, and 660.017, RSMo. The Department of Social Services is required to have approval of the implementation plan from external agencies, including the Council on Accreditation (COA) before promulgating this emergency rule. COA's approval required the division to develop unanticipated processes and policies to satisfy their requirement and the requirements of section 210.123, RSMo. One requirement of section 210.123, RSMo is to track TAPAs. This requirement specifically necessitated upgrades to existing information systems before promulgating this emergency rule. Additionally, section 210.123, RSMo is not effective until this rule is promulgated. A key provision of section

*210.123, RSMo is a mechanism that allows schools to rely on TAPA to make educational and medical decisions for children. For these educational and medical decisions to be made, the emergency rule must be promulgated before the 2021-2022 school year. The division has determined that promulgation of this regulation is necessary on an emergency basis to address a danger to public health, safety, and/or welfare of children in Missouri. The division will utilize Immediate Safety Intervention Plans to work with families with children who are at risk of removal from the home to address immediate safety and service requirements to prevent or eliminate the need for the children to be removed by providing a structured process for working with the family. The division also will utilize Immediate Safety Intervention Plans as a bridge to the implementation of TAPAs, which will enable the division to work with families on a voluntary basis to divert children to temporary, safe, alternative placements with individuals who know the child while the family resolves problems that make the child at risk for removal from the home for placement in foster care. The Children's Division works with children and families on a daily basis where the children are at risk of removal due to abuse or neglect. Implementing this regulation immediately establishes an additional means to protect children from abuse or neglect, and to coordinate Immediate Safety Intervention Plans with TAPAs as required by House Bill 1414. The Children's Division therefore has a compelling governmental interest to promulgate this section on an emergency basis. Immediate Safety Intervention Plans are voluntary, so parents, legal guardians, and caretakers of children are not compelled to participate against their will. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended by the **Missouri** and **United States Constitutions**. The Children's Division believes that this emergency rule is fair to all interested persons and parties under the circumstances. A proposed rule covering this same material will be published in this issue of the **Missouri Register**. This emergency rule was filed May 20, 2021, becomes effective August 2, 2021, and expires February 24, 2022.*

(1) Purpose and Scope—

(A) An Immediate Safety Intervention Plan is a voluntary, time limited agreement between the Children's Division, a child's parent(s) and/or legal guardian(s), and any other third parties to protect a child from one or more identified, immediate threats to the child's safety, health, and welfare in the short term. The purpose of the Immediate Safety Intervention Plan is to establish and document in writing a plan to keep a child safe with the goal of preventing or eliminating the need for the child to be involuntarily removed from the child's home and/or brought under the authority of a juvenile or family court pursuant to Chapter 211, RSMo.

(B) The paramount consideration for developing, implementing, and monitoring an Immediate Safety Intervention Plan is to protect the safety, best interests, and welfare of the child.

(2) Definitions. For the purposes of this section the following definitions shall apply:

(A) The terms "Safety Plan" and "ISIP" mean Immediate Safety Intervention Plan.

(B) The word "Relative" shall mean a grandparent or any other person related to another by blood or affinity or a person who is not so related to the child but has a close relationship with the child or the child's family. The status of a grandparent shall not be affected by the death or the dissolution of the marriage of a son or daughter.

(C) The phrases "Temporary Alternative Placement Agreement", and "TAPA" shall mean Temporary Alternative Placement Agreements as defined in section 210.123, RSMo, and 13 CSR 35-30.030.

(3) Each Immediate Safety Intervention Plan will be reduced to writing and signed by the parties to the Immediate Safety Intervention Plan. It will-

(A) Identify the danger or immediate safety threat(s) to the child;

(B) Identify the services that the division may offer to address the identified safety threat(s) to the child;

(C) Identify the specific actions that the child's parent(s), guardian and Relatives will take to address the identified safety threat(s) to the child, and specify the time frames during which those actions will be completed;

(D) Identify any other people or agencies that are willing and available to support the child and the parent(s), guardian and/or Relative(s) in the implementation of the Immediate Safety Intervention Plan, and identify what actions they may take to implement the Immediate Safety Intervention Plan;

(E) Include a statement that the parent(s), guardian(s) and Relative(s) agree to the Immediate Safety Intervention Plan, that they will participate in good faith with the services offered by the division, that they will cooperate with the division, and that that they will implement the requirements of the Immediate Safety Intervention Plan;

(F) Specify the date on which the Immediate Safety Intervention Plan will terminate;

(G) Contain any other provisions that the parties may deem appropriate; and

(H) Include a plan for monitoring the effectiveness of the Immediate Safety Intervention Plan.

(4) Placements. An Immediate Safety Intervention Plan may provide for the child to remain in the child's own home while the plan is being implemented, or to temporarily reside with the non-offending parent. Any change in the residence of a child pursuant to an Immediate Safety Intervention Plan is and shall be accomplished solely pursuant to the legal authority of and voluntary consent of the child's parent(s), legal custodian(s), or legal guardian(s). A change in the residence of a child pursuant to an Immediate Safety Intervention Plan is not intended to be and shall not be construed to be a custody order, modification of a custody order, or a placement of the child by the division.

(5) An Immediate Safety Intervention Plan is not a custody or visitation order or a parenting plan, as such terms as otherwise defined by law. An Immediate Safety Intervention Plan does not and cannot supersede a court order governing the care, custody, control, or support of a child.

(6) The parent(s), guardian(s), and Relative(s) shall cooperate in good faith with the division to implement the Immediate Safety Intervention Plan. This includes, but is not limited to-

(A) Making the child available to meet with the division or its contractors or representatives in the State of Missouri in person, virtually, or by other means of communication upon request to enable the division to ensure the Immediate Safety Intervention Plan is being implemented and the child is safe and well cared for during the pendency of the Immediate Safety Intervention Plan;

(B) Allowing the division or its contractors or representatives to inspect the home at reasonable times (announced and unannounced) to ensure the Immediate Safety Intervention Plan is being implemented;

(C) Executing any consents and/or authorizations to release information to the division and/or to or from third parties the division determines necessary to obtain information to develop and/or monitor the implementation of the Immediate Safety Intervention Plan. This includes, but is not limited to, health care providers, schools, and other professionals providing services to the child and other parties;

(D) Participating in team decision making meetings that the division may convene pertaining to the child;

(E) Keeping the division informed of their current residence address, mailing address, telephone number, e-mail address, work address, and contact information; and any change in the residence of

and contact information for the child;

(F) It shall be the duty of the parent(s), legal guardian(s), and Relative to promptly notify the division of any change in circumstances that may impact the care of the child and/or the implementation of the Immediate Safety Intervention Plan.

(7) Background checks.

(A) The division may conduct a background check of the parent, guardian, the Relative, and any adult member of the parent, guardian, or Relative's household as part of its process to determine whether the parent, guardian, or Relative is a suitable temporary placement provider for the child. The parent, Relative, and other adult household members shall execute any consents or other documents necessary to complete any background checks, and submit to a fingerprint-based criminal background check if the division determines this to be necessary. If the parent, Relative, or any adult member of the household declines to assist in background check process then the division may decide not to enter into an Immediate Safety Intervention Plan.

(B) Notwithstanding any other provision of this section, the division will not enter into an Immediate Safety Intervention Plan where the parent or guardian of the child places the child under an Immediate Safety Intervention Plan in the home of a non-offending/non-resident parent where the individual or any member of the individual's household has pled guilty or been found guilty of any the following crimes when a child was the victim:

1. Section 565.020, RSMo (murder, first degree);
2. Section 565.021, RSMo (murder, second degree);
3. Section 565.023, RSMo (voluntary manslaughter);
4. Section 565.024, RSMo (involuntary manslaughter, first degree);
5. Section 565.050, RSMo (assault, first degree);
6. Section 566.030, RSMo (rape, first degree);
7. Section 566.031, RSMo (rape, second degree, or section 566.040, RSMo before Aug. 28, 2013);
8. Section 566.032, RSMo (statutory rape, first degree);
9. Section 566.060, RSMo (sodomy, first degree);
10. Section 566.061, RSMo (sodomy, second degree, or section 566.070 RSMo before Aug. 28, 2013);
11. Section 566.062, RSMo (statutory sodomy, first degree);
12. Section 566.064, RSMo (statutory sodomy, second degree);
13. Section 566.067, RSMo (child molestation, first degree);
14. Section 566.068, RSMo (child molestation, second degree);
15. Section 566.069, RSMo (child molestation, third degree);
16. Section 566.071, RSMo (child molestation, fourth degree);
17. Section 566.083, RSMo (sexual misconduct involving a child);
18. Section 566.100, RSMo (sexual abuse, first degree);
19. Section 566.101, RSMo (sexual abuse, second degree, or section 566.090, RSMo before Aug. 28, 2013);
20. Section 566.111, RSMo (sex with an animal);
21. Section 566.151, RSMo (enticement of a child, first degree);
22. Section 566.203, RSMo. (abusing an individual through forced labor);
23. Section 566.206, RSMo. (trafficking for the purpose of slavery, involuntary servitude, peonage, or forced labor);
24. Section 566.209, RSMo. (trafficking for the purpose of sexual exploitation);
25. Section 566.210, RSMo. (sexual trafficking of a child, first degree);
26. Section 566.211, RSMo. (sexual trafficking of a child, second degree, or section 566.212, RSMo before Jan. 1, 2017);
27. Section 566.215, RSMo (contributing to human trafficking through the misuse of documentation);
28. Section 567.050, RSMo (promoting prostitution, first degree);
29. Section 568.080, RSMo (child used in sexual performance, if before Jan. 1, 2017);
30. Section 568.090, RSMo (promoting sexual performance by a child, if before Jan. 1, 2017);
31. Section 568.020, RSMo (incest);
32. Section 568.030, RSMo (child abandonment, first degree);
33. Section 568.060, RSMo (abuse or neglect of a child);
34. Section 568.065, RSMo (genital mutilation of a female child);
35. Section 568.175, RSMo (trafficking in children);
36. Section 573.023, RSMo (sexual exploitation of a minor);
37. Section 573.025, RSMo (promoting child pornography, first degree);
38. Section 573.035, RSMo (promoting child pornography, second degree);
39. Section 573.037, RSMo (possession of child pornography);
40. Section 573.200, RSMo (child used in sexual performance or section 568.080, RSMo before Jan. 1, 2017); or
41. Section 573.205, RSMo (promoting sexual performance by a child or section 568.090, RSMo before Jan. 1, 2017).

(C) Except as otherwise provided in subsection (7)(B), the division may, at its discretion, agree to enter into an Immediate Safety Intervention Plan in which the parent or guardian of the child places the child in the home of a non-offending/non-resident parent where the individual or any adult member of the individual's household has been found guilty of any other crimes against persons, substantiated or significant child abuse/neglect history, or drug and alcohol related offenses if the parent, guardian, and/or the Relative satisfy the division that the placement is in the best interests of the child, that the parent or Relative is a fit and suitable person to temporarily care for the child, and that the household where the child will temporarily reside is safe and appropriate for the child. In making this decision, the division may consider the following factors:

1. Whether the parent, guardian, and/or Relative or household member has successfully completed the conditions of sentencing and/or probation without further incidents;
2. Whether the parent, guardian, and/or Relative or household member has successfully completed any prescribed or required treatment;
3. The duration of time between the prior incident and the negotiation of the Immediate Safety Intervention Plan;
4. The written advice and recommendations of professionals with knowledge of the family;
5. Whether the prior incident of criminal conduct, while unlawful at the time of the incident, is no longer unlawful or proscribed at the time that the division is considering Immediate Safety Intervention Plan; and
6. Any other factor or information that may be relevant to making a decision about the best interests, care and safety of the child.

(8) Enforcement of Immediate Safety Intervention Plans. The division does not have the authority, acting on its own, to enforce the requirements of an Immediate Safety Intervention Plan. The division retains the authority to take any action, any time and without prior notice or consultation, that the division deems in its sole discretion appropriate to protect the safety, best interests, and welfare of any child covered by an Immediate Safety Intervention Plan. This includes, but is not limited to:

(A) Making referrals, with or without recommendations for further action, to the Juvenile Officer;

(B) Making referrals to law enforcement;

(C) Investigating reports of child abuse or neglect and conducting family assessments;

(D) Sharing a copy of the Immediate Safety Intervention Plan and other relevant information with the Juvenile Officer, law enforcement, medical care providers, guardians ad litem for the child, schools and school personnel, and any other person the division determines has a need to have the information for the care, safety, and best interests of the child; and

(E) Negotiating a new Immediate Safety Intervention Plan or a TAPA.

(9) Relationship between Immediate Safety Intervention Plans and TAPAs. The division may recommend and enter into a Temporary Alternative Placement Agreement (TAPA), pursuant to section 210.123, RSMo, and 13 CSR 35-30.030. If the parent(s), guardian, or Relative decline to enter into a TAPA, upon recommendation of the division, the division shall refer the matter to the Juvenile Officer for appropriate action.

(10) An Immediate Safety Intervention Plan will terminate under the following circumstances-

(A) Immediate Safety Intervention Plans will automatically terminate without further notice ten (10) days after the date the last party signs the agreement. Each party is responsible for signing and dating the document.

1. The parties may extend an Immediate Safety Intervention Plan for no more than ten (10) days at a time. Every extension of the Immediate Safety Intervention Plan must be done in writing and signed by all parties. The extension must specify the date on which the plan shall terminate. The division should not terminate its involvement with the family while there is an Immediate Safety Intervention Plan in place.

(B) Immediate Safety Intervention Plans are voluntary. Any party to the Immediate Safety Intervention Plan may terminate his or her participation in the Immediate Safety Intervention Plan at any time with reasonable notice to the other participants. Any party wishing to terminate their participation in the Immediate Safety Intervention Plan shall notify the division, preferably in writing.

(C) An Immediate Safety Intervention Plan shall terminate upon the child being brought under the jurisdiction of a juvenile or family court pursuant to law, or upon the entry of an order of a court of competent jurisdiction.

(D) The division may not terminate its involvement with the family if there is an Immediate Safety Intervention Plan in place.

AUTHORITY: sections 207.020.1(2) and 660.017, RSMo 2016, and section 210.123, RSMo Supp. 2020. Emergency rule filed May 20, 2021, effective Aug. 2, 2021, expires Feb. 24, 2022. A proposed rule covering this same material is published in this issue of the ***Missouri Register****.*

PUBLIC COST: This emergency rule will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency rule will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 35—Children's Division
Chapter 30—Voluntary Placement Agreement

EMERGENCY RULE

13 CSR 35-30.030 Temporary Alternative Placement Agreements (TAPA)

PURPOSE: This regulation implements Temporary Alternative Placement Agreements as provided in section 210.123, RSMo.

EMERGENCY STATEMENT: Section 210.123, RSMo, which was enacted August 28, 2020, requires the Children's Division to promulgate regulations to implement Temporary Alternative Placement Agreements (TAPAs), and to promulgate a form for the relative caretaker of a child under a TAPA to use to notify medical care providers, educational institutions, and others that they have legal authority to make day-to-day decisions for the child in their care. See section 210.123.12, RSMo. The implementation of TAPAs will immediately enable the Children's Division to work with families on a voluntary basis to divert children to temporary, safe, alternative placements with individuals who know the child while the family resolves problems that make the child at risk for removal from the home for placement in foster care. The TAPA statute and implementing regulation will authorize the temporary placement provider to, among other things, make medical and educational decisions for the child. The Children's Division works with children and families on a daily basis where the children are at risk of removal due to abuse or neglect. Implementing this regulation immediately establishes additional means to protect children from abuse or neglect, ensure the immediate safety of children, and to promote the welfare of children and families in ways that are less disruptive for the children and the families that the Division serves. TAPAs are voluntary, so parents, legal guardians and caretakers of children under these TAPAs are not compelled to participate against their will. The Children's Division has determined that promulgation of this regulation is necessary on an emergency basis to address a danger to public health, safety and welfare of children in Missouri. The Children's Division and the General Assembly, including the Joint Committee on Child Abuse and Neglect, agree that TAPA is urgently needed to protect the health and safety of Missouri's children and to promote the welfare of Missouri's children and families. In addition, section 210.123, RSMo, provides an immediate mechanism for schools to rely upon TAPA relatives' temporary authority to make educational and medical decisions for children. However, section 210.123, RSMo, will not take effect until the rules are promulgated. Thus, for families to make educational decisions for children for the coming school year, this regulation needs to be promulgated before the school year begins. The Children's Division is vested by law with the authority and responsibility to establish the child welfare system for the whole state and implement TAPAs in particular. See sections 210.109 and 210.123, RSMo. The Children's Division therefore has a compelling governmental interest to promulgate this section on an emergency basis. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended by the ***Missouri*** *and* ***United States Constitutions****. The Children's Division believes that this emergency rule is fair to all interested persons and parties under the circumstances. A proposed rule covering this same material is published in this issue* ***Missouri Register****. This emergency rule was filed May 20, 2021, becomes effective August 2, 2021, and expires February 24, 2022.*

(1) Purpose and Scope.

(A) This regulation implements TAPAs as provided in Section 210.123, RSMo, for the purposes therein stated.

(B) The paramount consideration for developing, implementing and monitoring a TAPA is to protect the safety, best interests and welfare of the child.

(C) The Children's Division has determined that it is redundant to reproduce the statutory requirements of TAPAs as set forth in Section 210.123 RSMo. in this regulation. In addition to the requirements of this regulation, all parties to a TAPA must fully comply with the requirements of section 210.123, RSMo, and other applicable law.

(2) Definitions. For the purposes of this regulation the following words and/or phrases are defined as follows:

(A) The Division incorporates the definitions of the terms, words and phrases set forth in section 210.123, RSMo, as the definition of the same terms, words and phrases when used in this regulation.

(B) References to the "Children's Division" or "the division" shall also refer to any contractors or representatives that the Children's Division may retain or employ in reference to developing and implementing TAPAs.

(C) The word "parent" shall include the child's legal parents and, when relevant, the child's legal guardian or custodian.

(D) In cases where the child's parents do not reside together in the same household the word "relative" and "parent" may also include the child's adoptive or biological parent that the child is not residing with.

(E) "TAPA" shall mean "Temporary Alternative Placement Agreement" as that phrase is defined in section 210.123, RSMo.

(F) The phrases "Team Decision Making Meeting" or "TDM" for purposes of this regulation shall mean a group of individuals invited by the Children's Division to form a team to meet to assist, support, and advise the division and the parties to the TAPA on making decisions involving the children and family with the goal of successfully implementing the TAPA.

1. Mandatory TDM Members - The members of the team for a TDM shall include representatives of the Children's Division, the child's parent, the relative, the child's guardian ad litem if the child has a guardian ad litem, any other party to the TAPA, and the attorney for any of the parties to the TAPA, at the request of that party. A TDM meeting may still be held if all of the mandatory team members are not in attendance.

2. Optional TDM Members. The team may also include other relatives of the children and parents as well as school personnel, medical and mental health personnel, the juvenile officer if the juvenile officer requests to be present, service providers to the child and family, and any other individual who the parties to the TAPA agree may provide constructive advice, assistance and support for the implementation of the TAPA.

3. Children's Participation in TDM Meetings. Children twelve years of age and older should attend TDM Meetings, if the child is willing and able to attend the meetings, and the division believes their attendance is in the child's best interests.

(3) Negotiation and execution of a TAPA.

(A) TAPAs are voluntary, written agreements between the parent, the relative and the Children's Division. To be valid the TAPA must be executed by the division, the parent and the relative. The TAPA may be executed in writing or by electronic signature.

(B) The Children's Division shall base its decision whether to execute a TAPA on what the division believes to be in the best interests of the child. This will be based upon the information made available to the Children's Division within the applicable time periods for completing a TAPA, the applicable law, and the unique circumstances of each child and family.

(C) The Children's Division will give first consideration to entering into a TAPA with the child's other parent when the child and the child's parents do not reside in the same household. If the division determines that the other parent is not a suitable relative for placement the Children's Division will give second consideration to enter into a TAPA with the child's grandparent.

(D) In making the decision to enter into a TAPA and deciding what services the Children's Division may be able to offer to assist the parties in implementing the plan the Children's Division may consider and balance:

1. The wishes of the parent and relative;

2. The wishes of the child;

3. The needs of the child for safe, frequent, continuing and meaningful relationship between the child and the child's parent;

4. The ability and willingness of the parent and the relative to actively perform their functions for the needs of the child;

5. The interaction and interrelationship of the child with the child's parent, siblings, grandparents, the relative and any other person who may significantly affect the child's best interests;

6. The child's adjustment to their home, school, and community;

7. The mental and physical health of all individuals involved;

8. Any history of any abuse or neglect of any individual involved;

9. Any history of domestic violence;

10. Any special needs of the child, the child's level of care, and the needs of the child's parent, and the relative;

11. The financial and personal resources available to the parent and the relative to care for the child and implement the plan set out in the TAPA. This may include whether the child, the child's parent and the relative may be eligible for benefits and services through other governmental and private organizations;

12. The resources and services available to the Children's Division, including the availability of appropriated funds for the provision of resources and services;

13. The educational needs of the child;

14. The willingness and ability of the parent, the relative, the child, and the relative's Household members to work with the Children's Division and each other to cooperatively develop and implement the TAPA;

15. Any history of criminal activity of any individual involved that may pose a safety risk to the child or impact the ability or willingness of any individual to implement the TAPA

16. Any current or past history of conduct that may indicate substance use disorder by the child, the parent, the relative, other members of the relative's household or other persons;

17. The number of children in the home or to be placed in the home; and

18. Any other facts, information or considerations that the division deems relevant to its decision.

(4) When the division, the parent and the relative agree to enter into a TAPA the child's parent and the relative shall cooperate with the Children's Division to develop, implement and monitor the TAPA. This includes, but is not limited to:

(A) Making the child available to meet with the Children's Division in person, virtually or by other means of communication at least two times each month to enable the division to monitor the implementation of the TAPA and to ensure that the TAPA is being safely implemented. At least one visit each month shall be in the relative's home at the discretion of the Children's Division, the other visit may be virtual or in the community;

(B) Allowing the Children's Division to inspect the home of the relative where the child resides, including allowing the Children's Division to meet with the child, in-person in the home of the relative at least one time a month, and the home of the parent, at reasonable times (announced and unannounced) to monitor the implementation of the TAPA and ensure the child is safe and well cared for during the TAPA;

(C) Executing any consents and/or authorizations to release information to the Children's Division and/or to or from third parties that the Children's Division determines necessary for the Children's Division to obtain information to develop and/or monitor implementation of the TAPA. This includes, but is not limited to health care providers, schools and school districts and other professionals providing services to the child and the parties to the TAPA;

(D) Participating in all TDMs that the Children's Division may convene pertaining to the child;

(E) Keeping the division informed of their current residence address, mailing address, telephone number, e-mail address, work address and contact information; and any change in the residence of and contact information for the child;

(F) Promptly notifying the Children's Division of any change in circumstances that may impact the care of the child and/or the implementation of the TAPA;

(G) Providing full, truthful, accurate and complete information to the division and other members of the TDM;

(H) Ensuring the child resides in the State of Missouri for the duration of the TAPA unless the child requires medical treatment in another state that is not reasonably available within the State of Missouri. The child's parent and the relative shall immediately notify the Children's Division if the child requires medical care out of state;

and

(I) Participating in the services the parties identify as necessary to the TAPA.

(5) Team Decision Making Meetings.

(A) In all cases managed through a TAPA, the division shall schedule a TDM within ten (10) days of the execution of a TAPA, and at least once every month thereafter for the duration of the agreement as provided in this regulation.

1. The Division may schedule additional TDMs as the division determines may be necessary to support the implementation of the TAPA.

2. Parties to the TAPA may ask the division to schedule additional meetings. Parties to a TAPA are encouraged, but not required, to ask to schedule a TDM meeting before voluntarily terminating a TAPA to see if the team can help resolve any issues that may cause the party to consider withdrawing from the TAPA.

3. The Division may schedule a TDM before the TAPA is scheduled to expire to discuss the successes and challenges of implementing the TAPA, whether a new TAPA may be necessary and to discuss whether any next steps may be appropriate.

(B) TDM meetings shall be informal, and shall be held at times and places that are reasonably convenient for as many of the participants as possible, with priority given to the schedules of the mandatory TDM members identified in paragraph (2)(F)1.

(C) TDM meetings may be held in person at the offices of the Children's Division or at other mutually convenient locations. TDM meetings may also be held by conference call or other electronic means.

(D) The Children's Division may exclude from any TDM meeting any person who is, or the division has reasonable cause to believe may become, disruptive to the orderly management of the case and/or meeting. The Division may exclude from the TDM any non-mandatory team member who becomes disruptive to the meetings and successful implementation of the TAPA.

(E) The failure of any party to a TAPA to attend and fully participate in TDM meetings in good faith may be grounds for the division to take appropriate action including, but not limited to notifying the juvenile officer that the parties are not participating in the TAPA and/or terminating the TAPA.

(F) The Children's Division shall maintain documentation of each TDM meeting.

(G) Any agreements reached during the TDM to revise the TAPA shall be reduced to writing and signed by all of the parties to the TAPA. The Children's Division will provide the Juvenile Officer with a copy of the revised TAPA.

(H) The Children's Division or the division's designee shall facilitate the TDM meeting unless otherwise agreed between the parties.

(I) During each TDM meeting the agenda shall include:

1. A review of how the health, care, safety and welfare of the child is being assured;

2. The progress so far in implementing the TAPA;

3. A discussion of any challenges in implementing the TAPA and how challenges may be addressed;

4. A discussion of what next steps are necessary to progress toward termination of the TAPA;

5. Any matters that any member of the TDM may wish to add to the agenda.

(J) Decisions shall be made by consensus of the members of the TDM. No party to the TAPA or the division is legally bound by any decision made at a TDM. All decisions shall be voluntary.

(6) Notice to Provider Form and Procedure.

(A) The Division will provide the relative with a Notice that the relative may use to notify schools, medical care providers and others that the relative has the temporary authority to make day-to-day decisions, educational decisions, and medical decisions for the child for the duration of the TAPA on the "Official Notice of Temporary Placement of a Child (hereinafter "Official Notice")," that is attached hereto and included herein.

(B) The relative shall retain the original of the Official Notice, but may provide a copy of the form to any individual or institution with a need for a copy for their records.

(C) At the requests of the Children's Division, the relative shall provide to the Children's Division a list of the names, addresses and contact information of any individual or institution to who the relative has given a copy of the Official Notice.

(D) Upon termination of the TAPA the relative shall notify each individual or institution who has received an Official Notice that the TAPA has terminated.

(7) Background Checks.

(A) The Children's Division may conduct a background check of the relative, and any adult member of the relative's household as part of its process to determine whether the relative is a suitable temporary placement provider for the child. The relative, and other adult household members shall execute any consents or other documents necessary to complete any background checks, and submit to a fingerprint based criminal background check if the division determines this to be necessary. If the relative, or any adult member of the relative's household declines to assist in the background check process, then the division may decide not to enter into a TAPA.

(B) Notwithstanding any other provision of this section, the division will not enter into an TAPA where the parent or guardian of the child places the child under a TAPA in the home of a relative where the individual or any member of the individual's household has pled guilty or been found guilty of any the following crimes when a child was the victim-

1. Section 565.020, RSMo (murder, first degree);

2. Section 565.021, RSMo (murder, second degree);

3. Section 565.023, RSMo (voluntary manslaughter);

4. Section 565.024, RSMo (involuntary manslaughter, first degree);

5. Section 565.050, RSMo (assault, first degree);

6. Section 566.030, RSMo (rape, first degree);

7. Section 566.031, RSMo (rape, second degree, or section 566.040 RSMo before Aug. 28, 2013);

8. Section 566.032, RSMo (statutory rape, first degree);

9. Section 566.060, RSMo (sodomy, first degree);

10. Section 566.061, RSMo (sodomy, second degree, or section 566.070 RSMo before Aug. 28, 2013);

11. Section 566.062, RSMo (statutory sodomy, first degree);

12. Section 566.064, RSMo (statutory sodomy, second degree);

13. Section 566.067, RSMo (child molestation, first degree);

14. Section 566.068, RSMo (child molestation, second degree);

15. Section 566.069, RSMo (child molestation, third degree);

16. Section 566.071, RSMo (child molestation, fourth degree);

17. Section 566.083, RSMo (sexual misconduct involving a child);

18. Section 566.100, RSMo (sexual abuse, first degree);

19. Section 566.101, RSMo (sexual abuse, second degree, or section 566.090, RSMo before Aug. 28, 2013);

20. Section 566.111, RSMo (sex with an animal);

21. Section 566.151, RSMo (enticement of a child, first degree);

22. Section 566.203 ,RSMo (abusing an individual through forced labor);

23. Section 566.206, RSMo (trafficking for the purpose of slavery, involuntary servitude, peonage, or forced labor);

24. Section 566.209, RSMo (trafficking for the purpose of sexual exploitation);

25. Section 566.210, RSMo (sexual trafficking of a child, first degree);

26. Section 566.211, RSMo (sexual trafficking of a child, second degree, or section 566.212, RSMo before Jan. 1, 2017);

27. Section 566.215, RSMo (contributing to human trafficking

through the misuse of documentation);

28. Section 567.050, RSMo (promoting prostitution, first degree);

29. Section 568.080, RSMo (child used in sexual performance, if before Jan. 1, 2017);

30. Section 568.090, RSMo (promoting sexual performance by a child, if before Jan. 1, 2017);

31. Section 568.020, RSMo (incest);

32. Section 568.030, RSMo (child abandonment, first degree);

33. Section 568.060, RSMo (abuse or neglect of a child);

34. Section 568.065, RSMo (genital mutilation of a female child);

35. Section 568.175, RSMo (trafficking in children);

36. Section 573.023, RSMo (sexual exploitation of a minor);

37. Section 573.025, RSMo (promoting child pornography, first degree);

38. Section 573.035, RSMo (promoting child pornography, second degree);

39. Section 573.037, RSMo (possession of child pornography);

40. Section 573.200, RSMo (child used in sexual performance or section 568.080, RSMo before Jan. 1, 2017); or

41. Section 573.205, RSMo (promoting sexual performance by a child or section 568.090, RSMo before Jan. 1, 2017).

(C) Except as otherwise provided in subsection (7)(B), the division may, at its discretion, agree to enter into a TAPA where the parent or guardian of the child places the child in the home of a relative where the individual or an adult member of the individual's household has been found guilty of any other crimes against persons, drug or alcohol-related offenses, or has a history of substantiated or significant child abuse/neglect, if the parent and the relative satisfy the Children's Division that placement on a TAPA is in the best interests of the child; that the relative is a fit and suitable person to temporarily care for the child, and that the household where the child will temporarily reside is safe and appropriate for the child. In making this decision, the division may consider the following factors:

1. Whether the relative or household member has successfully completed the conditions of sentencing and/or probation without further incidents;

2. Whether the relative or household member has successfully completed any prescribed or required treatment;

3. The duration of time between the prior incident and the negotiation of the TAPA;

4. The written advice and recommendations of professionals, community members, clergy, relatives and/or others with knowledge of the family;

5. Whether the prior incident of criminal conduct, while unlawful at the time of the incident, is no longer unlawful or proscribed at the time that the division is considering the TAPA;

6. Any other factor or information that may be relevant to making a decision about the best interests, care and safety of the child.

(8) TAPA Form. The Children's Division may utilize any format or template for a TAPA, provided that it specifies that the document is a Temporary Alternative Placement Agreement pursuant to this rule and section 210.123, RSMo, and that it complies with the other requirements of this rule and Section 210.123, RSMo.

(9) Termination of a TAPA

(A) Once a TAPA has been executed it shall be effective until terminated as provided in this regulation.

(B) A TAPA shall terminate:

1. Ninety (90) days from the date of the last party to the TAPA to execute the TAPA;

2. Five (5) days after the delivery and receipt of a written notice of intent to terminate the TAPA to the Children's Division and the relative executed by the parent or legal guardian;

3. Except in an emergency which is beyond the control of the relative, five (5) days after the delivery and receipt of a written notice of intent to terminate the TAPA to the Children's Division to the child's parent by the relative;

4. Five (5) days after successful completion of the plan set forth in the TAPA, provided that the Children's Division shall be given sufficient time to complete and submit its report to the Juvenile Officer; or

5. Entry of an order of a court with statutory authority and jurisdiction over the child that conflicts with the provision of the TAPA.

(C) If the relative is no longer able to care for the child due to an emergency, the relative will notify the division immediately. The remaining parties to the TAPA will confer to determine whether a new TAPA is appropriate and, if so, then the parties will follow the procedures in section 210.123, RSMo and this regulation to implement a new TAPA. The Division is to schedule an emergency TDM meeting to facilitate the meeting between the remaining parties to the TAPA.

(10) Notwithstanding any other provision of this regulation, the Children's Division retains the right and authority without prior notice in its sole discretion to take any action authorized by law to protect the safety and welfare of any child served under a TAPA, including, but not limited to: conducting investigations and family assessments, making referrals to law enforcement, and referring the matter to the juvenile officer with a recommendation for further action.

Missouri Department of SOCIAL SERVICES
Your Potential. Our Support.

MICHAEL L. PARSON, GOVERNOR • JENNIFER TIDBALL, ACTING DIRECTOR

JOANIE ROGERS, INTERIM DIRECTOR
CHILDREN'S DIVISION
P.O. BOX 88 • JEFFERSON CITY, MO 65103-0088
WWW.DSS.MO.GOV • 573-522-8024 • 573-526-3971 FAX

Child(ren)'s Name: _____
Child(ren)'s Date of Birth: _____
Date: _____

Official Notice of Temporary Placement of a Child

This letter serves as notice that the above child(ren) has been placed on a Temporary Alternative Placement Agreement for up to 90 days beginning _____ and ending on _____ (unless earlier terminated) with the following Temporary Placement Provider:

Name: _____
Address: _____
Relationship to child: _____
E-mail: _____
Phone: _____

This Temporary Placement Provider has the authority under Missouri law to make the day-to-day decisions for the care of the child for the duration of the agreement, including the authority to make educational and medical decisions for the child. Individuals and institutions, including schools and medical care providers, acting upon the authority of this notice shall be immune from liability as set forth in this letter as provided in §210.123.5(3) RSMo.

If the placement is extended beyond its expiration date you will be provided with a new notice. In addition, you may be asked to participate in Team Decision Making meetings to assist the child's parent(s), legal guardian(s), Temporary Placement Provider(s) and the Children's Division to make decisions regarding the best interests of the child.

If you have questions or concerns about this Notice or the welfare of the child(ren) you may contact the Children's Division

Sincerely,

_____
Children's Division

AUTHORITY: sections 207.020.1(2) and 660.017, RSMo 2016, and section 210.123 RSMo Supp. 2020. Emergency rule filed May 20, 2021, effective Aug. 2, 2021, expires Feb. 24, 2022. A proposed rule covering this same material is published in this issue of the ***Missouri Register****.*

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

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

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

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

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

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

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

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

Proposed Amendment Text Reminder:
Boldface text indicates new matter.
[Bracketed text indicates matter being deleted.]

Title 2—DEPARTMENT OF AGRICULTURE
Division 70—Plant Industries
Chapter 17—Industrial Hemp

PROPOSED AMENDMENT

2 CSR 70-17.010 Definitions. The department is amending sections (1), (7), (8), (17), and (26), adding new section (25), and renumbering thereafter.

PURPOSE: This amendment updates the list of definitions for Chapter 17.

(1) Acceptable industrial hemp THC level (acceptable THC level)—when the application of the measurement of uncertainty to the reported delta-9 THC **(also referred to as 'Total THC' or 'Total Potential THC')** content concentration level on a dry weight basis produces a distribution range that includes three-tenths of one percent (0.3%) or less. *[Any certificate of analysis that does not include a measurement of uncertainty, the measurement of uncertainty is deemed zero percent (0.00%).]*

(7) Certificate of analysis—a certificate from a testing laboratory describing the results of the laboratory's testing of a sample. **Any certificate of analysis that does not include a measurement of uncertainty, the measurement of uncertainty is deemed zero percent (0.00%).**

(8) Certified industrial hemp sampler (certified sampler)—a **natural** person that meets the requirements established by the department for conducting *[field]* **compliance** sampling of industrial hemp.

(17) Lot—a group of plants of the same cannabis variety or strain in a contiguous area in a field, greenhouse, or indoor *[growing structure]* **cultivation facility**.

(25) Remediation—the process of rendering non-compliant hemp compliant in accordance with the MDA Remediation Protocol.

*[(25)]***(26)** Testing laboratory—a laboratory—

(A) Is registered with the Drug Enforcement Agency (DEA) or other requirements established by the United States Department of Agriculture **by December 31, 2022**; *[or]* **and**

(B) Is accredited *[or has begun the process of accreditation]* as a testing laboratory to International Organization for Standardization (ISO/IEC) 17025 by a third-party accrediting body such as the American Association for Laboratory Accreditation (A2LA), ANSI-ASQ National Accreditation Board (ANAB), or American Society of Crime Laboratory Directors (ASCLD). *[The laboratory must be accredited and also have the cannabis testing they perform on their scope of accreditation by December 31, 2023.]*

*AUTHORITY: section 195.773, RSMo Supp. [2019] **2020**. Original rule filed Nov. 20, 2018, effective July 30, 2019. Emergency amendment filed Dec. 17, 2019, effective Jan. 2, 2020, terminated May 30, 2020. Amended: Filed Sept. 30, 2019, effective May 30, 2020. Emergency amendment filed May 26, 2021, effective June 10, 2021, expires Dec. 6, 2021. Amended: Filed May 26, 2021.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Missouri Department of Agriculture, Plant Industries Division, Hemp Program, PO Box 630, Jefferson City, MO 65102, or online at Agriculture.Mo.Gov/proposed-rules/. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 2—DEPARTMENT OF AGRICULTURE
Division 70—Plant Industries
Chapter 17—Industrial Hemp

PROPOSED AMENDMENT

2 CSR 70-17.100 Sampling Requirements and Results of Analysis.

The department is amending sections (5), (9), (10), (11), (14), and (15).

PURPOSE: This amendment updates reporting information for Certified Samplers, timelines for pre-harvest sampling, submitting compliance certificates of analysis, and close out of orders of destruction.

(5) Certified samplers or authorized department personnel shall—

(A) Adhere to the department sampling protocol for collection and handling of samples; *[and]*

(B) Complete and attach a department chain of custody form to each sample*[.]***; and**

(C) Complete and submit all reporting as required by the department.

(9) Samples must be taken within *[fifteen (15)]* **thirty (30) calendar** days prior to harvest.

(10) The **harvested materials from the** lot *[is a]* **are considered** publicly marketable product**s** if the sample used to determine compliance with applicable laws and regulations meets the definition of acceptable THC level.

(11) For any **pre-harvest** sample exceeding the acceptable THC level, the registered producer may request *[the laboratory to retest the sample. The registered producer must notify the department and the laboratory of the request in writing.]***—**

(A) The laboratory retest the original sample;

(B) To remediate the lot and then resample the lot per the Sampling Protocol to determine compliance; or

(C) To proceed with an Order of Destruction for the lot.

(14) Registered producers must submit certificates of analysis for all samples used to determine compliance with applicable laws and regulations to the department **within seven (7) calendar days of receipt**.

[(A) Registered producers must submit to the department, within three (3) business days of receipt, copies of any certificate of analysis that show the tested sample measured above the acceptable THC level as evidence that the lot does not comply with applicable laws and regulations.

(B) Registered producers must submit to the department, within thirty (30) business days of receipt, copies of any certificate of analysis that show the tested sample measured within the acceptable THC level as evidence that the lot does comply with applicable laws and regulations.]

(15) The department may issue to the registered producer or permit holder an order of destruction for any lot testing out of compliance. Destruction must be completed by the registered producer or permit holder within fifteen (15) **calendar** days of receipt of the department's order of destruction. The Missouri State Highway Patrol or local law enforcement agency must complete certification of **ordered** crop destruction. In addition—

(B) The registered producer or permit holder must submit a copy of the destruction report to the department within thirty (30) *[business]* **calendar** days of crop destruction.

*AUTHORITY: section 195.773, RSMo Supp. [2019] **2020**. Original rule filed Nov. 20, 2018, effective July 30, 2019. Emergency amendment filed Dec. 17, 2019, effective Jan. 2, 2020, terminated May 30, 2020. Amended: Filed Sept. 30, 2019, effective May 30, 2020. Emergency amendment filed May 26, 2021, effective June 10, 2021, expires Dec. 6, 2021. Amended: Filed May 26, 2021.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Missouri Department of Agriculture, Plant Industries Division, Hemp Program, PO Box 630, Jefferson City, MO 65102, or online at Agriculture.Mo.Gov/proposed-rules/. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Substance Use Disorder *Prevention and* Treatment Programs

PROPOSED AMENDMENT

9 CSR 30-3.032 Certification of *[Alcohol and Drug Abuse]* ***Substance Use Disorder Prevention and Treatment*** **Programs**. The department is amending the chapter title, rule title, purpose, and sections (1)-(4) of this rule.

PURPOSE: This amendment updates terminology and types of programs and services certified by the department and related application requirements.

*PURPOSE: This rule identifies the types of substance [abuse] **use disorder prevention and treatment** programs **and services** eligible for certification **from the department** and the applicable requirements.*

(1) Types of Programs **and Services**. Certification **from the department** is available for the following types of *[alcohol and drug abuse]* programs and services:

[(A) Recovery programs including—

1. Detoxification in accordance with a designated level of care. Levels of care include social setting, modified medical, or medical;

2. Outpatient treatment in accordance with designated levels of care. Levels of care include community-based primary treatment, intensive outpatient rehabilitation, and supported recovery;

3. Opioid treatment;

4. Compulsive gambling treatment;

5. Residential treatment;

6. Institutional corrections; and

7. Comprehensive substance treatment and rehabilitation (CSTAR);

(B) Recovery Programs for Specialized Populations. A specialized program for the treatment and rehabilitation of adolescents or women and children must be certified as a CSTAR program;

(C) Offender education and intervention programs including—

1. Substance Abuse Traffic Offender Program (SATOP) offering designated levels of service. For persons age twenty-one (21) and older, levels of service include offender management, offender education, weekend intervention, and clinical intervention. For persons under the age of twenty-one (21), levels of service include offender management, adolescent diversion education, and youth clinical intervention. The department shall also certify regional SATOP training centers.

2. Required Educational Assessment and Community Treatment Program (REACT) offering a Screening and

Education level of service;

(D) Prevention program offering designated levels of service. Levels of service include primary prevention, targeted prevention, and prevention resource center.]

(A) Comprehensive Substance Treatment and Rehabilitation (CSTAR), including specialized programs for adolescents, women and children, adult general population, and opioid use disorders;

(B) Gambling disorder treatment;

(C) Institutional treatment center;

(D) Opioid treatment;

(E) Outpatient treatment;

(F) Prevention;

(G) Recovery support;

(H) Required Educational Assessment and Community Treatment (REACT);

(I) Residential treatment;

(J) Substance Awareness Traffic Offender Program (SATOP); and

(K) Withdrawal management.

(2) Applicable Program *[Standards]* **Regulations**. The organization must comply with the *[standards]* **regulations** applicable to each program **and/or service** for which certification is being sought.

(3) Other *[Rules and Standards]* **Regulations.** In addition to *[standards]* **the regulations** for specific programs and services*[,]* **as specified in 9 CSR 30-3,** the organization must comply with other applicable *[requirements.]* **regulations as follows:**

[(A) The following Core Rules for Psychiatric and Substance Abuse Programs must be met, unless otherwise stipulated in standards for specific programs and services:

1. 9 CSR 10-7.010 Treatment Principles and Outcomes;

2. 9 CSR 10-7.020 Rights, Responsibilities and Grievances;

3. 9 CSR 10-7.030 Service Delivery Process and Documentation;

4. 9 CSR 10-7.040 Quality Improvement;

5. 9 CSR 10-7.050 Research;

6. 9 CSR 10-7.060 Behavior Management;

7. 9 CSR 10-7.070 Medications;

8. 9 CSR 10-7.080 Dietary Services;

9. 9 CSR 10-7.090 Governing Authority and Program Administration;

10. 9 CSR 10-7.100 Fiscal Management;

11. 9 CSR 10-7.110 Personnel;

12. 9 CSR 10-7.120 Physical Plant and Safety;

13. 9 CSR 10-7.130 Procedures to Obtain Certification;

14. 9 CSR 10-7.140 Definitions;

15. 9 CSR 10-5.190 Criminal Record Review; and

16. 9 CSR 10-5.200 Report of Complaints of Abuse and Neglect; and

17. 9 CSR 10-5.220 Health Insurance Portability and Accountability Act of 1996 (HIPAA).

(B) The following Certification Standards for Alcohol and Drug Abuse Programs must be met, unless otherwise stipulated in standards for specific programs and services:

1. 9 CSR 30-3.022 Transition to Enhanced Standards of Care;

2. 9 CSR 30-3.100 Service Delivery Process and Documentation; and

3. 9 CSR 30-3.110 Service Definitions and Staff Qualifications for Service Delivery.]

(A) 9 CSR 10-7.010 to 9 CSR 10-7.140, Core Rules for Psychiatric and Substance Use Disorder Treatment Programs;

(B) 9 CSR 10-5.190 Background Screening Requirements;

(C) 9 CSR 10-5.200 Report of Complaints of Abuse, Neglect, and Misuse of Funds/Property;

(D) 9 CSR 10-5.206 Report of Events; and

(E) 9 CSR 10-5.220 Privacy Rule of Health Insurance Portability and Accountability Act of 1996 (HIPAA).

[(4) Approval of Programs and Sites by the Department, When Required. For those services funded by the department or provided through a service network authorized by the department, the department shall have authority to determine and approve each proposed program and/or site prior to the actual delivery of services, including the geographic location, plan of service delivery, and facility.

(A) Any organization subject to this approval process shall submit written notice to the department regarding the proposed program and/or site(s). The notice must include the following information:

1. A determination of need identifying the unserved or under-served target population and the substance abuse treatment, rehabilitation, and other intervention needs of that population. The department shall consider available data, such as current accessibility to and availability of services, prevalence of substance abuse among the target population, applicable emergency room visits and relevant arrest data;

2. A proposed plan of service delivery including, but not limited to, geographic location, facility, services offered, and staffing pattern;

3. A business/capitalization plan demonstrating the organization's financial ability to provide the proposed services to the target population;

4. A description of planning and coordination to meet the needs of the target population in areas such as psychiatric services, housing, etc.; and

5. Documentation of the local community's involvement in and support for the proposed service, such as an advisory committee which includes representatives from the target population and local agencies (such as courts, Board of Probation and Parole, Division of Family Services, mental health providers) with evidence of their involvement via letters of support, minutes of meetings, etc.]

(4) Approval of Programs and Sites. The department must authorize and approve each proposed program/service and site prior to the delivery of services.

(A) Organizations requesting certification must comply with 9 CSR 10-7.130 Procedures to Obtain Certification, and submit a written proposal to the department including, but not limited to:

1. Services to be offered;

2. Service delivery plan, including hours of operation;

3. Geographic location(s); and

4. Staffing patterns.

(B) *[An organization which wishes to change its approved program and/or site(s) must obtain approval from the department prior to such change. Any new or different facility must be equal to or better than the original facility.]***Notice of any change in program location, service array, or administration must be submitted to the department for approval prior to the change to ensure the program meets all applicable requirements, which may include an on-site review of the physical environment and safety practices.**

*AUTHORITY: sections 302.540, [RSMo Supp. 2002 and] 630.050, 630.655, and 631.102, RSMo [2000] **2016**. 45 CFR parts 160 and 164, the Health Insurance Portability and Accountability Act of 1996. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. For intervening history, please consult the **Code of State Regulations**. Amended: Filed May 28, 2021.*

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

in the aggregate.

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

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

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Substance Use Disorder Treatment Programs

PROPOSED RESCISSION

9 CSR 30-3.100 Service Delivery Process and Documentation. This rule described requirements in the delivery and documentation of services for programs certified under 9 CSR 30-3.120 through 9 CSR 30-3.199.

PURPOSE: The department is rescinding this rule because the service definitions and documentation requirements are outdated. Updated requirements will be included in readopted rule 9 CSR 30-3.100 General Requirements for Substance Use Disorder Treatment Programs.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Rescinded: Filed May 28, 2021.

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

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

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

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Substance Use Disorder Prevention and Treatment Programs

PROPOSED RULE

9 CSR 30-3.100 General Requirements for Substance Use Disorder Treatment Programs

PURPOSE: This rule describes general requirements applicable to all certified/deemed certified substance use disorder treatment programs as well as specific requirements that pertain to organizations that are funded by and/or have a contractual relationship with the department for the provision of services.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Screening and Assessment. All individuals shall be screened and assessed as specified in 9 CSR 10-7.030 Service Delivery Process and Documentation, and in accordance with program-specific requirements included in these regulations.

(2) Diagnosis. Eligibility for services shall include a diagnosis of a substance use disorder by a licensed diagnostician in accordance with the *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5),* 2013, incorporated by reference and made a part of this rule as published by the American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901. This rule does not incorporate any subsequent amendments or additions to this publication.

(A) The following mental health professionals are approved to render diagnoses in accordance with the *DSM-5*:

1. Physicians/Psychiatrists;
2. Psychologists (licensed or provisionally licensed);
3. Advanced Practice Registered Nurses;
4. Professional Counselors (licensed or provisionally licensed);
5. Marital and Family Therapists (licensed or provisionally licensed);
6. Licensed Clinical Social Workers;
7. Licensed Master Social Workers who are under registered supervision with the Missouri Division of Professional Registration for licensure as a Clinical Social Worker. LMSWs not under registered supervision for their LCSW credential cannot render a diagnosis.

(B) Signatures can be obtained by a face-to-face meeting with a licensed diagnostician or a face-to-face meeting with a master's level Qualified Addiction Specialist (QAP) or a Qualified Mental Health Professional (QMHP) followed by sign off by a licensed diagnostician. Signature stamps shall not be used.

(C) The diagnosis is not considered complete until the diagnostician's signature is obtained. The licensed diagnostician is accountable for the stated diagnoses.

(D) A licensed supervisor must sign off on assessments and diagnoses completed by provisionally licensed providers.

(3) Treatment Plan. All individuals shall participate in the development of an individual treatment plan and regular plan reviews and updates as specified in 9 CSR 10-7.030 Service Delivery Process and Documentation, and in accordance with program-specific requirements included in these regulations.

(4) Services to Family Members. Family therapy and family conference shall be available to family members of persons participating in substance use disorder treatment.

(A) Family members shall be routinely informed of available services and the program shall demonstrate the ability to effectively engage family members in the recovery process.

(B) A separate record for a family member is not required if group rehabilitative support is the only service provided by a program that is funded by/contracted with the department. Documentation of group rehabilitative support sessions and the participating family member(s) shall be maintained.

(5) Peer Support and Social Networks. Services shall be designed and organized to engage individuals and their family members/natural supports in peer support services, social networks, and resources in the community.

(6) Services to Women. An organization that lacks certification to provide women and children's CSTAR services must meet the following requirements in order to provide services to women:

(A) Offer gender-specific groups which address therapeutic issues relevant to women;

(B) Have staff with experience and training in the delivery of services for women with substance use disorders, including co-occurring disorders and trauma-related services and supports;

(C) Women who are pregnant shall be referred to a women and children's CSTAR program unless it is documented in the clinical record the program can meet the individual's treatment needs, or the program cannot immediately make arrangements for admission to a women and children's CSTAR program.

1. If temporary admission to the program is necessary, arrangements for transfer to a women and children's CSTAR program shall be completed as soon as possible, with efforts documented in the clinical record; and

(D) If the program is unable to refer a woman who is pregnant to a women and children's CSTAR program or immediately assess and admit her to provide interim services, staff shall contact designated department staff to make arrangements for immediate admission to treatment with another provider.

(7) Services to Adolescents. An organization that lacks certification to provide adolescent CSTAR services must meet the following requirements in order to provide services to adolescents:

(A) Offer groups specifically for adolescents; and

(B) Have staff with experience and training in the provision of services for adolescents with substance use disorders.

(8) Program Schedule. A current schedule of groups and other structured program activities shall be maintained.

(A) Each person shall actively participate in program activities, with individualized scheduling and services based on his/her treatment goals and needs and physical and behavioral health status.

(9) Priority Populations. Individuals who will be receiving department-funded/contracted services shall be appropriately screened at the point of first contact to determine if a crisis situation exists and whether they meet eligibility criteria as a priority population.

(A) The following populations shall receive priority assessment and admission to appropriate services:

1. Women who are pregnant and inject drugs;

2. Women who are pregnant;

3. Individuals who have injected drugs in the past thirty (30) days;

4. Civil involuntary commitments—ninety-six (96) hour commitments must be admitted to withdrawal management services, and thirty (30) day commitments must be admitted to withdrawal management services or residential treatment;

5. Individuals determined to be high risk who are referred by the Department of Corrections' institutions and Division of Probation and Parole via the designated referral form and protocol;

6. Applicants for and recipients of Temporary Assistance for Needy Families (TANF) referred by the Department of Social Services, Family Support Division, via electronic referral and protocol;

7. Children/youth and families served through the Children's System of Care; and

8. Other populations specified by the department.

A. Women who are pregnant and individuals who are involuntarily committed must receive immediate admission.

B. High-risk referrals from correctional institutions and probation and parole shall be assessed and admitted to appropriate services within five (5) business days of initial contact or scheduled release date.

C. Other priority populations shall be assessed and admitted to appropriate services within seventy-two (72) hours of initial contact.

(10) Referrals and Interim Services. If an individual who will be receiving department-funded/contracted services has been determined to have injected drugs within the past thirty (30) days, and he/she cannot be assessed and admitted to the program within forty-eight (48) hours of receiving such a request, staff shall—

(A) Refer the individual to an alternative substance use disorder treatment program that has sufficient capacity to admit him/her within forty-eight (48) hours; or

(B) Provide interim substance use services within forty-eight (48) hours of the initial request and admit him/her to treatment within one hundred twenty (120) days of the initial request.

(C) Interim services shall be provided until the individual is enrolled in an episode of care. Interim services are intended to maintain engagement and help the individual recognize the harmful consequences of substance use, reduce the adverse health effects of substance use, and reduce the likelihood of detrimental or unlawful behavior.

1. An assessment is not required for individuals receiving interim services.

2. Interim services may be delivered on an individual or group basis.

3. Documentation must be included in the individual record for those who miss a scheduled session or refuse interim services, including efforts to reengage.

4. Interim services must include, but are not limited to:

A. Counseling and education about HIV, tuberculosis (TB), and hepatitis;

B. Counseling and education about the risks of sharing needles;

C. Counseling and education about the risks of transmission of infectious diseases to sexual partners and infants and measures to ensure such transmission does not occur;

D. Referral for HIV, TB, or hepatitis treatment services, if necessary;

E. Group rehabilitative support focusing on reducing the adverse health effects of substance use or other aspects of treatment and recovery; and

F. Referral to recovery support programs or self-help (mutual support) groups that offer social, emotional, and informational support for individuals seeking treatment and educational materials that will increase understanding about addiction and recovery, including other local resources available.

5. Interim services may include services such as motivational interviewing to establish a therapeutic partnership and support engagement in treatment when the program has the capacity to admit the individual into an appropriate episode of care.

(11) Waiting Lists. The department may require organizations that receive federal block grant funds to maintain a waiting list for specific populations to meet block grant reporting requirements. When a waiting list is required, the organization shall—

(A) Document the individual's date of placement on the list, including identified needs;

(B) Implement a process for maintaining contact with individuals who meet criteria as a priority population and are awaiting admission to treatment;

(C) Maintain the list through ongoing review and updates;

(D) Identify procedures for referring individuals who are in crisis or are a priority population to necessary care or interim services;

(E) Document all contacts with individuals on the waiting list; and

(F) Respond to long-term waiting lists through strategic or community-based planning, involvement of support services, and referral

to available services/supports.

(12) Discharge. Each individual's length of engagement in services shall be based on his/her needs and progress in achieving treatment goals.

(A) Criteria to consider in determining successful completion and discharge from treatment includes, but is not limited to, the individual's ability to—

1. Recognize and understand his/her substance use disorder and its resulting impact on family members/natural supports, impairments on health and social functioning, and other societal consequences;

2. Demonstrate absence of an immediate or a recurring crisis that poses a substantial risk for a return to use of substances;

3. Stabilize emotional problems, when applicable, such as not experiencing serious psychiatric symptoms and taking medication as prescribed;

4. Demonstrate independent living skills;

5. Implement a plan to prevent return to use of substances; and

6. Develop family and/or social networks which support recovery/resiliency and a continuing recovery plan.

(B) Discharges prior to an individual accomplishing his/her treatment goals shall be documented in the individual record, including the rationale for discharge.

AUTHORITY: sections 630.050, 630.655, and 631.010, RSMo 2016. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Rescinded and readopted: Filed May 28, 2021.

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

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

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

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Substance Use Disorder Treatment Programs

PROPOSED RESCISSION

9 CSR 30-3.110 Service Definitions and Staff Qualifications. This rule defined and described services provided at treatment and rehabilitation programs certified under 9 CSR 30-3.

PURPOSE: The department is rescinding this rule because it is outdated. The updated service delivery, staff, and documentation requirements will be readopted under the same rule number, 9 CSR 30-3.110 Service Definitions, Staff Qualifications, and Documentation Requirements for Substance Use Disorder Treatment Programs.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Sept. 25, 2002, effective May 30, 2003. Rescinded: Filed May 28, 2021.

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

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

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

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Substance Use Disorder Prevention and Treatment Programs

PROPOSED RULE

9 CSR 30-3.110 Service Definitions, Staff Qualifications, and Documentation Requirements for Substance Use Disorder Treatment Programs

PURPOSE: This rule defines and describes services, staff qualifications, and documentation requirements for certified/deemed certified substance use disorder treatment programs.

(1) Service Definitions and Staff Qualifications. Services shall be provided as defined in this rule, in accordance with the organization's certification and contractual status with the department.

(A) Case management—links the individual and family members with needed services and supports. Key service functions include, but are not limited to:

1. Arranging for or referring individuals/family members to appropriate services/supports and resources;

2. Communicating with referral sources and coordinating services with other entities including, but not limited to, physical and behavioral healthcare providers, the criminal justice system, and social service agencies; and

3. Assisting individuals in resolving a crisis situation.

4. Services shall be provided by—

A. A qualified addiction professional (QAP);

B. An associate addiction counselor (AAC); or

C. A staff person with a bachelor's degree in social work, psychology, nursing, or a closely related field from an accredited college or university. Equivalent experience may be substituted on the basis of one (1) year for each year of required educational training.

(B) Collateral dependent counseling (individual and group)—face-to-face, goal-oriented therapeutic interaction with an individual, or a group of individuals, to address dysfunctional behaviors and life patterns associated with being a family member of an individual who has a substance use disorder and is currently participating in treatment. Group sessions shall not exceed twelve (12) family members, which may involve multiple individuals engaged in treatment.

1. This service shall only be provided to family members of the individual in treatment when the services are for the direct benefit of the individual in accordance with his/her needs and goals identified in the treatment plan, and for assisting in the individual's recovery.

2. The individual being served in treatment shall not participate in collateral dependent counseling sessions.

3. Key service functions include, but are not limited to:

A. Exploration of substance use disorders and its impact on

the family member's functioning;

B. Development of coping skills and personal responsibility for changing one's own dysfunctional patterns in relationships;

C. Examination of attitudes, feelings, and long-term consequences of living with a person with a substance use disorder;

D. Identification and consideration of alternatives and structured problem-solving;

E. Productive and functional decision-making; and

F. Development of motivation and action by group members through peer support, structured confrontation, and constructive feedback.

4. Counseling for family members age five (5) and younger shall only be provided when the child is shown to have the requisite social and verbal skills to participate in and benefit from the service.

5. This service shall be provided by a Marital and Family Therapist or QAP practicing within his/her current competence.

6. Group services for children under age twelve (12) shall be provided by a graduate of an accredited college or university with a bachelor's degree in counseling, psychology, social work, or closely related field.

(C) Communicable disease counseling—assists individuals in understanding how to reduce the behaviors that interfere with their ability to lead healthy, safe lives and help them achieve optimal functioning and desired personal potential. Topics may include, but are not limited to, disclosing human immunodeficiency virus (HIV), sexually transmitted infections (STI), tuberculosis (TB) status, and/or substance use to family members/natural supports, addressing stigma in accessing services, maximizing healthcare service interactions, reducing substance use and avoiding overdose, and addressing anxiety, anger, and depressive episodes.

1. The program shall have a working relationship with the local health department, a physician, or other qualified healthcare practitioner to provide individuals with necessary testing for HIV, TB, STIs, and hepatitis.

2. Prior to an individual being tested for HIV, counseling shall be provided by a staff person who is knowledgeable about communicable diseases including HIV, STIs, and TB through training and/or previous employment experience.

3. The program shall make referrals and cooperate with appropriate entities to ensure coordinated treatment is provided for individuals with positive test results.

4. Post-test counseling may be provided for individuals who test positive for HIV or TB. Program staff providing post-test counseling must be knowledgeable about additional services and care coordination available through the Department of Health and Senior Services.

5. Program staff shall arrange and coordinate post-test follow-up for individuals who test positive for a STI or hepatitis.

6. This service shall be provided by a licensed mental health professional, QAP, or AAC who is knowledgeable about communicable diseases including HIV, STIs, and TB through training and/or previous employment experience. Knowledge shall include, but is not limited to, awareness of risks, disease management/treatment and resources for care, confidentiality requirements, and therapeutically assisting individuals in understanding and appropriately responding to test results.

(D) Community support—as specified in 9 CSR 30-3.157;

(E) Crisis prevention and intervention—face-to-face emergency or telephone intervention available twenty-four (24) hours per day, on an unscheduled basis, to assist individuals in resolving a crisis and providing support and assistance to promote a return to routine, adaptive functioning.

1. Minimum service functions shall include, but are not limited to:

A. Interacting with the identified individual and his or her family members/natural supports, legal guardian, or a combination of these;

B. Specifying factors that led to the individual's crisis state, when known;

C. Identifying maladaptive reactions exhibited by the individual;

D. Evaluating potential for rapid regression;

E. Attempting to resolve the crisis; and

F. Referring the individual for treatment in an alternative setting when indicated.

2. Documentation must include—

A. A description of the precipitating event(s)/situation when known;

B. A description of the individual's mental status;

C. The intervention(s) initiated to resolve the individual's crisis state;

D. The individual's response to the intervention(s);

E. The individual's disposition; and

F. Planned follow-up by staff.

3. Services must be provided by a qualified mental health professional (QMHP) or QAP. Non-licensed or non-credentialed staff providing this service must have immediate, twenty-four (24) hour telephone access to consultation with a licensed physician/psychiatrist, licensed physician assistant, licensed assistant physician, or advanced practice registered nurse (APRN).

(F) Day treatment—combines group rehabilitative support with medically necessary services that are structured and therapeutic and focus on providing opportunities for individuals to apply and practice healthy skills, decision-making, and appropriate expression of thoughts and feelings.

1. Day treatment shall be provided in a group setting.

2. Services shall be designed to assist individuals with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with a substance use disorder. Services are intended to restore individuals to being active and productive members of their family, community, and/or culture to the fullest extent possible.

3. Key service functions include, but are not limited to:

A. Promoting an understanding of the relevance of the nature, course, and treatment of substance use disorders to assist individuals in understanding their individual recovery needs and how they can restore functionality;

B. Assisting in the development and implementation of lifestyle changes needed to cope with the side effects of addiction, use of prescribed psychotropic medications, and/or promote recovery from the disabilities, negative symptoms, and/or functional delays associated with a substance use disorder; and

C. Assisting with the restoration of skills and use of resources to address symptoms that interfere with activities of daily living and community integration.

4. Services shall be provided by a team consisting of Group Rehabilitation Support Specialists and Day Treatment Technicians.

(G) Drug testing—conducted to determine and detect an individual's use of alcohol or other drugs and/or monitor compliance with a prescribed medication regimen as a necessary support and adjunct to treatment.

1. Drug testing may be of greater importance for individuals—

A. With known or suspected diversion of medication for substance use disorders;

B. Who present in person to the program with symptoms and signs of intoxication or withdrawal;

C. With a self-reported or otherwise identified overdose; and

D. With significantly unstable opioid and/or other substance use disorders.

2. Test results shall be discussed with persons served in order to intervene with substance use behavior, including updates to the treatment plan based on test results.

3. Test results and actions taken shall be documented in the individual record, including the category or type of test (on-site or laboratory), the number of panels, types of drugs tested for, and the test results.

4. Drug testing may be performed on-site or sent to a laboratory. A laboratory which analyzes specimens must meet all applicable state and federal laws and regulations.

5. Written policies and procedures regarding the collection and handling of specimens shall be implemented. Urine or other specimens shall be collected in a manner that communicates respect for persons served, while taking reasonable steps to prevent falsification of samples.

6. The program shall implement written policies and procedures outlining the interpretation of results and actions to be taken when the presence of alcohol or other drugs has been determined.

(H) Family conference—intervention that enlists the assistance of the individual's support system through meeting with family members, referral sources, and other natural supports about the individual's treatment plan, continuing recovery plan, and discharge plan. The service must include the individual served and be for his/her direct benefit in accordance with needs and goals identified in the treatment plan and to assist in his/her recovery.

1. Key service functions include, but are not limited to:

A. Communicating about issues in the individual's home that are barriers to achieving his/her treatment goals;

B. Identifying relapse triggers and establishing a continuing recovery plan;

C. Assessing the need for family therapy or other referrals to support the family system; and

D. Participating in continuing recovery and discharge planning conferences.

2. Services shall be provided by a QAP or AAC.

3. Documentation must indicate the relationship of the family members and/or other participants to the individual in treatment.

(I) Family therapy—face-to-face counseling or family-based therapeutic interventions (such as role playing or educational discussions) for the individual served and/or one (1) or more of his/her family members/natural supports. Services must be for the direct benefit of the individual served in accordance with his/her treatment needs and goals and to assist in their recovery.

1. Services shall address and resolve patterns of dysfunctional communication and interactions that have become persistent over time, particularly as they relate to alcohol and/or other drug use.

2. Services may be offered to members of a single family or members of multiple families dealing with similar issues.

3. Services may be provided in an office setting or the individual's home, depending on those involved.

4. Key service functions include, but are not limited to:

A. Utilizing generally accepted principles of family therapy to influence family interaction patterns;

B. Examining family interaction styles, confronting patterns of dysfunctional behavior, and strengthening communication patterns that promote healthy family function;

C. Facilitating family participation in family self-help recovery groups;

D. Developing and applying skills and strategies for improving family functioning; and

E. Promoting healthy family interactions independent of formal helping systems.

5. Documentation must indicate the relationship of the family members/natural supports to the individual engaged in treatment.

6. In any calendar month, for fifty percent (50%) of family therapy sessions, the individual engaged in treatment must be present, in addition to one (1) or more of his/her family members/natural supports. Family members younger than age twelve (12) can be counted as one (1) of the required family members when the child is shown to have the requisite social and verbal skills to participate in and benefit from the service.

7. Services shall be provided by a professional who—

A. Is licensed or provisionally licensed in Missouri as a marital and family therapist; or

B. Has a degree in marriage and family therapy, psychology, social work, or counseling and—

(I) Has at least one (1) year of supervised experience in family therapy and has specialized training in family therapy; or

(II) Receives close supervision from a professional who meets the requirements of subparagraph (1)(I)7.A. and B. of this rule; or

C. A QAP who receives close supervision from an individual who meets the requirements of subparagraph (1)(I)7.A. and B. of this rule.

(J) Group counseling—face-to-face, goal-oriented therapeutic interaction between a counselor and two (2) or more individuals based on needs and goals specified in their treatment plans. Services shall be designed to promote individual functioning and recovery through personal disclosure and interpersonal interaction among group members.

1. This service can include trauma-related symptoms and co-occurring behavioral health and substance use disorders.

2. Evidence-based practices, such as motivational interviewing and cognitive behavioral therapy, shall be utilized by appropriately trained staff.

3. Some scheduled group sessions may not be applicable to or appropriate for all individuals, therefore, participation shall be on a designated or selective basis. Examples of designated or selective groups include, but are not limited to, parenting skills, budgeting, anger management, domestic violence, co-occurring disorders, life skills, and trauma.

4. Key service functions include, but are not limited to:

A. Facilitating individual disclosure of addiction-related issues which permits generalization of the issues to the larger group;

B. Promoting recognition of addictive thinking and behaviors and teaching strategies that support non-use of alcohol and/or other drugs that interfere with the individual's functioning;

C. Preparing individuals to cope with physical, cognitive, and emotional symptoms of craving alcohol and/or other drugs;

D. Encouraging and modeling productive and positive interpersonal communication; and

E. Developing motivation and action by group members through peer influence, structured confrontation, and constructive feedback.

5. Services shall be provided by a QAP, QMHP, AAC, or an intern/practicum student as specified in 9 CSR 10-7.110(5).

6. The usual and customary group size is twelve (12) individuals. The size of group counseling sessions shall not exceed an average of twelve (12) individuals during a calendar month, per facilitator, per group.

7. A group log or documentation in the individual record (paper or electronic format) shall be maintained for each session documenting the type of service, summary of the service, date, actual beginning and ending time of the group, each individual's in and out time, and the signature and title of the staff member providing the service. Signature stamps shall not be used.

(K) Group rehabilitative support—facilitated group discussions based on individual needs and treatment plan goals to promote an understanding of the relevance of the nature, course, and treatment of substance use disorders to assist individuals in understanding their recovery needs and how they can restore functionality.

1. Key service functions include, but are not limited to:

A. Classroom style didactic lecture to present information about a topic and its relationship to substance use;

B. Presentation of audio-visual materials that are educational in nature with required follow-up discussion. Instructional aids shall be incorporated into education sessions to enhance understanding and promote discussion and interaction among individuals. Aids may include, but are not limited to, DVDs or other electronic media, worksheets, and informational handouts and shall not comprise more than twenty percent (20%) of group rehabilitative support sessions;

C. Promotion of discussion and questions about the topic presented to the individuals in attendance; and

D. Generalization of the information and demonstration of its relevance to recovery and enhanced functioning.

2. The program shall develop a schedule and curriculum for delivery of group rehabilitative support that addresses topics and issues relevant to the individuals served. Individuals shall attend group sessions that are relevant to their needs and goals based on the assessment and interventions recommended in their individual treatment plan.

3. Services shall be provided by a group rehabilitation support specialist who is present throughout the session and—

A. Is suited by education, background, or experience to present the information being discussed;

B. Demonstrates competency and skill in facilitating group discussions; and

C. Has knowledge of the topic(s) being taught.

4. Group size shall not exceed an average of thirty (30) individuals during a calendar month, per facilitator, per group session.

5. A group log or documentation in the individual record (paper or electronic format) shall be maintained for each session documenting the type of service, summary of the service, date, actual beginning and ending time of the group, each individual's in and out time, and the signature and title of the staff member providing the service. Signature stamps shall not be used.

(L) Individual counseling—face-to-face, structured, and goal-oriented therapeutic counseling designed to resolve issues related to the use of alcohol and/or other drugs that interfere with the individual's functioning.

1. Evidence-based interventions including, but not limited to, motivational interviewing, cognitive behavioral therapy, and trauma-informed care shall be utilized, when appropriate.

2. Key service functions shall include, but are not limited to:

A. Exploration of an identified problem and its impact on the individual's functioning;

B. Examination of attitudes, feelings, and behaviors that promote recovery and improved functioning;

C. Identification and consideration of alternatives and structured problem-solving;

D. Discussion of skills to aid in making positive decisions; and

E. Application of information presented in the program to the individual's life situation to promote recovery and improved functioning.

3. Services shall be provided by a QAP, QMHP, AAC, or an intern/practicum student as specified in 9 CSR 10-7.110(5).

(M) Individual counseling, co-occurring disorders—individual, face-to-face, structured and goal-oriented therapeutic interaction between an individual and a counselor designed to identify and resolve issues related to substance use and co-occurring mental illness functioning.

1. This service must be provided by—

A. A licensed or provisionally licensed qualified mental health professional (QMHP);

B. An individual holding the Co-Occurring Disorders Professional or Co-Occurring Disorders Professional/Diplomate credential from the Missouri Credentialing Board;

C. A non-licensed QMHP who meets the co-occurring counselor competency requirements established by the department; or

D. A QAP who meets the co-occurring counselor competency requirements established by the department.

(N) Individual counseling, trauma—individual, face-to-face counseling provided to the individual in accordance with his/her treatment plan to resolve issues related to psychological trauma in the context of a substance use disorder. Personal safety and empowerment of the individual must be addressed.

1. This service must be provided by a—

A. Licensed or provisionally licensed mental health professional; or

B. Professional licensed by the Missouri Division of Professional Registration who is practicing within their current competence.

2. Qualified staff must have specialized training on trauma and trauma-informed care and/or equivalent work experience and shall utilize an evidence-based treatment model for the delivery of this service.

(O) Medication services—goal-oriented interaction to assess the appropriateness of medications in an individual's treatment, periodic evaluation/reevaluation of the efficacy of prescribed medications, and ongoing management of a medication regimen within the context of the individual's treatment plan.

1. Key service functions include, but are not limited to:

A. Assessment of the individual's presenting condition;

B. Mental status exam;

C. Review of symptoms and screening for medication side effects;

D. Review of functioning;

E. Assessment of the individual's ability to self-administer medications;

F. Education regarding the effects of medication and its relationship to the individual's substance use disorder and/or mental illness; and

G. Prescription of medication(s), when indicated.

2. Services shall be provided by a licensed physician, or licensed psychiatrist, or licensed physician assistant, licensed assistant physician, or APRN who is in a collaborating practice agreement with a licensed physician.

(P) Medication services support—medical and other consultative services for the purpose of monitoring and managing an individual's health needs while taking medications.

1. Services must be provided by a registered nurse (RN) or licensed practical nurse (LPN).

(Q) Peer and family support—coordinated services within the context of a comprehensive, individualized treatment plan that includes specific individualized goals. Services are person-centered and promote the individual's ownership of his/her treatment plan.

1. Services may be provided to the individual's family/natural supports when the services are for the direct benefit of the individual served in accordance with his/her needs and goals identified in the treatment plan and to assist in the individual's recovery.

2. Key service functions include, but are not limited to:

A. Planning in a person-centered manner to promote the development of self-advocacy skills;

B. Empowering the individual to take a proactive role in developing, updating, and implementing his/her person-centered treatment plan;

C. Providing crisis support;

D. Assisting the individual and his/her family and other natural supports in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management, and communication strategies identified in the treatment plan, so the individual remains in the least restrictive setting, achieves recovery and resiliency goals, self-advocates for quality physical and behavioral health services, and has access to strength-based behavioral health and physical health services in the community;

E. Assisting individuals and their family members/natural supports in identifying strengths and personal/family resources to aid recovery, promote resilience, and recognize their capacity for recovery/resilience;

F. Serving as an advocate, mentor, or facilitator for resolution of issues and skills necessary to enhance and improve the health of a child/youth with a substance use and/or co-occurring disorder; and

G. Providing information and support to the parent(s)/caregiver(s) of a child who has a serious emotional disorder so they have a better understanding of the child's needs, the importance of his/her voice in the development and implementation of the individual treatment plan, the roles of the various service/support providers and the importance of the team approach, and assisting in the exploration of

options to be considered as part of treatment.

3. Services shall be provided by a certified peer specialist or family support provider.

(R) Withdrawal management/detoxification, as defined in 9 CSR 30-3.120.

(2) Ratio of Qualified Addiction Professionals. A majority of the program's staff who provide individual and group counseling shall be Qualified Addiction Professionals (QAP).

(3) Supervision of Associate Counselors. If an AAC provides individual or group counseling, he/she shall meet the requirements of the Missouri Credentialing Board, Inc. or the appropriate board of professional registration within the Department of Commerce and Insurance. All counselor functions performed by an AAC shall be performed pursuant to the supervisor's authority, oversight, guidance, and full professional responsibility.

(A) The supervisor shall review and countersign documentation in individual records made by the AAC.

(B) Documentation which must be countersigned includes the initial treatment plan, treatment plan updates, and discharge summaries.

(C) A training plan must be in place for each AAC and be available for review by department staff or other authorized representatives.

(4) Credentials for Supervisor of Counselors. Unless otherwise required by these rules, supervision of counselors must be provided by a QAP who has—

(A) A degree from an accredited college in an approved field of study; or

(B) Four (4) or more years of employment experience in the treatment and rehabilitation of persons with substance use disorders.

AUTHORITY: sections 630.050, 630.655, and 631.010, RSMo 2016. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Sept. 25, 2002, effective May 30, 2003. Rescinded and readopted: Filed May 28, 2021.

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

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

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

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Substance Use Disorder Treatment Programs

PROPOSED RESCISSION

9 CSR 30-3.132 Opioid Treatment Program. This rule described the specific functions, policies, and practices required for a methadone treatment program.

PURPOSE: This rule is being rescinded because it is outdated. Updated service delivery requirements will be readopted under the same rule number, 9 CSR 30-3.132 Opioid Treatment Programs.

AUTHORITY: sections 630.655 and 631.102, RSMo 2000. This rule originally filed as 9 CSR 30-3.610. Original rule filed May 13, 1983, effective Sept. 13, 1983. For intervening history, please consult the ***Code of State Regulations****. Rescinded: Filed May 28, 2021.*

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

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

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

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Substance Use Disorder Prevention and Treatment Programs

PROPOSED RULE

9 CSR 30-3.132 Opioid Treatment Programs

PURPOSE: This rule describes the specific functions, policies, and practices required for certified opioid treatment programs.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Certification Requirements. Prior to delivering services, the organization must be certified as an opioid treatment program (OTP) by the department.

(A) The program shall comply with applicable federal, state, and local laws and regulations, including those under the jurisdiction of the U.S. Food and Drug Administration (FDA), U.S. Drug Enforcement Administration (DEA), Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (HHS/SAMHSA), and the Department of Health and Senior Services, Bureau of Narcotics and Dangerous Drugs (DHSS/BNDD).

(B) The organization shall comply with 9 CSR 10-5 General Program Procedures, 9 CSR 10-7 Core Rules for Psychiatric and Substance Use Disorder Treatment Programs, and 9 CSR 30-3 Substance Use Disorder Prevention and Treatment Programs, as applicable.

(2) Medication Administration, Dispensing, and Use. OTPs shall only utilize medications approved by the FDA for the treatment of opioid use disorder.

(A) Opioid agonist and partial agonist treatment medications shall be administered and dispensed by a practitioner licensed in Missouri

and registered under the appropriate state and federal laws to administer or dispense opioid drugs.

(B) Written policies and procedures shall be maintained to ensure the following dosage form and initial dosing requirements are met:

1. Methadone is prescribed by a licensed physician, administered and dispensed only in oral form, and formulated in a manner to reduce its potential for parenteral abuse;

2. For newly admitted individuals, the initial dose of methadone does not exceed thirty (30) milligrams and the total dose for the first day does not exceed forty (40) milligrams, unless the program physician documents in the individual record that forty (40) milligrams did not suppress opioid abstinence symptoms; and

3. Each opioid agonist medication is administered and dispensed in accordance with its approved product labeling. Dosing and administration decisions shall be made by a program physician familiar with the most up-to-date product labeling. These procedures must ensure any significant deviations from the approved labeling, including deviations with regard to dose, frequency, or the conditions of use described in the approved labeling, are specifically documented in the individual record.

(C) If a prescription drug monitoring program (PDMP) is available, the program physician and other staff, as permitted, shall register and utilize the PDMP in accordance with federal, state, and local regulations. Policies and procedures shall be maintained regarding use of the PDMP information for diversion control planning.

(D) Individuals admitted to an OTP may be provided with naloxone or, if insured, a prescription for naloxone.

(3) Program Administration. The OTP shall have a program sponsor and a medical director.

(A) The program sponsor shall be responsible for the general establishment, certification, accreditation, and operation of the program, ensuring it is in continuous compliance with all federal, state, and local laws and regulations related to the use of opioid agonist and partial agonist treatment medications in the treatment of opioid use disorder.

(B) The medical director must be a physician licensed in Missouri and is responsible for overseeing all medical services provided by the OTP, performing them directly or by delegating specific responsibilities to an authorized program physician and healthcare professionals functioning under his/her direct supervision. The medical director shall ensure all medical, psychiatric, nursing, pharmacy, toxicology, and other services offered by the OTP are conducted in compliance with federal, state, and local regulations at all times. Other responsibilities of the medical director include, but are not limited to:

1. Ensuring individuals meet admission criteria and receive the required physical examination(s) and laboratory testing;

2. Prescribing methadone and other FDA-approved medications with the individual's input, ensuring the prescribed dosage of medication is appropriate to his/her needs;

3. Reviewing and signing each individual's initial treatment plan and reviewing and updating the plan based on his/her needs; and

4. Coordinating care and consulting with each individual's clinical treatment team on a regular basis.

(4) Service Delivery Requirements. A range of treatment and rehabilitation services shall be provided to address the therapeutic needs of persons served. All medications approved by the FDA for treatment of opioid use disorder shall be available to meet individual needs.

(A) At a minimum, the following services as defined in 9 CSR 30-3.110 or as specified in another regulation, must be available to all individuals based on needs and treatment goals:

1. Communicable disease counseling;

2. Community support;

3. Continuing recovery and discharge planning, as defined in 9 CSR 10-7.030(8);

4. Crisis prevention and intervention;

5. Drug testing;

6. Family conference;

7. Family therapy;

8. Group counseling, including trauma and co-occurring disorders;

9. Group rehabilitative support;

10. Individual counseling, including trauma and co-occurring disorders;

11. Medication services;

12. Medication services support; and

13. Medical evaluations, as specified in this rule.

(B) The services must be available at the OTP's primary location or through a documented collaborative referral arrangement with another qualified service provider. Services shall be offered at least six (6) days per week. Medical and psychosocial services shall be available during the early morning and/or evening to ensure individuals have access to services.

(C) All medical services shall be offered and occur simultaneously with clinical therapy, education, development of positive social supports, and ongoing treatment and rehabilitation for substance use disorders and related life problems.

(D) OTPs shall directly provide, or make available through referral to adequate and reasonably accessible community resources, other support services including, but not limited to, rehabilitation, education, and employment for individuals who request such services or have been determined by program staff to be in need of these services.

(E) Information and education shall be provided in areas such as community resources, substance use disorders, and behavioral health disorders.

(F) Services may be provided via telehealth to enhance accessibility for individuals served.

(5) Admission Criteria. Individuals shall be admitted to maintenance treatment by qualified staff who use accepted medical criteria, such as those listed in the *Diagnostic and Statistical Manual for Mental Disorders (DSM-5)*, 2013, to determine the person is currently addicted to an opioid drug and he/she became addicted at least one (1) year before admission for treatment. The *DSM-5* is hereby incorporated by reference and made a part of this rule, as published by the American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington VA 22209-3901. This rule does not incorporate any subsequent amendments or additions to this publication.

(A) The program physician shall ensure each individual voluntarily chooses maintenance treatment, all relevant facts concerning the use of the opioid drug are clearly and adequately explained to him/her, and each individual provides informed, written consent to treatment.

(B) Documentation in the individual record must indicate clinical signs and symptoms of opioid use disorder.

(C) Decisions regarding the most appropriate medication shall be individualized, based on personal needs and goals, throughout the individual's engagement in treatment.

(D) If clinically appropriate, the program physician may waive the requirement of a one- (1-) year history of addiction for—

1. Women who are pregnant;

2. Individuals released from a correctional facility with a documented history of opioid use disorder, within six (6) months after release; and

3. Individuals who have been previously treated, up to two (2) years after discharge.

(E) Individuals under the age of eighteen (18) are required to have had two (2) documented unsuccessful attempts at short-term medical withdrawal (detoxification) or drug-free treatment within a twelve- (12-) month period to be eligible for methadone maintenance treatment.

1. Individuals under the age of eighteen (18) shall not be admitted to maintenance treatment unless a parent/guardian or responsible

adult designated by the relevant state authority consents in writing to such treatment. This requirement is applicable to methadone and does not pertain to buprenorphine.

(6) Admission for Priority Populations. OTPs that have a contract with the department shall ensure priority admission for—

(A) Women who are pregnant and use intravenous drugs;

(B) Women who are pregnant or postpartum, up to one (1) year after delivery;

(C) Individuals who use intravenous drugs;

(D) Women who have children and are at risk of losing custody or are attempting to regain custody;

(E) Individuals who test positive for the human immunodeficiency virus (HIV);

(F) Individuals determined to be high risk and are referred for treatment by Department of Corrections' institutions and the Division of Probation and Parole via the designated referral form and protocol, as well as individuals referred from federal correctional institutions; and

(G) Individuals who are applying for or receiving Temporary Assistance for Needy Families (TANF) and are referred for treatment by the Department of Social Services, Family Support Division, via the designated electronic referral process and protocol.

1. Women who are pregnant shall receive immediate admission.

2. High-risk referrals from correctional institutions and probation and parole shall be assessed and admitted within five (5) working days of initial contact or scheduled release date, including weekends and holidays.

3. If the OTP is unable to assess and admit an individual who uses intravenous drugs within forty-eight (48) hours of receiving such a request, interim services shall be available in accordance with department contract requirements.

(H) Interim maintenance treatment, as defined in section (16) of this rule, shall be available for individuals who are eligible for treatment but cannot be immediately admitted to the OTP where services are being sought or through referral arrangements with another OTP.

(I) Individuals seeking treatment who are participants in the MO HealthNet program and do not meet priority population criteria shall be given an appointment in a timely manner and shall not be placed on a wait list.

(7) Admission Protocol. Prior to admission, staff shall verify and document the individual seeking services is not currently enrolled in another opioid treatment program utilizing a central registry, if available, or other client enrollment/admission database, such as the department's Customer Information, Management, Outcomes, and Reporting (CIMOR) system, for verification purposes.

(A) An individual currently enrolled in an OTP shall not be permitted to obtain treatment in any other OTP except in exceptional circumstances.

1. If the medical director or program physician of the OTP where the individual is currently enrolled determines exceptional circumstances exist, the individual may be granted permission to seek treatment at another OTP. Justification for the exceptional circumstances must be included in the individual record at both program locations.

(B) Each individual shall undergo a complete and fully documented physical evaluation prior to admission by a program physician, primary care physician, or authorized healthcare professional working under the supervision of a program physician. The full physical examination, including the results of serology and other tests, must be completed within fourteen (14) days following admission.

1. Women should have a pregnancy test as deemed clinically appropriate.

(C) Screening shall determine the risk of undiagnosed conditions such as hepatitis C, HIV, sexually transmitted infections, cardiopulmonary disease, and sleep apnea to determine if further diagnostic testing such as laboratory analysis, a cardiogram, or others are needed.

1. Positive screening results or disease risks should have a care coordination plan that is seen through to completion, regardless of whether this is accomplished via services provided directly by the OTP or through referral to another provider.

(D) A complete medical history, physical examination, and laboratory testing shall not be required for an individual who has had such medical evaluation within the prior thirty (30) days. The program shall have documentation of the medical evaluation and any significant findings in the individual record.

(8) Pregnant and Postpartum Women. Written policies and procedures shall be maintained and implemented to address the needs of women who are pregnant and postpartum. Prenatal care and other gender-specific services for women who are pregnant must be provided by the OTP or by referral to an appropriate healthcare provider.

(A) For pregnant women who are receiving methadone or buprenorphine, the program shall have written policies and procedures in place to ensure—

1. The initial dose of medication for a newly admitted woman who is pregnant, and the subsequent induction and maintenance dosing strategy, reflect the same effective dosing protocols used for all other individuals;

2. The methadone dose is carefully monitored, especially during the third (3rd) trimester when pregnancy induces changes such as the rate at which methadone is metabolized or eliminated from the system, potentially necessitating either an increased or a split dose; and

3. Women who become pregnant during treatment are maintained at their pre-pregnancy dosage, if effective, and are managed with the same dosing principles used with women who are not pregnant.

(B) Women who are pregnant are eligible to receive ongoing maintenance treatment up to one (1) year post-partum, including evaluation of their current dose to determine if an adjustment is needed during the postpartum period. Women shall be offered education about signs and symptoms of oversedation which may occur after delivery.

(C) Medically supervised withdrawal after pregnancy shall occur as clinically indicated and documented, or is requested by the individual.

(D) When a planned discharge occurs, OTP staff shall document the contact information of the physician or other authorized healthcare professional to whom the individual has been referred, including the reason for discharge.

(E) Mothers shall be educated about neonatal abstinence syndrome, its symptoms, potential effects on their infant, and need for treatment if it occurs.

(9) Safety and Health. The program shall implement written policies, procedures, and practices which ensure access to services and address the safety and health of individuals served. The provider shall—

(A) Ensure continued opioid treatment for individuals in the event of an emergency, pandemic, or natural disaster by cooperating with other OTPs, including those in surrounding states, to develop and maintain medication dosing arrangements;

(B) Utilize a central registry, if available, or other client enrollment/admission system such as the department's CIMOR system, to coordinate services;

(C) Ensure treatment to persons regardless of serostatus, HIV-related conditions, tuberculosis (TB), or hepatitis C;

(D) Provide information and education to individuals on prevention and transmission of HIV-related conditions;

(E) Provide or arrange HIV testing and pre- and post-test counseling for individuals;

(F) Provide or arrange testing for TB, hepatitis C, and sexually transmitted infections upon admission and at least annually thereafter;

(G) Provide medical evaluations to individuals upon admission and at least annually thereafter, including cardiac risk assessment;

(H) Utilize infection control procedures in accordance with federal, state, and local regulations; and

(I) Arrange medical care for women during pregnancy, if necessary, and document the arrangements made and action taken by the individual.

(10) Staff Training. All direct service staff and medical staff shall complete four (4) clock hours of training relevant to service delivery in an opioid treatment setting during a two- (2-) year period. This training applies to the required thirty-six (36) clock hours of training during a two- (2-) year period specified in 9 CSR 10-7.110(2)(F)1.

(11) Testing and Screening for Drug Use. The program shall use drug testing as a as a clinical tool for purposes such as diagnosis and treatment planning.

(A) Each individual shall have an initial toxicology test as part of the admission process. At a minimum, admission samples shall be analyzed for opiates, methadone, marijuana, cocaine, barbiturates, benzodiazepines, buprenorphine, amphetamines, fentanyl, and alcohol.

(B) If there is a history of misuse of prescription opioid analgesics, an expanded toxicology panel that includes these opioids shall be administered. Additional testing shall be based on individual needs and local drug use patterns and trends.

(C) Random drug testing of each individual in maintenance treatment shall be conducted at least eight (8) times during a twelve- (12-) month period.

(D) Individuals engaged in long-term detoxification treatment (medical withdrawal) shall receive an initial drug test and a monthly random test.

(E) Individuals engaged in short-term detoxification treatment (medical withdrawal) shall have at least one (1) initial drug test.

(12) Unsupervised Approved Use (Take-Home) of Medication. The medical director shall ensure policies and procedures for approval of take-home methadone do not create barriers to individuals in maintenance treatment. The dispensing restrictions set forth in this section of this rule do not apply to buprenorphine and buprenorphine products.

(A) Any individual in comprehensive maintenance treatment may receive a single take-home dose of methadone for a day the program is closed for business, including Sundays and state and federal holidays.

(B) Decisions on dispensing methadone to individuals for unsupervised use, beyond that set forth in this rule, shall be determined by the medical director. In determining which individuals may be approved for unsupervised use, the medical director shall consider the following:

1. Absence of recent misuse of drugs (opioid or non-narcotic), including alcohol;

2. Regularity of program attendance;

3. Absence of serious behavioral issues at the program;

4. Absence of known recent involvement in the justice system, such as drug dealing;

5. Stability of the individual's home environment and social relationships;

6. Length of time in comprehensive maintenance treatment;

7. Assurance that take-home medication can be safely stored within the individual's home; and

8. Whether the rehabilitative benefit the individual derives from decreasing the frequency of program attendance outweighs the potential risks of diversion.

(C) Determinations for unsupervised use of methadone and the basis for such determinations, consistent with the criteria outlined in paragraphs (12)(B)1. to 8. of this rule, shall be documented in the individual record.

(D) Take-home doses dispensed to individuals beyond that specified in subsection (12)(A) of this rule, shall be subject to the following:

1. During the first ninety (90) days of treatment, the take-home supply is limited to one (1) dose each week and the individual must ingest all other doses under appropriate supervision at the program;

2. In the second ninety (90) days of treatment, the take-home supply is limited to two (2) doses per week;

3. In the third ninety (90) days of treatment, the take-home supply is limited to three (3) doses per week;

4. In the remaining months of the first year of treatment, the individual is limited to a maximum six- (6-) day supply of take-home medication;

5. After one (1) year of continuous treatment, the individual may receive a maximum two- (2-) week supply of take-home medication; and

6. After two (2) years of continuous treatment, the individual may receive a maximum one- (1-) month supply of take-home medication and he/she must make monthly visits to the program.

(E) Individuals in short-term detoxification treatment or interim maintenance treatment shall not receive methadone for unsupervised or take-home use.

(F) OTPs must implement written procedures to identify theft or diversion of take-home medications, including labeling containers with the OTP's name, address, and telephone number. Programs must also ensure take-home supplies are packaged in a manner designed to reduce the risk of accidental ingestion, including use of child-proof containers.

(G) Program staff shall educate individuals about safe transportation and storage of methadone, as well as emergency procedures in case of accidental ingestion.

(H) Individuals approved for take-home doses of methadone must have a lock box for safe transportation and home storage.

(I) OTPs shall implement written policies and procedures that address the responsibilities of individuals who are approved for take-home doses of methadone, including methods to assure appropriate use and storage of the medication.

(J) Staff shall regularly monitor each individual's use of take-home medication to ensure security of the medication and prevent diversion. When determined necessary, the medical director and staff may review an individual's unsupervised use and may deny or rescind take-home privileges. Such action shall be documented in the individual record, including the rationale for denial or rescission of unsupervised use.

(K) The time in treatment requirements outlined in paragraphs (12)(D)1. to 6. of this rule are minimum reference points after which an individual may be considered for take-home medication privileges. The time references do not mean an individual in treatment for a particular time has a specific right for approval of take-home medication.

(L) Any deviation from the regulations for unsupervised use of methadone as specified in this rule requires prior approval from the state opioid treatment authority (SOTA), or his/her designee, and/or SAMHSA.

1. The Exception Request and Record of Justification form SMA-168 must be submitted to the SOTA/designee and/or SAMHSA as specified in section (24) of this rule. Justification for an exception may include, but is not limited to, transportation hardships, employment, vacation, medical or family emergencies, or other unexpected circumstances.

(13) Guest Medication. Individuals who travel, but do not meet the criteria for take-home medication as specified in section (12) of this rule, should be considered for guest medication in accordance with the 2020 *Guidelines for Guest Medications* hereby incorporated by

reference and made a part of this rule, as published by the American Association for the Treatment of Opioid Dependence, 225 Varick St., Suite 402, New York, NY 10014, (212) 566-5555. This rule does not incorporate any subsequent amendments or additions to this publication.

(A) Guest medication provides a mechanism for individuals to travel from their home program for business, pleasure, or family emergencies. It also provides an option for individuals who need to travel for a period of time that exceeds the amount of eligible take-home doses to do so within regulatory requirements.

(B) Individuals shall be on a stable dose of methadone and not be scheduled for a dose increase or decrease during guest medication.

(C) Individuals approved for guest medication must be medically and psychiatrically stable.

(14) Continuity of Care. The program shall implement written policies and procedures to address continuity of care for individuals who are unable to participate in regularly scheduled visits for observed ingestion of medication due to illness, pregnancy, participation in residential treatment, incarceration, lack of transportation, or other situations.

(A) A chain-of-custody process shall be implemented to document the transportation, delivery, administration, and observation of medication when an individual is unable to report to the program as required.

(15) Diversion Control. OTPs shall maintain and implement a written diversion control plan as part of its performance improvement process. The plan shall contain specific measures to reduce the possibility of diversion of controlled substances from legitimate treatment use. Medical and administrative staff of the program shall be assigned to implement the diversion control measures and functions described in the diversion control plan.

(16) Interim Maintenance Treatment. The program sponsor of a public or private OTP may place an individual who is eligible for admission to comprehensive maintenance treatment into interim maintenance treatment, if he/she cannot be placed in a public or non-profit private comprehensive OTP within a reasonable geographic area within fourteen (14) days of the individual's application for admission to comprehensive maintenance treatment.

(A) An initial and at least two (2) other urine screens shall be taken from an individual engaged in interim treatment during the maximum one hundred twenty (120) days permitted for such treatment.

(B) The OTP shall maintain and implement written policies and procedures for transferring individuals from interim maintenance to comprehensive maintenance treatment.

1. The transfer criteria shall include, at a minimum, a preference for admitting women who are pregnant into interim maintenance treatment and criteria for transferring individuals from interim maintenance to comprehensive maintenance treatment.

(C) Interim maintenance treatment shall be provided in a manner consistent with all applicable federal and state laws, including sections 1923, 1927(a), and 1976 of the Public Health Service Act (21 U.S.C. 300x-23, 300x-27(a), and 300y-11).

(D) The program shall notify the SOTA when an individual begins interim maintenance treatment, when he/she leaves interim maintenance treatment, and before the date of mandatory transfer to comprehensive maintenance treatment, documenting all notifications in the individual record.

(E) SAMHSA may revoke the interim maintenance authorization for a program that fails to comply with the provisions of this section of this rule.

(F) SAMHSA will consider revoking the interim maintenance authorization of a program if the state in which the program operates is not in compliance with the provisions of 42 CFR section 8.11(g).

(G) All requirements for comprehensive maintenance treatment apply to interim maintenance treatment with the following exceptions:

1. The opioid agonist treatment medication is required to be administered daily under observation;

2. Unsupervised (take-home) use is not allowed;

3. An initial treatment plan and periodic treatment plan reviews are not required;

4. A primary counselor is not required to be assigned to the individual;

5. Interim maintenance treatment shall not be provided for longer than one hundred twenty (120) days in any twelve- (12-) month period; and

6. The rehabilitative, educational, and other counseling services specified in section (4) of this rule are not required to be provided to the individual.

(17) Medically Supervised Withdrawal. The program shall maintain and implement written policies and procedures to ensure individuals are admitted to short- or long-term detoxification treatment (as defined in 42 CFR section 8.2.) by qualified staff, such as the program physician, who determines such treatment is appropriate by applying established diagnostic criteria. Medically supervised withdrawal may be voluntary or involuntary, as specified in sections (18) and (20) of this rule.

(A) The individual's treatment plan and continuing recovery plan shall include a strategy to transition to another form of medication, if needed. Review of the risks and benefits of withdrawal from maintenance therapy shall be provided, and informed written consent shall be obtained from individuals who voluntarily choose this treatment option.

(B) Individuals shall be educated about the risks of a recurrence of symptoms and potential for fatal overdose following medically supervised withdrawal, and be offered relapse prevention services that includes counseling, naloxone, and opioid antagonist therapy.

(C) OTPs shall offer a variety of supportive options as part of the transition from opioid agonist therapy, such as increased counseling sessions prior to discharge, and individuals shall be encouraged to attend a twelve- (12-) step or other mutual-help program sensitive to the needs of individuals receiving treatment with medication.

(D) Individuals with two (2) or more unsuccessful detoxification episodes within a twelve- (12-) month period must be assessed by the program physician for other forms of treatment. A program shall not admit an individual for more than two (2) detoxification episodes in one (1) year.

(18) Voluntary Medically Supervised Withdrawal. Voluntary medically supervised withdrawal may be initiated by the person served or the program physician in collaboration with the individual as part of individualized treatment planning.

(A) As deemed clinically appropriate, women shall have a pregnancy test and the results reviewed prior to initiation of medically supervised withdrawal.

(B) For women who are pregnant, the physician shall not initiate withdrawal before fourteen (14) weeks or after thirty-two (32) weeks of pregnancy.

(C) If an individual experiences intolerable withdrawal symptoms or actual or potential return to use, the physician shall consider stopping the withdrawal process and restoring the individual to a previously effective dose. In collaboration with the individual served, the physician shall determine if an additional period of maintenance is necessary before further medically supervised withdrawal is attempted.

(D) Regardless of whether medically supervised withdrawal is conducted with or against medical advice (AMA), careful review of the risks and benefits of withdrawal from maintenance treatment must be provided to the individual and informed written consent obtained from those who choose to initiate medically supervised withdrawal.

(19) Withdrawal Against Medical Advice (AMA). Individuals who request voluntary medically supervised withdrawal from medication treatment AMA of the physician or program staff, may receive it. Individuals have the right to leave treatment when they choose to do so.

(A) The same services that are available to individuals engaged in voluntary medically supervised withdrawal shall be offered to individuals choosing medically supervised withdrawal AMA.

(B) The program must fully document the issue(s) that caused the individual to seek discharge, steps taken to avoid discharge, and the circumstances of readmission, as applicable.

(C) In the case of a woman who is pregnant, the program must keep the physician or agency providing prenatal care informed, consistent with the privacy standards of 42 CFR section 2.

(20) Involuntary Withdrawal from Treatment (Administrative Withdrawal). Individuals shall be retained in treatment for as long as they can benefit from it and express a desire to continue treatment. Administrative withdrawal is typically involuntary and shall be used only when all other therapeutic options have been exhausted by program staff. OTPs may refer or transfer individuals to a suitable alterative treatment program, as clinically indicated.

(A) Missing scheduled appointments and/or continued drug use shall not be the sole reason for initiating involuntary withdrawal for an individual being served.

(B) If involuntary withdrawal is initiated for an individual, the program shall follow the criteria included in the January, 2015 *Federal Guidelines for Opioid Treatment Programs* incorporated by reference and made a part of this rule as published by SAMHSA, Center for Substance Abuse Treatment, 1 Choke Cherry Rd., Rockville MD 20857, (877) 726-4727, publication number (SMA) PEP15-FEDGUIDEOTP. This rule does not incorporate any subsequent amendments or additions to this publication.

(21) Medication Storage and Security. The program shall ensure the security of its medication supply and shall account for all medications kept on site at all times.

(A) The program shall meet the requirements of the DEA and BNDD.

(B) The program shall maintain an acceptable security system, and the system shall be checked on a quarterly basis to ensure continued safe operation.

(C) The program shall physically separate the narcotic storage and dispensing area from other parts of the facility used by individuals.

(D) The program shall implement written policies and procedures to ensure positive identification of all individuals before any medication is administered. Verification shall include a minimum of two (2) forms of identification.

(E) The program shall implement written policies and procedures for recording each individual's medication intake and maintaining a daily medication inventory.

(22) Medication Units. Certified OTPs may establish medication units that are authorized to dispense opioid agonist treatment medications for observed ingestion. Services provided at the medication unit must comply with 42 CFR section 8.12.

(A) Prior to establishing a medication unit, the OTP must notify and receive prior approval from the SOTA/designee and SAMHSA by submitting form SMA-162. The required documents include, but are not limited to:

1. A description of how the medication unit will receive its medication supply;

2. An affirmative statement that the medication unit is limited to administering and dispensing the narcotic treatment drug and collecting samples for drug testing or analysis;

3. An affirmative statement that the program sponsor agrees to retain responsibility for individual treatment and care;

4. A diagram and description of the facility to be used as a medication unit;

5. Total number of individuals to be served by the primary OTP and medication unit;

6. Total number of individuals that will be served only at the medication unit;

7. A justification for the need to establish a medication unit; and

8. The name and address of any other active medication unit(s) attached to the primary OTP.

(B) A DEA inspection and approval must be obtained prior to opening a medication unit. A medication unit must have a separate and unique DEA registration.

(C) The OTP must comply with the provisions of 21 CFR part 1300 prior to establishing a mediation unit.

(D) Medication units are not required to be free-standing entities and may be located at a hospital or community pharmacy, for example.

(E) The certified OTP shall be responsible for all operations of an approved medication unit.

(23) Mobile Units. A mobile unit, for the purpose of dispensing opioid agonist treatment medications to individuals for observed ingestion, may be established if approval is granted by the DEA allowing such units to be considered a coincidental activity of the registered OTP. OTPs shall follow all federal, state, and local regulations regarding the operation of a mobile unit.

(24) Exception Requests and Records of Justification. Any deviation from these regulations requires prior approval from the SOTA/designee and/or SAMHSA. Requests must be submitted on the Exception Request and Record of Justification form (SMA-168), SAMHSA, 5600 Fishers Ln., Rockville, MD 20857, (240) 276-2710.

(A) OTPs shall follow department requirements for submitting form SMA-168 to the SOTA/designee and or/SAMHSA. Failure to submit the completed form and obtain prior approval from the SOTA/designee and/or SAMHSA constitutes a regulatory violation which may jeopardize the OTP's accreditation and certification status.

(B) SAMHSA and the SOTA/designee must be notified of any change to the OTP sponsor or medical director within three (3) weeks of the change by submitting SAMHSA form SMA-162 in accordance with established procedures.

AUTHORITY: sections 630.655 and 631.102, RSMo 2016. This rule originally filed as 9 CSR 30-3.610. Original rule filed May 13, 1983, effective Sept. 13, 1983. For intervening history, please consult the ***Code of State Regulations****. Rescinded and readopted: Filed May 28, 2021.*

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

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

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

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Substance Use Disorder Prevention and Treatment Programs

PROPOSED RULE

9 CSR 30-3.155 Staff Requirements for Comprehensive Substance Treatment and Rehabilitation (CSTAR) Programs

PURPOSE: This rule describes requirements for caseload size, clinical privileging, and core competencies for staff working in CSTAR programs.

(1) Other Regulations. Each organization that is certified/deemed certified by the department as a CSTAR program shall comply with requirements set forth in Department of Mental Health Core Rules for Psychiatric and Substance Use Disorder Treatment Programs, 9 CSR 10-7.110 Personnel.

(2) Qualified Staff. The program director shall ensure an adequate number of qualified professionals are available to provide CSTAR services.

(A) Caseload size may vary according to the acuity, symptom complexity, and needs of individuals served. An individual being served or his or her parent/guardian has the right to request an independent review by the CSTAR director if they believe individual needs are not being met. If the CSTAR director deems it necessary, caseload size or other changes may be implemented.

(B) The supervisory-to-staff ratio shall be based on the needs of individuals being served, focusing on successful outcomes and satisfaction with services and supports as expressed by persons served.

(C) The organization shall have policies and procedures for monitoring and adjusting caseload size and ensure there is documented, ongoing supervision of clinical and direct service staff.

(3) Clinical Privileging. The program shall have and implement a process for granting clinical privileges to practitioners to deliver CSTAR services.

(A) Each treatment discipline shall define clinical privileges based upon identified and accepted criteria approved by the governing body.

(B) The process shall include periodic review of each practitioner's credentials, performance, education, and the like, and the renewal or revision of clinical privileges at least every two (2) years.

(C) Initial granting and renewal of clinical privileges shall be based on—

1. Well-defined written criteria for qualifications, clinical performance, and ethical practice related to the goals and objectives of the program;
2. Verified licensure, certification, or registration, if applicable;
3. Verified training and experience;
4. Recommendations from the agency's program, department service, or all of these, in which the practitioner will be or has been providing service;
5. Evidence of current competence;
6. Evidence of health status related to the practitioner's ability to discharge his/her responsibility, if indicated; and
7. A statement signed by the practitioner that he/she has read and agrees to be bound by the policies and procedures established by the provider and governing body.

(D) Renewal or revision of clinical privileges shall also be based on—

1. Relevant findings from the CSTAR program's quality assurance activities; and
2. The practitioner's adherence to the policies and procedures established by the CSTAR program and its governing body.

(E) As part of the privileging process, the CSTAR program shall establish procedures to—

1. Afford a practitioner an opportunity to be heard, upon request, when denial, curtailment, or revocation of clinical privileges is planned;
2. Grant temporary privileges on a time-limited basis; and
3. Ensure that non-privileged staff receive close and documented supervision from privileged practitioners until training and experience are adequate to meet privilege requirements.

(4) Training and Staff Competencies. Direct care staff and staff providing supervision to direct care staff shall complete training in the service competency areas listed below.

(A) Competent staff shall—

1. Operate from person-centered, person-driven, recovery-oriented, and stage-wise service delivery approaches that promote health and wellness;
2. Develop cultural competence that results in the ability to understand, communicate with, and effectively interact with people across cultures;
3. Deliver services according to key service functions that are evidence-based and best practices;
4. Practice in a manner that demonstrates respect and understanding of the unique needs of persons served;
5. Use effective strategies for engagement, re-engagement, relationship-building, and communication; and
6. Be knowledgeable of mandated reporting requirements for abuse and neglect of children and reporting requirements related to abuse, neglect, or financial exploitation of senior citizens and individuals who are disabled.

(B) Staff providing supervision to community support specialists must have additional training or experience in order to be knowledgeable in the supervision competency areas listed below. Competent supervisors—

1. Practice in a manner that demonstrates use of management strategies that focus on individual outcomes, care coordination, collaboration, and communication with other service providers both within and external to the organization;
2. Ensure new and existing staff are competent by providing training/supervision, guidance and feedback, field mentoring, and oversight of services to individuals served by the team;
3. Ensure processes exist for tracking and review of data such as missed appointments, hospitalization and follow-up care, crisis responsiveness and follow-up, timeliness and quality of documentation, and need for outreach and engagement; and
4. Monitor and review services, interventions, and contacts with individuals served to ensure services are implemented according to individualized treatment plans or crisis prevention plans, evaluate the effectiveness and appropriateness of services in achieving recovery/resiliency outcomes in areas such as housing, employment, education, leisure activities, and family, peer, and social relationships.

(C) New staff shall job shadow their supervisor and/or experienced staff in a position equivalent to their qualifications and skill level.

(D) Staff shall receive ongoing and regular clinical supervision.

(E) A written plan shall be developed indicating how competencies will be measured and ensured for all staff providing direct services and staff providing supervision including, but not limited to, some combination of the following:

1. Testing;
2. Observation/field supervision;
3. Clinical supervision/case discussion;
4. Quality review of case documentation;
5. Use of relevant findings from quality assurance activities;
6. Satisfaction with services as conveyed by individuals served and family members/natural supports;
7. Stakeholder/interagency satisfaction with services; and

8. Treatment outcomes for individuals and family members/natural supports.

(F) Demonstrated competency must be documented within the first six (6) months of employment with the CSTAR program.

(G) Staff shall participate in at least thirty-six (36) clock hours of relevant training during any two (2) year period. A minimum of twelve (12) clock hours of training must be completed annually.

(H) Documentation of all orientation, training, job shadowing, and supervision activities must be maintained and available for review by department staff or other authorized representatives.

(I) Documentation of training must include the topic, date(s) and length, skills targeted/objective of skill, certification/continuing education units (as applicable), location, and name, title, and credentials of instructor(s).

AUTHORITY: sections 630.050, 630.655, and 631.010, RSMo 2016. Original rule filed May 28, 2021.

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

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

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

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Substance Use Disorder Prevention and Treatment Programs

PROPOSED RULE

9 CSR 30-3.157 Community Support in Comprehensive Substance Treatment and Rehabilitation (CSTAR) Programs

PURPOSE: This rule establishes the requirements for community support services provided in CSTAR programs.

(1) Service Delivery. The CSTAR program shall establish an identifiable unit which coordinates and provides community support services for children, youth, families, and/or adults. The unit shall be organized to perform functions within the scope of community support services, including critical interventions.

(2) Policies and Procedures. The CSTAR program shall implement policies and procedures to provide adequate, appropriate, and effective community support services to individuals. Policies and procedures shall include:

(A) A mechanism to assure the provision of all needed substance use disorder treatment services, as indicated in the individual's current treatment plan;

(B) A mechanism to assure the provision of all needed services in addition to those provided by the CSTAR program, as indicated in the individual's current treatment plan;

(C) A method for assigning individuals to a community support specialist or team, including:

1. Procedures to assure each individual is afforded an opportunity to express preferences in the selection of a community support specialist; and

2. A mechanism to assure all individuals admitted who need community support are assigned to an active caseload of a community support specialist;

(D) A process to assure an effective transfer and follow-up of an individual between or among community support specialists or community support teams. Staff shall document the rationale for the transfer, the individual's acceptance, and follow-up by the community support specialist in the clinical record;

(E) A process for determining overall increase or decrease in the level of functioning for individuals served through ongoing performance improvement activities;

(F) A method to assure staff providing community support services in the CSTAR program have the opportunity to participate and contribute to the agency's performance improvement process;

(G) Development of suitable revisions to treatment goal(s) as indicated by growth or deterioration of individual functioning and/or condition; and

(H) Program and aggregate evaluation activities to determine effectiveness of services delivered.

(3) Staff Requirements. The CSTAR program shall ensure an adequate number of appropriately qualified staff are available to provide community support services and functions.

(A) Qualified staff includes:

1. A qualified addiction professional (QAP) as defined in 9 CSR 10-7.140;

2. A qualified mental health professional (QMHP) as defined in 9 CSR 10-7.140;

3. An individual with a bachelor's degree in a human services field which includes social work, psychology, nursing, education, criminal justice, recreational therapy, human development and family studies, counseling, child development, gerontology, sociology, human services, behavioral science and rehabilitation counseling;

4. An individual with any four (4) year combination of higher education and qualifying experience;

5. An individual with any four (4) year degree and two (2) years of qualifying experience;

6. An individual with an Associate of Applied Science in Behavioral Health Support degree from an approved institution; or

7. An individual with four (4) years of qualifying experience.

(B) Qualifying experience must include delivery of services to individuals with mental illness, substance use disorders, or developmental disabilities. Experience must include some combination of the following:

1. Providing one-on-one or group services with a rehabilitation/habilitation and recovery/resiliency focus;

2. Teaching and modeling for individuals how to cope and manage psychiatric, developmental, or substance use disorder issues while encouraging the use of natural resources;

3. Supporting individuals in their efforts to find and maintain employment and/or to function appropriately in family, school, and community settings; and

4. Assisting individuals to achieve the goals and objectives in their individual treatment plan.

(C) It is the responsibility of the CSTAR program to document how staff meet the qualifications based on the criteria in subsections (3)(A) and (3)(B) of this rule.

(D) Community support specialists must also complete orientation and training required by the department.

(E) Community support specialists must be supervised by—

1. A qualified addiction professional (QAP);

2. A qualified mental health professional (QMHP);

3. Staff possessing a Master's degree in a behavioral health or related field who has completed a practicum or has one (1) year of experience in a behavioral health field; or

4. Staff who meet the qualifications of a community support

specialist with at least three (3) years of population-specific experience providing community support services in accordance with the key service functions specified in paragraphs (5)(B)1. to 8. of this rule.

(F) Community support supervisors who are not a QAP or QMHP must be supervised by a QAP or QMHP.

(4) Monitoring. To the extent the individual is able to participate, periodic observation and monitoring shall take place in his/her home or other community location as stipulated in the individual treatment plan.

(A) Observation and monitoring shall be documented including, but not limited to:

1. Assessment of the individual's mental health status and/or substance use;

2. Safety and home care; and

3. Functional abilities and skill transference related to activities of daily living including educating, demonstrating, observing, and practicing skills in his/her environment.

(5) Service Delivery. Community support is a comprehensive service designed to reduce the individual's disability resulting from a mental illness, emotional disorder, and/or substance use disorder and restore functional skills of daily living, principally by developing natural supports and solution-oriented interventions intended to achieve recovery/resiliency as identified in the goals and/or objectives in the individual treatment plan.

(A) This service may be provided to the individual's family/natural supports when such services are for the direct benefit of the individual served, in accordance with the needs and goals identified in the treatment plan, to assist in the individual's recovery/resiliency. Most contact occurs in community locations where the individual lives, works, attends school, and/or socializes.

(B) Key service functions of community support shall include, but are not limited to:

1. Developing recovery goals and identifying needs, strengths, skills, resources, and supports and teaching individuals how to use them to support recovery, identifying barriers to recovery, and assisting individuals in the development and implementation of plans to overcome them;

2. Helping individuals restore skills and resources negatively impacted by their substance use disorder and/or co-occurring mental illness or emotional disorder including, but not limited to:

A. Seeking or successfully maintaining employment or volunteering including, but not limited to, communication, personal hygiene and dress, time management, capacity to follow directions, planning transportation, managing symptoms/cravings, learning appropriate work habits, and identifying behaviors that interfere with work performance;

B. Maintaining success in school including, but not limited to, communication with teachers, personal hygiene and dress, age appropriate time management, capacity to follow directions and carry out school assignments, appropriate study habits, and identifying and addressing behaviors that interfere with school performance; and

C. Obtaining and maintaining housing in the least restrictive setting including, but not limited to, issues related to nutrition, meal preparation, and personal responsibility;

3. Supporting and assisting individuals in a crisis to access needed treatment services to resolve the crisis;

4. Continuing recovery planning and discharge planning with individuals who are hospitalized for a medical or behavioral health condition;

5. Assisting individuals, other natural supports, and referral sources in identifying risk factors related to relapse in mental illness and/or substance use disorders, developing strategies to prevent relapse, and advising and otherwise assisting individuals in implementing those strategies;

6. Promoting the development of positive support systems by providing information to family members/natural supports, as appropriate, regarding mental illness, emotional disorders, and/or substance use disorders and ways they can be of support to their family member's recovery. Such activities must be directed toward the primary well-being and benefit of the individual served;

7. Developing and advising individuals on implementing lifestyle changes needed to cope with the side effects of psychotropic medications and/or to promote recovery/resiliency from the disabilities, negative symptoms, and/or functional deficits associated with a mental illness, emotional disorder, and/or substance use disorder; and

8. Advising individuals on maintaining a healthy lifestyle including, but not limited to, recognizing the physical and psychological signs of stress, creating a self-defined daily routine that includes adequate sleep and rest, walking or exercise and appropriate levels of activity and productivity, involvement in creative or structured activities that counteract negative stress responses, learning to assume personal responsibility and care for minor illnesses, and knowing when professional medical attention is needed.

(6) Documentation. Documentation must be maintained in the individual record for each community support session, service, or activity in accordance with 9 CSR 10-7.030(13). The following must also be documented:

(A) Phone contacts; and/or

(B) Pertinent/significant information reported by family members/natural supports regarding a change in the individual's condition and/or an unusual or unexpected occurrence in his/her life.

AUTHORITY: sections 630.050, 630.655, and 631.010, RSMo 2016. Original rule filed May 28, 2021.

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

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

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Substance Use Disorder Prevention and Treatment Programs

PROPOSED RULE

9 CSR 30-3.195 Outpatient Substance Use Disorder Treatment Programs

PURPOSE: This rule specifies service delivery requirements for certified/deemed certified outpatient substance use disorder treatment programs that do not have a contractual relationship with the department for the provision of services.

(1) General Requirements. Each agency that is certified/deemed certified by the department as an outpatient substance use disorder treatment program shall comply with requirements set forth in

Department of Mental Health Core Rules for Psychiatric and Substance Use Disorder Treatment Programs, 9 CSR 10-7.010 through 9 CSR 10-7.140, as applicable.

(A) The agency shall have written policies and procedures defining eligibility for services, screening, admission, and clinical assessment to assist in the support of each individual.

(B) The program shall maintain reasonable hours to assure accessibility.

(2) Services. An intake screening and admission assessment shall be conducted in accordance with 9 CSR 10-7.030 (1) and (2).

(A) At a minimum, the following services as defined in 9 CSR 30-3.110, or in other regulations as indicated, shall be provided on an outpatient basis in accordance with individual needs:

1. Case management;
2. Continuing recovery planning, as defined in 9 CSR 10-7.030(8);
3. Crisis prevention and intervention;
4. Family conference;
5. Family therapy;
6. Group rehabilitative support;
7. Individual and group counseling, including trauma and co-occurring disorders;
8. Medication services;
9. Treatment planning as defined in 9 CSR 10-7.030(4) and (5); and
10. Information and education, such as community resources available, substance use disorders, and behavioral health disorders;

(B) If the program does not directly provide all of the services specified in paragraphs (2)(A)1. to 10. of this rule, the services must be available to all individuals through coordinated and documented service delivery practices with other qualified providers within the same geographic area.

(3) Treatment Planning. Services shall be provided under the direction of an individual treatment plan as specified in 9 CSR 10-7.030(4).

(A) An initial treatment plan goal shall be developed at intake to address immediate needs during the admission process to the outpatient treatment program.

(B) The treatment plan shall be completed within the first three (3) outpatient visits.

1. Each individual shall participate in the development of his/her treatment plan and sign the plan, or obtain parent/guardian signature, as applicable. Lack of the individual's signature must be explained in a progress note and included in the individual record.

(C) Treatment plans shall be reviewed and updated every ninety (90) days to reflect the individual's progress and changes in treatment goals and services.

(D) Treatment plans must be revised and rewritten at least annually.

(E) Treatment plans shall be developed and approved by a licensed mental health professional or qualified addiction professional (QAP).

(4) Staff Requirements. Individual and group counseling must be delivered by a licensed mental health professional, QAP, or associate counselor.

(5) Records. Each agency shall maintain an organized clinical record system (electronic or paper) in accordance with 9 CSR 10-7.030(13) which ensures easily retrievable, complete, and usable records stored in a secure and confidential manner.

(A) Each agency shall implement written procedures to assure quality of individual records, including a routine review to ensure documentation requirements are being met.

AUTHORITY: sections 630.050, 630.655, and 631.010, RSMo 2016. Original rule filed May 28, 2021.

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

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

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

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 85—Veterans Affairs
Chapter 1—Veterans Affairs

PROPOSED RULE

11 CSR 85-1.060 The Missouri Veterans Health and Care Fund and Program

*PURPOSE: This rule establishes standards of operation for the proceeds of the Veterans Health and Care Fund created by Article XIV, section 1, paragraph 4(2)(b) of the **Missouri Constitution** that are allocated to the Missouri Veterans Commission.*

(1) Definitions.

(A) "Commission" means the Missouri Veterans Commission (MVC) created by section 42.007, RSMo.

(B) "The Missouri Veterans Health and Care Fund (MVHCF)" means the fund established in Article XIV, section 1, paragraph 4 of the *Missouri Constitution*.

(C) "The Missouri Veterans Health and Care Program" means the program created by this rule within the Missouri Veterans Commission for the implementation and management of the Missouri Veterans Health and Care Fund.

(D) "Public agency" means any city, county, city not within a county, municipal corporation, public district, or public authority located within this state which provides or has authority to provide services which benefit Veterans.

(E) "Executive Director" means the executive director of the Missouri Veterans Commission, or his/her designee, under section 42.012, RSMo.

(F) "Missouri Veterans Cemeteries" means the property and facilities established and maintained pursuant to section 42.012, RSMo.

(G) "Missouri Veterans Homes" means the facilities established and maintained pursuant to section 42.100, RSMo.

(H) "Veteran" means any person defined as a Veteran by the United States Department of Veterans' Affairs or its successor agency.

(2) The MVHCF is established in Article XIV, section 1, paragraph 4 of the *Missouri Constitution* and permits the commission to contract for services beyond its expertise. This rule establishes a transparent and flexible process to allocate the MVHCF to the highest and best use to serve Missouri Veterans based on recommendations of its stakeholders and partner agencies.

(3) Implementation of the MVHCF proceeds allocated to the commission.

(A) The commission hereby creates the Veterans Health and Care

Program (VHCP) which shall be funded by the MVHCF.

(B) The priorities of the VHCP shall be—

1. To meet the current mission of the Missouri Veterans Commission; and

2. To meet emerging needs of Missouri Veterans as directed by the commission.

(4) Where and when appropriate, the MVC Executive Director shall present to the commission his/her recommendations for the expenditure of MVHCF proceeds allocated to the commission. Such recommendations shall be based on recommendations from commission stakeholders and designed to maximize the efficacy of the VHCP and drive innovation in the delivery of services to Missouri's Veterans. All expenditures of MVHCF proceeds allocated to the commission shall be approved by the commission at a public meeting in accordance with established commission protocols.

(A) The commission shall work with the Governor's Office to include expenditures of MVHCF proceeds approved by the commission in the Governor's proposed budget for the upcoming fiscal year. The legislative members of the commission shall work with the leadership of their respective chamber of the legislature as necessary to ensure appropriations are approved by the Legislature for those MVHCF expenditures approved by the commission.

(5) When the commission approves services beyond the expertise of the commission, the commission staff shall issue a request for proposals in accordance with current state contracting procedures. Each proposal shall include a written program description, method of implementation, a proposed budget of all projects to be funded, a conflict of interest attestation, and a signed statement that the request is for the purpose identified in the proposal and that any funds received from the VHCP will be used for the purposes requested.

(6) Any VHCP contracts with public bodies shall be subject to the following criteria:

(A) Preference will be given to programs that are supported by evidence-based research to address the objectives of the commission;

(B) All proposals shall specifically identify the following information, if applicable:

1. The proposed location(s) where services will be provided;

2. Summary of services to include estimated number of Missouri Veterans who will be served or benefitted per year;

3. Qualifications of the agency or project's leadership team;

4. The proposed facilities to be constructed using VHCP funds, if any;

5. Timelines applicable to the services to be provided, including benchmarks;

6. Anticipated startup costs, if any;

7. Anticipated operational costs;

8. Anticipated revenue sources; and

9. Anticipated return on investment; and

(C) For those projects involving the delivery of professional health services, the VHCP contractor must have and maintain a system to ensure all professional health services providers maintain a license in good standing from the applicable regulatory agency. The VHCP contractor must have a written agreement in place with each professional health services provider that requires the provider to notify the VHCP contractor within ten (10) days of any change in the provider's licensing status. The VHCP contractor shall then notify VHCP director of any change in the provider's licensing status within ten (10) days and shall arrange for an alternative provider to serve the affected Veterans.

(7) All VHCP request for proposal responses satisfying the requirements of this rule shall be presented to the commission at the first commission public meeting following the deadline for submission of such proposals. The commission may vote on the proposals at that meeting, or defer its vote on the proposals until a future public meeting. Subject to appropriations and available funds, the commission may approve all of the proposals, some of the proposals, or make grants for an amount less than that requested for any given application. The commission does not guarantee that any given VHCP proposal will be approved, or that it will approve the full amount requested in any given proposal. Approval of a VHCP proposal may be contingent upon the submitting agency securing adequate alternative funding to cover any costs not covered by the VHCP contract.

(8) No more than ten percent (10%) of VHCP funds may be used for administrative costs or salaries of the recipient agency or organization.

(9) All VHCP contractors must permit the VHCP director or his/her designee to visit and inspect each project funded in full or in part by the VHCP. The VHCP contractor must account for all VHCP monies awarded to it, provide performance statistics, and make the books and records of the program open to the commission for inspection and monitoring upon request. Upon a written recommendation from the commission for needed changes or improvements in a funded project, the contractor shall make the necessary changes to the project. The contractor must allow the commission to monitor all functions of programs developed with VHCP funds. VHCP contractors must assist and cooperate with commission staff in monitoring programs and in determining if the program is operating according to the contractual agreement negotiated between the parties.

AUTHORITY: sections 42.007.6, 42.012.2(4), and 536.023.3, RSMo 2016. Original rule filed May. 26, 2021.

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Veterans Commission, Attn: Scotty Allen, 205 Jefferson Street, 12th Floor, PO Drawer 147, Jefferson City, MO 65101. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 35—Children's Division
Chapter 30—Voluntary Placement Agreement

PROPOSED RULE

13 CSR 35-30.020 Immediate Safety Intervention Plan

PURPOSE: This rule governs the use of Immediate Safety Intervention Plans, which are used as part of Temporary Alternative Placement Agreements (TAPAs) under section 210.123, RSMo. An Immediate Safety Intervention Plan is a form for the relative caretaker of a child under a TAPA to use to notify medical care providers, educational institutions, and others that they have legal authority to make day-to-day decisions for the child in their care.

(1) Purpose and Scope—

(A) An Immediate Safety Intervention Plan is a voluntary, time limited agreement between the Children's Division, a child's parent(s) and/or legal guardian(s), and any other third parties to protect a child from one (1) or more identified, immediate threats to the child's safety, health, and welfare in the short term. The purpose of

the Immediate Safety Intervention Plan is to establish and document in writing a plan to keep a child safe with the goal of preventing or eliminating the need for the child to be involuntarily removed from the child's home and/or brought under the authority of a juvenile or family court pursuant to Chapter 211, RSMo.

(B) The paramount consideration for developing, implementing, and monitoring an Immediate Safety Intervention Plan is to protect the safety, best interests, and welfare of the child.

(2) Definitions. For the purposes of this section the following definitions shall apply:

(A) The terms "Safety Plan" and "ISIP" mean Immediate Safety Intervention Plan;

(B) The word "relative" shall mean a grandparent or any other person related to another by blood or affinity or a person who is not so related to the child but has a close relationship with the child or the child's family. The status of a grandparent shall not be affected by the death or the dissolution of the marriage of a son or daughter; and

(C) The phrases "Temporary Alternative Placement Agreement" and "TAPA" shall mean Temporary Alternative Placement Agreements as defined in section 210.123, RSMo, and 13 CSR 35-30.030.

(3) Each Immediate Safety Intervention Plan will be reduced to writing and signed by the parties to the Immediate Safety Intervention Plan. It will—

(A) Identify the danger or immediate safety threat(s) to the child;

(B) Identify the services that the division may offer to address the identified safety threat(s) to the child;

(C) Identify the specific actions that the child's parent(s), guardian(s), and relative(s) will take to address the identified safety threat(s) to the child, and specify the time frames during which those actions will be completed;

(D) Identify any other people or agencies that are willing and available to support the child and the parent(s), guardian(s), and/or relative(s) in the implementation of the Immediate Safety Intervention Plan, and identify what actions they may take to implement the Immediate Safety Intervention Plan;

(E) Include a statement that the parent(s), guardian(s), and relative(s) agree to the Immediate Safety Intervention Plan, that they will participate in good faith with the services offered by the division, that they will cooperate with the division, and that they will implement the requirements of the Immediate Safety Intervention Plan;

(F) Specify the date on which the Immediate Safety Intervention Plan will terminate;

(G) Contain any other provisions that the parties may deem appropriate; and

(H) Include a plan for monitoring the effectiveness of the Immediate Safety Intervention Plan.

(4) Placements. An Immediate Safety Intervention Plan may provide for the child to remain in the child's own home while the plan is being implemented, or to temporarily reside with the non-offending parent. Any change in the residence of a child pursuant to an Immediate Safety Intervention Plan is and shall be accomplished solely pursuant to the legal authority of and voluntary consent of the child's parent(s), legal custodian(s), or legal guardian(s). A change in the residence of a child pursuant to an Immediate Safety Intervention Plan is not intended to be and shall not be construed to be a custody order, modification of a custody order, or a placement of the child by the division.

(5) An Immediate Safety Intervention Plan is not a custody or visitation order or a parenting plan, as such terms as otherwise defined by law. An Immediate Safety Intervention Plan does not and cannot supersede a court order governing the care, custody, control, or support of a child.

(6) The parent(s), guardian(s), and relative(s) shall cooperate in good faith with the division to implement the Immediate Safety Intervention Plan. This includes, but is not limited to:

(A) Making the child available to meet with the division or its contractors or representatives in the State of Missouri in person, virtually, or by other means of communication upon request to enable the division to ensure the Immediate Safety Intervention Plan is being implemented and the child is safe and well cared for during the pendency of the Immediate Safety Intervention Plan;

(B) Allowing the division or its contractors or representatives to inspect the home at reasonable times (announced and unannounced) to ensure the Immediate Safety Intervention Plan is being implemented;

(C) Executing any consents and/or authorizations to release information to the division and/or to or from third parties the division determines necessary to obtain information to develop and/or monitor the implementation of the Immediate Safety Intervention Plan. This includes, but is not limited to, health care providers, schools, and other professionals providing services to the child and other parties;

(D) Participating in team decision making meetings that the division may convene pertaining to the child;

(E) Keeping the division informed of their current residence address, mailing address, telephone number, e-mail address, work address, and contact information; and any change in the residence of and contact information for the child; and

(F) It shall be the duty of the parent(s), legal guardian(s), and relative(s) to promptly notify the division of any change in circumstances that may impact the care of the child and/or the implementation of the Immediate Safety Intervention Plan.

(7) Background checks.

(A) The division may conduct a background check of the parent, guardian, the relative, and any adult member of the parent, guardian, or relative's household as part of its process to determine whether the parent, guardian, or relative is a suitable temporary placement provider for the child. The parent, relative, and other adult household members shall execute any consents or other documents necessary to complete any background checks, and submit to a fingerprint-based criminal background check if the division determines this to be necessary. If the parent, relative, or any adult member of the household declines to assist in background check process then the division may decide not to enter into an Immediate Safety Intervention Plan.

(B) Notwithstanding any other provision of this section, the division will not enter into an Immediate Safety Intervention Plan where the parent or guardian of the child places the child under an Immediate Safety Intervention Plan in the home of a non-offending/non-resident parent where the individual or any member of the individual's household has pled guilty or been found guilty of any the following crimes when a child was the victim:

1. Section 565.020, RSMo (murder, first degree);
2. Section 565.021, RSMo (murder, second degree);
3. Section 565.023, RSMo (voluntary manslaughter);
4. Section 565.024, RSMo (involuntary manslaughter, first degree);
5. Section 565.050, RSMo (assault, first degree);
6. Section 566.030, RSMo (rape, first degree);
7. Section 566.031, RSMo (rape, second degree, or section 566.040, RSMo before Aug. 28, 2013);
8. Section 566.032, RSMo (statutory rape, first degree);
9. Section 566.060, RSMo (sodomy, first degree);
10. Section 566.061, RSMo (sodomy, second degree, or section 566.070, RSMo before Aug. 28, 2013);
11. Section 566.062, RSMo (statutory sodomy, first degree);
12. Section 566.064, RSMo (statutory sodomy, second degree);

13. Section 566.067, RSMo (child molestation, first degree);
14. Section 566.068, RSMo (child molestation, second degree);
15. Section 566.069, RSMo (child molestation, third degree);
16. Section 566.071, RSMo (child molestation, fourth degree);
17. Section 566.083, RSMo (sexual misconduct involving a child);
18. Section 566.100, RSMo (sexual abuse, first degree);
19. Section 566.101, RSMo (sexual abuse, second degree, or section 566.090, RSMo before Aug. 28, 2013);
20. Section 566.111, RSMo (sex with an animal);
21. Section 566.151, RSMo (enticement of a child, first degree);
22. Section 566.203, RSMo (abusing an individual through forced labor);
23. Section 566.206, RSMo. (trafficking for the purpose of slavery, involuntary servitude, peonage, or forced labor);
24. Section 566.209, RSMo (trafficking for the purpose of sexual exploitation);
25. Section 566.210, RSMo (sexual trafficking of a child, first degree);
26. Section 566.211, RSMo (sexual trafficking of a child, second degree, or section 566.212, RSMo before Jan. 1, 2017);
27. Section 566.215, RSMo (contributing to human trafficking through the misuse of documentation);
28. Section 567.050, RSMo (promoting prostitution, first degree);
29. Section 568.080, RSMo (child used in sexual performance, if before Jan. 1, 2017);
30. Section 568.090, RSMo (promoting sexual performance by a child, if before Jan. 1, 2017);
31. Section 568.020, RSMo (incest);
32. Section 568.030, RSMo (child abandonment, first degree);
33. Section 568.060, RSMo (abuse or neglect of a child);
34. Section 568.065, RSMo (genital mutilation of a female child);
35. Section 568.175, RSMo (trafficking in children);
36. Section 573.023, RSMo (sexual exploitation of a minor);
37. Section 573.025, RSMo (promoting child pornography, first degree);
38. Section 573.035, RSMo (promoting child pornography, second degree);
39. Section 573.037, RSMo (possession of child pornography);
40. Section 573.200, RSMo (child used in sexual performance or section 568.080, RSMo before Jan. 1, 2017); or
41. Section 573.205, RSMo (promoting sexual performance by a child or section 568.090, RSMo before Jan. 1, 2017).

(C) Except as otherwise provided in subsection (7)(B), the division may, at its discretion, agree to enter into an Immediate Safety Intervention Plan in which the parent or guardian of the child places the child in the home of a non-offending/non-resident parent where the individual or any adult member of the individual's household has been found guilty of any other crimes against persons, substantiated or significant child abuse/neglect history, or drug and alcohol related offenses if the parent, guardian, and/or the relative satisfy the division that the placement is in the best interests of the child, that the parent or relative is a fit and suitable person to temporarily care for the child, and that the household where the child will temporarily reside is safe and appropriate for the child. In making this decision, the division may consider the following factors:

1. Whether the parent, guardian, and/or relative or household member has successfully completed the conditions of sentencing and/or probation without further incidents;
2. Whether the parent, guardian, and/or relative or household member has successfully completed any prescribed or required treatment;
3. The duration of time between the prior incident and the negotiation of the Immediate Safety Intervention Plan;
4. The written advice and recommendations of professionals with knowledge of the family;
5. Whether the prior incident of criminal conduct, while unlawful at the time of the incident, is no longer unlawful or proscribed at the time that the division is considering Immediate Safety Intervention Plan; and
6. Any other factor or information that may be relevant to making a decision about the best interests, care, and safety of the child.

(8) Enforcement of Immediate Safety Intervention Plans. The division does not have the authority, acting on its own, to enforce the requirements of an Immediate Safety Intervention Plan. The division retains the authority to take any action, any time and without prior notice or consultation, that the division deems in its sole discretion appropriate to protect the safety, best interests, and welfare of any child covered by an Immediate Safety Intervention Plan. This includes, but is not limited to:

(A) Making referrals, with or without recommendations for further action, to the juvenile officer;
(B) Making referrals to law enforcement;
(C) Investigating reports of child abuse or neglect and conducting family assessments;
(D) Sharing a copy of the Immediate Safety Intervention Plan and other relevant information with the juvenile officer, law enforcement, medical care providers, guardians *ad litem* for the child, schools and school personnel, and any other person the division determines has a need to have the information for the care, safety, and best interests of the child; and
(E) Negotiating a new Immediate Safety Intervention Plan or a TAPA.

(9) Relationship between Immediate Safety Intervention Plans and TAPAs. The division may recommend and enter into a Temporary Alternative Placement Agreement (TAPA), pursuant to section 210.123, RSMo, and 13 CSR 35-30.030. If the parent(s), guardian(s), or relative(s) decline to enter into a TAPA, upon recommendation of the division, the division shall refer the matter to the juvenile officer for appropriate action.

(10) An Immediate Safety Intervention Plan will terminate under the following circumstances:

(A) Immediate Safety Intervention Plans will automatically terminate without further notice ten (10) days after the date the last party signs the agreement. Each party is responsible for signing and dating the document.
1. The parties may extend an Immediate Safety Intervention Plan for no more than ten (10) days at a time. Every extension of the Immediate Safety Intervention Plan must be done in writing and signed by all parties. The extension must specify the date on which the plan shall terminate. The division should not terminate its involvement with the family while there is an Immediate Safety Intervention Plan in place;

(B) Immediate Safety Intervention Plans are voluntary. Any party to the Immediate Safety Intervention Plan may terminate his or her participation in the Immediate Safety Intervention Plan at any time with reasonable notice to the other participants. Any party wishing to terminate their participation in the Immediate Safety Intervention Plan shall notify the division, preferably in writing;

(C) An Immediate Safety Intervention Plan shall terminate upon the child being brought under the jurisdiction of a juvenile or family court pursuant to law, or upon the entry of an order of a court of competent jurisdiction; and

(D) The division may not terminate its involvement with the family if there is an Immediate Safety Intervention Plan in place.

AUTHORITY: sections 207.020.1(2) and 660.017, RSMo 2016, and section 210.123, RSMo Supp. 2020. Emergency rule filed May 20, 2021, effective Aug. 2, 2021, expires Feb. 24, 2022. Original rule filed May 20, 2021.

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 35—Children's Division
Chapter 30—Voluntary Placement Agreement

PROPOSED RULE

13 CSR 35-30.030 Temporary Alternative Placement Agreements (TAPA)

PURPOSE: This regulation implements Temporary Alternative Placement Agreements as provided in section 210.123, RSMo.

(1) Purpose and Scope.

(A) This regulation implements TAPAs as provided in section 210.123, RSMo, for the purposes therein stated.

(B) The paramount consideration for developing, implementing, and monitoring a TAPA is to protect the safety, best interests, and welfare of the child.

(C) The Children's Division has determined that it is redundant to reproduce the statutory requirements of TAPAs as set forth in section 210.123, RSMo, in this regulation. In addition to the requirements of this regulation, all parties to a TAPA must fully comply with the requirements of section 210.123, RSMo and other applicable law.

(2) Definitions. For the purposes of this regulation the following words and/or phrases are defined as follows:

(A) The division incorporates the definitions of the terms, words and phrases set forth in section 210.123, RSMo. as the definition of the same terms, words and phrases when used in this regulation;

(B) References to the "Children's Division" or "the division" shall also refer to any contractors or representatives that the Children's Division may retain or employ in reference to developing and implementing TAPAs;

(C) The word "parent" shall include the child's legal parents and, when relevant, the child's legal guardian or custodian;

(D) In cases where the child's parents do not reside together in the same household the word "relative" and "parent" may also include the child's adoptive or biological parent that the child is not residing with;

(E) "TAPA" shall mean "Temporary Alternative Placement Agreement" as that phrase is defined in section 210.123, RSMo; and

(F) The phrases "Team Decision Making Meeting" or "TDM" for purposes of this regulation shall mean a group of individuals invited by the Children's Division to form a team to meet to assist, support, and advise the division and the parties to the TAPA on making decisions involving the children and family with the goal of successfully implementing the TAPA.

1. Mandatory TDM Members—The members of the team for a TDM shall include representatives of the Children's Division, the child's parent, the relative, the child's guardian *ad litem* if the child has a guardian *ad litem*, any other party to the TAPA, and the attorney for any of the parties to the TAPA, at the request of that party. A TDM meeting may still be held if all of the mandatory team members are not in attendance.

2. Optional TDM Members. The team may also include other relatives of the children and parents as well as school personnel, medical and mental health personnel, the juvenile officer if the juvenile officer requests to be present, service providers to the child and family, and any other individual who the parties to the TAPA agree may provide constructive advice, assistance, and support for the implementation of the TAPA.

3. Children's Participation in TDM Meetings. Children twelve (12) years of age and older should attend TDM Meetings, if the child is willing and able to attend the meetings, and the division believes their attendance is in the child's best interests.

(3) Negotiation and execution of a TAPA.

(A) TAPAs are voluntary, written agreements between the parent, the relative, and the Children's Division. To be valid, the TAPA must be executed by the division, the parent, and the relative. The TAPA may be executed in writing or by electronic signature.

(B) The Children's Division shall base its decision whether to execute a TAPA on what the division believes to be in the best interests of the child. This will be based upon the information made available to the Children's Division within the applicable time periods for completing a TAPA, the applicable law, and the unique circumstances of each child and family.

(C) The Children's Division will give first consideration to entering into a TAPA with the child's other parent when the child and the child's parents do not reside in the same household. If the division determines that the other parent is not a suitable relative for placement, the Children's Division will give second consideration to enter into a TAPA with the child's grandparent.

(D) In making the decision to enter into a TAPA and deciding what services the Children's Division may be able to offer to assist the parties in implementing the plan, the Children's Division may consider and balance—

1. The wishes of the parent and relative;

2. The wishes of the child;

3. The needs of the child for safe, frequent, continuing and meaningful relationship between the child and the child's parent;

4. The ability and willingness of the parent and the relative to actively perform their functions for the needs of the child;

5. The interaction and interrelationship of the child with the child's parent, siblings, grandparents, the relative and any other person who may significantly affect the child's best interests;

6. The child's adjustment to their home, school, and community;

7. The mental and physical health of all individuals involved;

8. Any history of any abuse or neglect of any individual involved;

9. Any history of domestic violence;

10. Any special needs of the child, the child's level of care, and the needs of the child's parent, and the relative;

11. The financial and personal resources available to the parent and the relative to care for the child and implement the plan set out in the TAPA. This may include whether the child, the child's parent and the relative may be eligible for benefits and services through other governmental and private organizations;

12. The resources and services available to the Children's Division, including the availability of appropriated funds for the provision of resources and services;

13. The educational needs of the child;

14. The willingness and ability of the parent, the relative, the child, and the relative's household members to work with the Children's Division and each other to cooperatively develop and implement the TAPA;

15. Any history of criminal activity of any individual involved that may pose a safety risk to the child or impact the ability or willingness of any individual to implement the TAPA;

16. Any current or past history of conduct that may indicate substance use disorder by the child, the parent, the relative, other members of the relative's household or other persons;

17. The number of children in the home or to be placed in the home; and

18. Any other facts, information, or considerations that the division deems relevant to its decision.

(4) When the division, the parent, and the relative agree to enter into a TAPA, the child's parent and the relative shall cooperate with the Children's Division to develop, implement, and monitor the TAPA. This includes, but is not limited to:

(A) Making the child available to meet with the Children's Division in person, virtually, or by other means of communication at least two times each month to enable the division to monitor the implementation of the TAPA and to ensure that the TAPA is being safely implemented. At least one (1) visit each month shall be in the relative's home at the discretion of the Children's Division, and the other visit may be virtual or in the community;

(B) Allowing the Children's Division to inspect the home of the relative where the child resides, including allowing the Children's Division to meet with the child in-person in the home of the relative at least one (1) time a month and the home of the parent, at reasonable times (announced and unannounced), to monitor the implementation of the TAPA and ensure the child is safe and well cared for during the TAPA;

(C) Executing any consents and/or authorizations to release information to the Children's Division and/or to or from third parties that the Children's Division determines necessary for the Children's Division to obtain information to develop and/or monitor implementation of the TAPA. This includes, but is not limited to, health care providers, schools, and school districts and other professionals providing services to the child and the parties to the TAPA;

(D) Participating in all TDMs that the Children's Division may convene pertaining to the child;

(E) Keeping the division informed of their current residence address, mailing address, telephone number, e-mail address, work address and contact information, and any change in the residence of and contact information for the child;

(F) Promptly notifying the Children's Division of any change in circumstances that may impact the care of the child and/or the implementation of the TAPA;

(G) Providing full, truthful, accurate, and complete information to the division and other members of the TDM;

(H) Ensuring the child resides in the state of Missouri for the duration of the TAPA unless the child requires medical treatment in another state that is not reasonably available within the state of Missouri. The child's parent and the relative shall immediately notify the Children's Division if the child requires medical care out of state; and

(I) Participating in the services the parties identify as necessary to the TAPA.

(5) Team Decision Making Meetings.

(A) In all cases managed through a TAPA, the division shall schedule a TDM within ten (10) days of the execution of a TAPA, and at least once every month thereafter for the duration of the agreement as provided in this regulation.

1. The division may schedule additional TDMs as the division determines may be necessary to support the implementation of the TAPA.

2. Parties to the TAPA may ask the division to schedule additional meetings. Parties to a TAPA are encouraged, but not required, to ask to schedule a TDM meeting before voluntarily terminating a TAPA to see if the team can help resolve any issues that may cause the party to consider withdrawing from the TAPA.

3. The division may schedule a TDM before the TAPA is scheduled to expire to discuss the successes and challenges of implementing the TAPA, whether a new TAPA may be necessary and to discuss whether any next steps may be appropriate.

(B) TDM meetings shall be informal, and shall be held at times and places that are reasonably convenient for as many of the participants as possible, with priority given to the schedules of the mandatory TDM members identified in paragraph (2)(F)1.

(C) TDM meetings may be held in person at the offices of the Children's Division or at other mutually convenient locations. TDM meetings may also be held by conference call or other electronic means.

(D) The Children's Division may exclude from any TDM meeting any person who is, or the division has reasonable cause to believe may become, disruptive to the orderly management of the case and/or meeting. The division may exclude from the TDM any non-mandatory team member who becomes disruptive to the meetings and successful implementation of the TAPA.

(E) The failure of any party to a TAPA to attend and fully participate in TDM meetings in good faith may be grounds for the division to take appropriate action including, but not limited to, notifying the juvenile officer that the parties are not participating in the TAPA and/or terminating the TAPA.

(F) The Children's Division shall maintain documentation of each TDM meeting.

(G) Any agreements reached during the TDM to revise the TAPA shall be reduced to writing and signed by all of the parties to the TAPA. The Children's Division will provide the Juvenile Officer with a copy of the revised TAPA.

(H) The Children's Division or the division's designee shall facilitate the TDM meeting unless otherwise agreed between the parties.

(I) During each TDM meeting the agenda shall include:

1. A review of how the health, care, safety, and welfare of the child is being assured;

2. The progress so far in implementing the TAPA;

3. A discussion of any challenges in implementing the TAPA and how challenges may be addressed;

4. A discussion of what next steps are necessary to progress toward termination of the TAPA;

5. Any matters that any member of the TDM may wish to add to the agenda.

(J) Decisions shall be made by consensus of the members of the TDM. No party to the TAPA or the division is legally bound by any decision made at a TDM. All decisions shall be voluntary.

(6) Notice to Provider Form and Procedure.

(A) The division will provide the relative with a notice that the relative may use to notify schools, medical care providers, and others that the relative has the temporary authority to make day-to-day decisions, educational decisions, and medical decisions for the child for the duration of the TAPA on the "Official Notice of Temporary Placement of a Child (hereinafter "Official Notice")," that is attached hereto and included herein.

(B) The relative shall retain the original of the Official Notice, but may provide a copy of the form to any individual or institution with a need for a copy for their records.

(C) At the requests of the Children's Division, the relative shall provide to the Children's Division a list of the names, addresses, and contact information of any individual or institution to whom the relative has given a copy of the Official Notice.

(D) Upon termination of the TAPA the relative shall notify each individual or institution who has received an Official Notice that the TAPA has terminated.

(7) Background Checks.

(A) The Children's Division may conduct a background check of the relative, and any adult member of the relative's household as part of its process to determine whether the relative is a suitable temporary placement provider for the child. The relative and other adult household members shall execute any consents or other documents

necessary to complete any background checks and submit to a fingerprint based criminal background check if the division determines this to be necessary. If the relative or any adult member of the relative's household declines to assist in the background check process, then the division may decide not to enter into a TAPA.

(B) Notwithstanding any other provision of this section, the division will not enter into an TAPA where the parent or guardian of the child places the child under a TAPA in the home of a relative where the individual or any member of the individual's household has pled guilty or been found guilty of any the following crimes when a child was the victim—

1. Section 565.020, RSMo (murder, first degree);
2. Section 565.021, RSMo (murder, second degree);
3. Section 565.023, RSMo (voluntary manslaughter);
4. Section 565.024, RSMo (involuntary manslaughter, first degree);
5. Section 565.050, RSMo (assault, first degree);
6. Section 566.030, RSMo (rape, first degree);
7. Section 566.031, RSMo (rape, second degree, or section 566.040, RSMo before Aug. 28, 2013);
8. Section 566.032, RSMo (statutory rape, first degree);
9. Section 566.060, RSMo (sodomy, first degree);
10. Section 566.061, RSMo (sodomy, second degree, or section 566.070, RSMo before Aug. 28, 2013);
11. Section 566.062, RSMo (statutory sodomy, first degree);
12. Section 566.064, RSMo (statutory sodomy, second degree);
13. Section 566.067, RSMo (child molestation, first degree);
14. Section 566.068, RSMo (child molestation, second degree);
15. Section 566.069, RSMo (child molestation, third degree);
16. Section 566.071, RSMo (child molestation, fourth degree);
17. Section 566.083, RSMo (sexual misconduct involving a child);
18. Section 566.100, RSMo (sexual abuse, first degree);
19. Section 566.101, RSMo (sexual abuse, second degree, or section 566.090, RSMo before Aug. 28, 2013);
20. Section 566.111, RSMo (sex with an animal);
21. Section 566.151, RSMo (enticement of a child, first degree);
22. Section 566.203, RSMo (abusing an individual through forced labor);
23. Section 566.206, RSMo (trafficking for the purpose of slavery, involuntary servitude, peonage, or forced labor);
24. Section 566.209, RSMo (trafficking for the purpose of sexual exploitation);
25. Section 566.210, RSMo (sexual trafficking of a child, first degree);
26. Section 566.211, RSMo (sexual trafficking of a child, second degree, or section 566.212, RSMo before Jan. 1, 2017);
27. Section 566.215, RSMo (contributing to human trafficking through the misuse of documentation);
28. Section 567.050, RSMo (promoting prostitution, first degree);
29. Section 568.080, RSMo (child used in sexual performance, if before Jan. 1, 2017);
30. Section 568.090, RSMo (promoting sexual performance by a child, if before Jan. 1, 2017);
31. Section 568.020, RSMo (incest);
32. Section 568.030, RSMo (child abandonment, first degree);
33. Section 568.060, RSMo (abuse or neglect of a child);
34. Section 568.065, RSMo (genital mutilation of a female child);
35. Section 568.175, RSMo (trafficking in children);
36. Section 573.023, RSMo (sexual exploitation of a minor);
37. Section 573.025, RSMo (promoting child pornography, first degree);
38. Section 573.035, RSMo (promoting child pornography, second degree);
39. Section 573.037, RSMo (possession of child pornography);
40. Section 573.200, RSMo (child used in sexual performance or section 568.080, RSMo before Jan. 1, 2017); or
41. Section 573.205, RSMo (promoting sexual performance by a child or section 568.090, RSMo before Jan. 1, 2017).

(C) Except as otherwise provided in subsection (7)(B), the division may, at its discretion, agree to enter into a TAPA where the parent or guardian of the child places the child in the home of a relative where the individual or an adult member of the individual's household has been found guilty of any other crimes against persons, drug or alcohol-related offenses, or has a history of substantiated or significant child abuse/neglect if the parent and the relative satisfy the Children's Division that placement on a TAPA is in the best interests of the child, that the relative is a fit and suitable person to temporarily care for the child, and that the household where the child will temporarily reside is safe and appropriate for the child. In making this decision, the division may consider the following factors:

1. Whether the relative or household member has successfully completed the conditions of sentencing and/or probation without further incidents;
2. Whether the relative or household member has successfully completed any prescribed or required treatment;
3. The duration of time between the prior incident and the negotiation of the TAPA;
4. The written advice and recommendations of professionals, community members, clergy, relatives, and/or others with knowledge of the family;
5. Whether the prior incident of criminal conduct, while unlawful at the time of the incident, is no longer unlawful or proscribed at the time that the division is considering the TAPA; and
6. Any other factor or information that may be relevant to making a decision about the best interests, care, and safety of the child.

(8) TAPA Form. The Children's Division may utilize any format or template for a TAPA, provided that it specifies that the document is a Temporary Alternative Placement Agreement pursuant to this rule and section 210.123, RSMo, and that it complies with the other requirements of this rule and section 210.123, RSMo.

(9) Termination of a TAPA.

(A) Once a TAPA has been executed it shall be effective until terminated as provided in this regulation.

(B) A TAPA shall terminate—

1. Ninety (90) days from the date of the last party to the TAPA to execute the TAPA;
2. Five (5) days after the delivery and receipt of a written notice of intent to terminate the TAPA to the Children's Division and the relative executed by the parent or legal guardian;
3. Except in an emergency which is beyond the control of the relative, five (5) days after the delivery and receipt of a written notice of intent to terminate the TAPA to the Children's Division to the child's parent by the relative;
4. Five (5) days after successful completion of the plan set forth in the TAPA, provided that the Children's Division shall be given sufficient time to complete and submit its report to the Juvenile Officer; or
5. Entry of an order of a court with statutory authority and jurisdiction over the child that conflicts with the provision of the TAPA.

(C) If the relative is no longer able to care for the child due to an emergency, the relative will notify the division immediately. The remaining parties to the TAPA will confer to determine whether a new TAPA is appropriate and, if so, then the parties will follow the procedures in section 210.123, RSMo, and this regulation to implement a new TAPA. The division is to schedule an emergency TDM meeting to facilitate the meeting between the remaining parties to the TAPA.

(10) Notwithstanding any other provision of this regulation, the

Children's Division retains the right and authority without prior notice in its sole discretion to take any action authorized by law to protect the safety and welfare of any child served under a TAPA, including, but not limited to: conducting investigations and family assessments, making referrals to law enforcement, and referring the matter to the juvenile officer with a recommendation for further action.

Missouri Department of SOCIAL SERVICES
Your Potential. Our Support.

MICHAEL L. PARSON, GOVERNOR • JENNIFER TIDBALL, ACTING DIRECTOR

JOANIE ROGERS, INTERIM DIRECTOR
CHILDREN'S DIVISION
P.O. BOX 88 • JEFFERSON CITY, MO 65103-0088
WWW.DSS.MO.GOV • 573-522-8024 • 573-526-3971 FAX

Child(ren)'s Name: _____
Child(ren)'s Date of Birth: _____
Date**:** _____

Official Notice of Temporary Placement of a Child

This letter serves as notice that the above child(ren) has been placed on a Temporary Alternative Placement Agreement for up to 90 days beginning _____ and ending on _____ (unless earlier terminated) with the following Temporary Placement Provider:

Name: _____
Address: _____
Relationship to child: _____
E-mail: _____
Phone: _____

This Temporary Placement Provider has the authority under Missouri law to make the day-to-day decisions for the care of the child for the duration of the agreement, including the authority to make educational and medical decisions for the child. Individuals and institutions, including schools and medical care providers, acting upon the authority of this notice shall be immune from liability as set forth in this letter as provided in §210.123.5(3) RSMo.

If the placement is extended beyond its expiration date you will be provided with a new notice. In addition, you may be asked to participate in Team Decision Making meetings to assist the child's parent(s), legal guardian(s), Temporary Placement Provider(s) and the Children's Division to make decisions regarding the best interests of the child.

If you have questions or concerns about this Notice or the welfare of the child(ren) you may contact the Children's Division

Sincerely,

_____
Children's Division

AUTHORITY: sections 207.020.1(2) and 660.017, RSMo 2016, and section 2I0.123, RSMo Supp. 2020. Emergency rule filed May 20, 2021, effective Aug. 2, 2021, expires Feb. 24, 2022. Original rule filed May 20, 2021.

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65I02-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

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

PROPOSED RESCISSION

13 CSR 70-3.170 Medicaid Managed Care Organization Reimbursement Allowance. This rule established the formula for determining the reimbursement allowance that each Medicaid Managed Care Organization is required to pay for the privilege of engaging in the business of providing health benefit services in this state, as required by sections 208.431 to 208.437, RSMo.

PURPOSE: The regulation is being rescinded because the Managed Care tax as defined in statute did not meet the broad-based and uniform definition as federally required. The application of the tax, as directed by CMS, was required for all Health Maintenance Organizations and could not be applied to only Managed Care Organizations as proposed by the state, therefore it was not federally approved under Title XIX of the Social Security Act.

*AUTHORITY: sections 208.201, 208.431, and 208.435, RSMo Supp. 2008. Original rule filed June 1, 2005, effective Dec. 30, 2005. For intervening history, please consult the **Code of State Regulations**. Rescinded: Filed May 28, 2021.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65I02-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

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

PROPOSED AMENDMENT

13 CSR 70-4.060 Required Reporting of Injuries Received by *[Title XIX Recipients]* MO HealthNet Participants. The Department of Social Services is amending the title, purpose, and sections (1)-(5).

PURPOSE: This amendment replaces outdated language throughout the regulation.

*PURPOSE: [The Division of Family Services has statutory responsibility under House Bill 1086, 208.215.8 to require that recipients of] **Section 208.215.16, RSMo requires participants receiving** benefits as defined in Chapter 208, RSMo report injuries to the [Division of Family Services] **Family Support Division or MO HealthNet Division**.*

(1) All *[recipients of]* **participants receiving** benefits provided for in Chapter 208, RSMo, within thirty (30) days of the date of benefit receipt, shall provide the *[county office in the county of their residence]* **Family Support Division or MO HealthNet Division** with detailed information concerning any occurrences, other than an illness, routine medical service**,** or other medical treatment not related to a casualty, where medical treatment is given as a result of a casualty.

(2) **"**Casualty**"** as used in this regulation means an accident, event due to sudden unusual occurrence, misfortune**,** or mishap.

(3) *[Recipient]* **"Participant"** is defined as any person for whom medical benefits are provided for in Chapter 208, RSMo.

(4) Failure to supply the information *[on a form prescribed by the Medical Services Division]* **to the MO HealthNet Division** within thirty (30) days of the occurrence, as determined by the *[Division of Family Services]* **Family Support Division**, may be held as constituting *[recipient]* **participant** failure to cooperate and result in loss of benefits.

(5) Loss of benefits resulting from a determination of *[recipient]* **a participant's** failure to cooperate in accordance with the provisions of this rule shall not penalize nor deny reimbursement to a *[Title XIX]* **MO HealthNet** provider who provided covered services to a *[recipient]* **participant** presenting valid evidence of *[Title XIX]* **MO HealthNet** eligibility as of the date service is provided, where the provider has advised the *[Division of Family Services]* **Family Support Division** that the covered services rendered may have resulted from circumstances defined in this rule by completing the accident portion of the claim form or other written notice.

*AUTHORITY: sections [207.020,] 208.153 [and 208.159], **208.201, and 660.017,** RSMo [1986] **2016**. This rule was previously filed as 13 CSR 40-8I.092. Original rule filed Aug. 13, 1982, effective Nov. 11, 1982. Amended: Filed May 28, 2021.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65I02-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

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

PROPOSED AMENDMENT

13 CSR 70-20.050 Return of Drugs. The Department of Social Services is amending the purpose statement, removing section (1), renumbering the remaining sections, and amending the new section (2).

PURPOSE: The purpose of this amendment is to update language to be in line with the MO Board of Pharmacy guidelines and current MO HealthNet processes.

PURPOSE: This rule establishes that [when a pharmacy dispenses drugs in a controlled-dose delivery system, the pharmacy] ***pharmacies*** *must give the MO HealthNet Division credit for any unused portion of the drug that is reusable in accordance with applicable federal or state law.*

[(1) Definitions.

(A) Controlled-dose delivery system. A controlled-dose delivery system is defined as a system of dispensing of medications on behalf of a resident in a long-term care facility in manufacturer's unit dose packaging or pharmacist packager's unit dose, unit-of-use, or strip packaging with each tablet or capsule individually wrapped, or in blister cards, all of which must be dispensed according to applicable state and federal laws or regulations.]

*[(2)]***(1)** The return and reuse of drugs must follow guidelines set by the State Board of Pharmacy in 20 CSR 2220-3.040, as amended.

*[(3)]***(2)** *[When a pharmacy dispenses drugs in a controlled-dose delivery system t]***T**he pharmacy must give the MO HealthNet Division credit for all reusable items (any unused portion) not taken by the MO HealthNet participant. In instances in which charges have been submitted prior to the return of an item, the pharmacy shall file an adjustment *[to notify the MO HealthNet Division of the need to process a credit. The dispensing pharmacy that receives the returned drugs must provide a credit to the MO HealthNet Division for the amount reimbursed for drug costs from which the prescription was billed, prorated to the quantity of the drug returned. The credited amount should not include dispensing fees]* **prorated to the quantity of the drug used by the MO HealthNet participant**.

AUTHORITY: sections 208.153, 208.201, and 660.017, RSMo 2016. Original rule filed Dec. 15, 2000, effective July 30, 2001. Amended: Filed Sept. 16, 2013, effective March 30, 2014. Amended: Filed April 18, 2018, effective Nov. 30, 2018. Amended: Filed May 28, 2021.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2120—State Board of Embalmers and Funeral Directors
Chapter 2—General Rules

PROPOSED AMENDMENT

20 CSR 2120-2.100 Fees. The board is amending section (1).

PURPOSE: The board is decreasing the application and renewal fees.

(1) The following fees hereby are established by the State Board of Embalmers and Funeral Directors:

(B) Embalmer Application Fee—Apprentice, Reciprocity	$*[150]***100**
(C) Embalmer Biennial Renewal Fee	$*[150]* **75**
(D) Funeral Director Application Fee—Apprentice, Education, Reciprocity, Limited	$*[150]***100**
(E) Funeral Director and Funeral Director Limited Biennial Renewal Fee	$*[150]* **75**

AUTHORITY: sections 333.111.1 and 333.340, RSMo 2016. This rule originally filed as 4 CSR 120-2.100. Emergency rule filed June 30, 1981, effective July 9, 1981, expired Nov. 11, 1981. Original rule filed June 30, 1981, effective Oct. 12, 1981. For intervening history, please consult the ***Code of State Regulations****. Amended: Filed June 1, 2021.*

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately two hundred thirty-two thousand three hundred fifty dollars ($232,350) biennially and seven thousand six hundred dollars ($7,600) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed amendment will save private entities two hundred thirty-two thousand three hundred fifty dollars ($232,350) biennially and seven thousand six hundred dollars ($7,600) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Embalmers and Funeral Directors, Lori Hayes, Executive Director, 3605 Missouri Boulevard, PO Box 423, Jefferson City, MO 65102-0423, by facsimile at (573) 751-1155, or via email to embalm@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

PUBLIC ENTITY FISCAL NOTE

I. RULE NUMBER

Title 20 - Department of Commerce and Insurance
Division 2120 - State Board of Embalmers and Funeral Directors
Chapter 2 - General Rules
Proposed Amendment - 20 CSR 2120-2.100 Fees

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Loss of Revenue	
State Board of Nursing		$232,350
	Total Loss of Revenue Biennially for the Life of the Rule	$232,350

Affected Agency or Political Subdivision	Estimated Loss of Revenue	
State Board of Nursing		$7,600
	Total Loss of Revenue Annually for the Life of the Rule	$7,600

III. WORKSHEET

The board estimates the projections calcuated in the Private Entity Fiscal Notes will be total loss of revenue for the board.

IV. ASSUMPTION

1. The division is statutorily obligated to enforce and administer the provisions of sections 335.011-333.340, RSMo. Pursuant to section 333.111, RSMo, the board shall set the amount of the fees which this chapter authorizes and requires by rules and regulations. The fees shall be set at a level to produce revenue which shall not substantially exceed the cost and expense of administering this chapter.

PRIVATE ENTITY FISCAL NOTE

I. RULE NUMBER

Title 20 - Department of Commerce and Insurance

Division 2120 - State Board of Embalmers and Funeral Directors

Chapter 2 - General Rules

Proposed Amendment - 20 CSR 2120-2.100 Fees

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated savings for compliance with the amendment by affected entities:
1,007	Embalmer (Renewal Fee @ $75 decrease)	$75,525
2,091	Funeral Director and Funeral Director Limited (Renewal Fee @ $75 decrease)	$156,825
	Estimated Biennial Cost Savings for the Life of the Rule	**$232,350**

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated savings for compliance with the amendment by affected entities:
27	Embalmer Application Fee—Apprentice, Reciprocity (Application Fee @ $50 decrease)	$1,350
125	Funeral Director Application Fee—Apprentice, Education, Reciprocity, Limited (Application Fee @ $50 decrease)	$6,250
	Estimated Annual Cost Savings for the Life of the Rule	**$7,600**

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. The figures reported above are based on FY20 actuals.

2. It is anticipated that the total saving will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

NOTE: The division is statutorily obligated to enforce and administer the provisions of sections 333.011-333.240, RSMo. Pursuant to Section 333.111, RSMo, the board shall set the amount of the fees which this chapter authorizes and requires by rules and regulations. The fees shall be set at a level to produce revenue which shall not substantially exceed the cost and expense of administering this chapter.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2245—Real Estate Appraisers
Chapter 2—General Rules

PROPOSED AMENDMENT

20 CSR 2245-2.020 Commission Action. The commission is amending section (3).

PURPOSE: This amendment allows the commission to take disciplinary action for failure to respond to a commission request/inquiry.

(3) Upon receipt of a complaint in proper form, the commission may investigate the actions of the licensee against whom the complaint is made. In conducting an investigation, the commission, at its discretion, may request the licensee under investigation to answer the charges made against him/her in writing and to produce relevant documentary evidence and may request him/her to appear before the commission. A copy of any written answer of the licensee may be furnished to the complainant. Upon its own motion, the commission may initiate an inquiry or investigation against an applicant or a licensee. **Failure of a licensee to respond in writing, within thirty (30) days from the date of the commission's written request or inquiry, mailed to the licensee's address currently registered with the commission, will be sufficient grounds for taking disciplinary action against that licensee.**

*AUTHORITY: section 339.509, RSMo [2000] **2016**. This rule originally filed as 4 CSR 245-2.020. Emergency rule filed Dec. 6, 1990, effective Dec. 16, 1990, expired April 14, 1991. Emergency rule filed April 4, 1991, effective April 14, 1991, expired Aug. 11, 1991. Original rule filed Jan. 3, 1991, effective April 29, 1991. For intervening history, please consult the **Code of State Regulations**. Amended: Filed May 19, 2021.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Real Estate Appraisers Commission, Vanessa Beauchamp, Executive Director, PO Box 1335, Jefferson City, MO 65102, by faxing comments to (573) 751-0038, or by emailing comments to reacom@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

This 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*.

The 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 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 4—Wildlife Code: General Provisions

ORDER OF RULEMAKING

By the 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 10-4.111 Endangered Species **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 397). 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 Conservation Commission received twenty-seven (27) comments on the proposed amendment.

COMMENT #1: The commission received comments from twenty-four (24) individuals and one (1) organization who voiced support for proposed changes to this rule.
RESPONSE: The commission thanks the individuals and organization who voiced support for the regulation changes.

COMMENT #2: The commission received comment from one (1) individual who voiced opposition to proposed changes to this rule; however, specific comments were not related to the proposal to remove the peregrine falcon from the state endangered species list.
RESPONSE: The commission thanks the individual who provided input.

COMMENT #3: The commission received comment from one (1) individual who neither supports or opposes proposed changes to this rule, and who suggests peregrine falcons may be present in the Joplin and Carthage areas of Missouri.
RESPONSE: The commission thanks the individual who provided input.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 4—Wildlife Code: General Provisions

ORDER OF RULEMAKING

By the 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 10-4.135 Transportation **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 398). 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 6—Wildlife Code: Sport Fishing: Seasons, Methods, Limits

ORDER OF RULEMAKING

By the 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 10-6.550 Other Fish **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 398). 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 Conservation Commission received comments from five (5) individuals and two (2) organizations on the proposed amendment.

COMMENT #1: The commission received comment from three (3) individuals who voiced support for proposed changes to this rule.
RESPONSE: The commission thanks the individuals who voiced support for the regulation changes.

COMMENT #2: The commission received comments from two (2) individuals and two (2) organizations who voiced opposition to proposed changes to this rule, with specific comments pertaining to the potential spread of common and grass carp into new bodies of water,

the potential degradation of aquatic habitats, and the potential for black carp to be misidentified as common carp and introduced into other Missouri waterways.
RESPONSE: In January 2020, regulation changes were proposed related to invasive fish as part of the annual review of the *Wildlife Code of Missouri*. During that process, a definition of invasive fish was proposed that included bighead, silver, common, and grass carp. As such, this definition impacted the live bait rule stating that invasive fish, including common and grass carp, could no longer be used as live bait. As this proposal made its way through the normal rulemaking process, there were very few comments for or against the change. This regulation change went into effect in August 2020. Until that time, common and grass carp could be used as live bait. As the rule went into effect, the department began to hear many comments from concerned anglers, bait dealers, and aquaculturists related to this change. After further review and discussion, the decision was made to return to the previous regulations for common and grass carp until further engagement of those negatively impacted by such a live bait rule could occur. The department is committed to working with anglers, private aquaculture, bait dealers, and aquatic professionals across the country to continue to learn about and control the spread of invasive species. Returning to the previous rule allows for better education of and engagement with stakeholders on this important topic. No changes have been made to the amendment as a result of these comments.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 6—Wildlife Code: Sport Fishing: Seasons, Methods, Limits

ORDER OF RULEMAKING

By the 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 10-6.605 Live Bait **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 398-399). 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 Conservation Commission received comments from eight (8) individuals and three (3) organizations on the proposed amendment.

COMMENT #1: The commission received comment from one (1) individual who voiced support for proposed changes to this rule.
RESPONSE: The commission thanks the individual who voiced support for the regulation changes.

COMMENT #2: The commission received comments from seven (7) individuals and three (3) organizations who voiced opposition to proposed changes to this rule, with specific comments pertaining to the potential spread of common and grass carp into new bodies of water, the potential degradation of aquatic habitats, and the potential for black carp to be misidentified as common carp and introduced into other Missouri waterways.
RESPONSE: In January 2020, regulation changes were proposed related to invasive fish as part of the annual review of the *Wildlife Code of Missouri*. During that process, a definition of invasive fish was proposed that included bighead, silver, common, and grass carp. As such, this definition impacted the live bait rule stating that invasive fish, including common and grass carp, could no longer be used as live bait. As this proposal made its way through the normal rulemaking process, there were very few comments for or against the change. This regulation change went into effect in August 2020. Until that time, common and grass carp could be used as live bait. As the rule went into effect, the department began to hear many comments from concerned anglers, bait dealers, and aquaculturists related to this change. After further review and discussion, the decision was made to return to the previous regulations for common and grass carp until further engagement of those negatively impacted by such a live bait rule could occur. The department is committed to working with anglers, private aquaculture, bait dealers, and aquatic professionals across the country to continue to learn about and control the spread of invasive species. Returning to the previous rule allows for better education of and engagement with stakeholders on this important topic. No changes have been made to the amendment as a result of these comments.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods, Limits

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 10-7.433 is amended.

This rule establishes the firearms deer hunting season, limits, and provisions for hunting and is exempted by sections 536.021, RSMo from the requirements for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-7.433 by establishing firearms deer hunting seasons.

3 CSR 10-7.433 Deer: Firearms Hunting Season

(1) The firearms deer hunting season is comprised of five (5) portions.

(A) Youth portions: October 30 through 31, 2021, and November 26 through 28, 2021; for persons at least six (6) but not older than fifteen (15) years of age; use any legal deer hunting method to take one (1) deer statewide during the October 30 through 31, 2021, portion; use any legal deer hunting method to take deer statewide during the November 26 through 28, 2021, portion.

(B) November portion: November 13 through 23, 2021; use any legal deer hunting method to take deer statewide.

(C) Antlerless portion: December 4 through 12, 2021; use any legal deer hunting method to take antlerless deer in Adair, Audrain, Barry, Barton, Bates, Benton, Bollinger, Boone, Buchanan, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Cass, Cedar, Chariton, Christian, Clark, Clay, Clinton, Cole, Cooper, Crawford, Dade, Dallas, Daviess, DeKalb, Dent, Douglas, Franklin, Gasconade, Gentry, Greene, Grundy, Harrison, Henry, Hickory, Howard, Howell, Jackson, Jasper, Jefferson, Johnson, Knox, Laclede, Lafayette, Lawrence, Lewis, Lincoln, Linn, Livingston, Macon, Madison, Maries, Marion, McDonald, Mercer, Miller, Moniteau, Monroe, Montgomery, Morgan, Newton, Oregon, Osage, Ozark, Perry, Pettis, Phelps, Pike, Platte, Polk, Pulaski, Putnam, Ralls, Randolph, Ray, Ripley, Saline, Schuyler, Scotland, Shannon, Shelby, St. Charles, St. Clair, St. Francois, St. Louis, Ste. Genevieve, Stone, Sullivan, Taney, Texas, Vernon, Warren, Washington, Webster, Worth, and Wright counties.

(D) Alternative methods portion: December 25, 2021, through

January 4, 2022; use muzzleloader and archery methods, crossbows, atlatl, handguns, and air-powered guns as defined in 3 CSR 10-7.431 to take deer statewide.

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

This amendment was filed May 21, 2021, becomes effective **July 1, 2021**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods, Limits

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 10-7.434 is amended.

This rule establishes the special deer harvest restrictions for certain counties and is exempted by sections 536.021, RSMo from the requirements for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-7.434 by establishing deer harvest limits and restrictions

3 CSR 10-7.434 Deer: Landowner Privileges

(1) Resident and nonresident landowners as defined in 3 CSR 10-20.805 may obtain landowner deer hunting permits from any permit vendor, but only after application to and approval by the department in accordance with 3 CSR 10-7.412.

(A) Approved resident landowners may obtain the following permits at no-cost: one (1) Resident Landowner Firearms Any-Deer Hunting Permit, one (1) Resident Landowner Archer's Hunting Permit, and, if property is in a county in which Archery Antlerless Deer Hunting Permits can be used, two (2) Resident Landowner Archery Antlerless Deer Hunting Permits.

(B) In addition to the permits listed in subsection (1)(A), approved resident landowners with seventy-five (75) or more acres located in a single county or at least seventy-five (75) continuous acres bisected by a county boundary may obtain a maximum of two (2) no-cost Resident Landowner Firearms Antlerless Deer Hunting Permits. Resident landowners with at least seventy-five (75) acres in more than one (1) county must comply with landowner antlerless deer limits for each county.

1. Approved resident landowners of at least seventy-five (75) acres may obtain one (1) no-cost Landowner Antlerless Deer Hunting Permit in the counties of: Andrew, Atchison, Butler, Carter, Dunklin, Holt, Iron, Mississippi, New Madrid, Nodaway, Pemiscot, Reynolds, Scott, Stoddard, and Wayne.

2. Approved resident landowners of at least seventy-five (75) acres may obtain two (2) no-cost Landowner Antlerless Deer Hunting Permits in the counties of: Adair, Audrain, Barry, Barton, Bates, Benton, Bollinger, Boone, Buchanan, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Cass, Cedar, Chariton, Christian, Clark, Clay, Clinton, Cole, Cooper, Crawford, Dade, Dallas, Daviess, DeKalb, Dent, Douglas, Franklin, Gasconade, Gentry, Greene, Grundy, Harrison, Henry, Hickory, Howard, Howell, Jackson, Jasper, Jefferson, Johnson, Knox, Laclede, Lafayette, Lawrence, Lewis, Lincoln, Linn, Livingston, Macon, Madison, Maries, Marion, McDonald, Mercer, Miller, Moniteau, Monroe, Montgomery, Morgan, Newton, Oregon, Osage, Ozark, Perry, Pettis, Phelps, Pike, Platte, Polk, Pulaski, Putnam, Ralls, Randolph, Ray, Ripley, Shannon, St. Charles, St. Clair, St. Francois, St. Louis, Ste. Genevieve, Saline, Schuyler, Scotland, Shelby, Stone, Sullivan, Taney, Texas, Vernon, Warren, Washington, Webster, Worth, and Wright.

(C) Approved nonresident landowners may purchase the following reduced-cost Nonresident Landowner Deer Hunting Permits: one (1) Nonresident Landowner Firearms Any-Deer Hunting Permit and one (1) Nonresident Landowner Archer's Hunting Permit.

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

This amendment was filed May 21, 2021, becomes effective **July 1, 2021**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods, Limits

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 10-7.435 is amended.

This rule establishes the special deer harvest restrictions for certain counties and is exempted by sections 536.021, RSMo from the requirements for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-7.435 by establishing deer harvest restrictions

3 CSR 10-7.435 Deer: Special Harvest Provisions

(1) Only antlerless deer and antlered deer with at least one (1) antler having at least four (4) antler points may be taken in the counties of Andrew, Atchison, Audrain, Barton, Bates, Benton, the portion of Boone County not included within the city limits of Columbia, Buchanan, Caldwell, Callaway, Carroll, the portion of Cass County not included in the Kansas City urban zone, Clinton, Cole, Cooper, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Howard, Johnson, Lafayette, Lewis, Lincoln, Livingston, Maries, Marion, Miller, Moniteau, Monroe, Montgomery, Morgan, Nodaway, Osage, Pettis, Phelps, Pike, the portion of Platte County not included in the Kansas City urban zone, Ralls, Randolph, Ray, Saline, Schuyler, Scotland, Shelby, Vernon, and Worth. No other antlered deer may be taken.

(A) An antler point is at least one inch (1") long from base to tip.

(B) The end of the main beam is a point.

(2) These special provisions apply to all deer hunting seasons and permittees, except during the youth portions of the firearms deer hunting season.

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

This amendment was filed May 21, 2021, becomes effective **July 1, 2021**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods, Limits

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 10-7.437 is amended.

This rule establishes the special deer harvest restrictions for certain counties and is exempted by sections 536.021, RSMo from the requirements for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-7.437 by establishing deer harvest limits and restrictions.

3 CSR 10-7.437 Deer: Antlerless Deer Hunting Permit Availability

(2) Firearms Deer Hunting Season.

(A) Resident and Nonresident Firearms Antlerless Deer Hunting Permits are not valid in the counties of: Atchison, Butler, Carter, Dunklin, Iron, Mississippi, New Madrid, Pemiscot, Scott, and Wayne.

(B) Only one (1) Resident or Nonresident Firearms Antlerless Deer Hunting Permit per person may be filled in the counties of: Andrew, Bates, Bollinger, Buchanan, Caldwell, Clinton, DeKalb, Dent, Douglas, Gentry, Henry, Holt, Jasper, Madison, Maries, Nodaway, Phelps, the portion of Platte County not included in the Kansas City urban zone, Ray, Reynolds, Shannon, Stoddard, Texas, and Vernon.

(C) Only two (2) Resident or Nonresident Firearms Antlerless Deer Hunting Permits per person may be filled in the counties of: Adair, Audrain, Barry, Barton, Benton, Boone, Callaway, Camden, Cape Girardeau, Carroll, Cass, Chariton, Christian, Cedar, Clark, Clay, Crawford, Cole, Cooper, Dade, Dallas, Daviess, Franklin, Gasconade, Greene, Grundy, Harrison, Hickory, Howard, Howell, Jackson, Jefferson, Johnson, Knox, Laclede, Lafayette, Lawrence, Lewis, Lincoln, Linn, Livingston, Macon, Marion, McDonald, Mercer, Miller, Moniteau, Monroe, Montgomery, Morgan, Newton, Oregon, Osage, Ozark, Perry, Pettis, Pike, the portion of Platte County included in the Kansas City urban zone, Polk, Pulaski, Putnam, Ralls, Randolph, Ripley, Saline, Schuyler, Scotland, Shelby, St. Charles, St. Clair, St. Francois, St. Louis, Ste. Genevieve, Stone, Sullivan, Taney, Warren, Washington, Webster, Worth, and Wright.

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

This amendment was filed May 21, 2021, becomes effective **July 1, 2021**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods, Limits

ORDER OF RULEMAKING

By the 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 10-7.439 Deer: Chronic Wasting Disease Management Program; Permit Availability, Methods, Limits **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 399). 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 Conservation Commission received two (2) comments on the proposed amendment.

COMMENT #1: The commission received comment from one (1) individual who voiced support to proposed changes to this rule; however, the specific comment was not related to the proposal to reduce the required size of properties for landowners to enroll in the Chronic Wasting Disease Management Program from twenty (20) acres to five (5) acres.
RESPONSE: The commission thanks the individual for their input.

COMMENT #2: The commission received comment from one (1) individual who voiced opposition to proposed changes to this rule, and who indicated this creates a discrepancy between the Chronic Wasting Disease Management Program acreage requirement and the no-cost landowner deer and turkey permit acreage requirement.
RESPONSE: Chronic wasting disease (CWD) has the potential to have long-term adverse effects on Missouri's white-tailed deer population and the state's hunting heritage. As such, surveillance and management of CWD is a priority for the department. Increasing harvest of deer within the department's CWD Core Areas (within about two (2) miles of where CWD has been detected) can help to reduce disease transmission rates, thus slowing the progression of the disease and helping to maintain the health of the deer population. Allowing harvest of additional deer where the disease has been found, by issuing CWD Management Permits, is an important part of the department's CWD management strategy. As such, it is our desire to make CWD Management Permits available to as many landowners as possible within the CWD Core Areas, and this is the reason for the reduction from twenty (20) acres to five (5) acres for landowners to qualify for these permits. We recognize the proposed acreage requirement differs from the twenty- (20-) acre requirement for landowners to obtain no-cost deer and turkey permits. However, given the importance of harvesting additional deer where CWD has been detected, and the threat the disease poses to Missouri's deer herd, we feel that it justifies the difference in minimum acreage requirements for these permits. No changes have been made to the amendment as a result of this comment.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods, Limits

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 10-7.600 is amended.

This rule establishes general provisions for enrollment in the department's deer management assistance program and for hunting in the program and is exempted by sections 536.021, RSMo from the requirements for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-7.600 by establishing deer harvest limits and restrictions.

3 CSR 10-7.600 Deer Management Assistance Program

(1) Landowners with property located in Andrew, Atchison, Audrain, Barry, Barton, Bates, Benton, Bollinger, Boone, Buchanan, Butler, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Cass, Cedar, Chariton, Christian, Clark, Clay, Clinton, Cole, Cooper, Dade, Dallas, Daviess, DeKalb, Dent, Dunklin, Franklin, Gasconade, Gentry, Greene, Grundy, Harrison, Henry, Hickory, Holt, Howard, Howell, Iron, Jackson, Jasper, Johnson, Laclede, Lafayette, Lawrence, Lincoln, Linn, Livingston, Madison, Maries, McDonald, Mercer, Miller, Mississippi, Moniteau, Montgomery, Morgan, New Madrid, Newton, Nodaway, Oregon, Osage, Pemiscot, Perry, Pettis, Pike, Platte, Polk, Putnam, Ray, Reynolds, Saline, Scott, St. Charles, St. Clair, St. Francois, Ste. Genevieve, Stoddard, Stone, Taney, Vernon, Warren, Wayne, Webster, and Worth counties may enroll property in the department-sponsored deer management assistance program in accordance with the following:

(A) An enrolled property shall be at least five hundred (500) acres, except inside the boundaries of cities or towns, an enrolled property shall be at least forty (40) acres. Individual parcels of land, regardless of ownership, may be combined to satisfy the acreage requirement for an enrolled property; provided, each parcel of land is no more than one half (0.5) air miles from the boundary of another parcel being combined to form an enrolled property. An enrolled property, or parcels being combined to create an enrolled property, may be dissected by public roads;

(B) Landowners shall submit an application and have a deer management plan approved by the department to enroll property in the program. Application and deer management plan approval shall be on an annual basis; and

(C) Landowners shall submit the following information to the department for any person who is authorized to obtain firearms deer management assistance program permit(s) for use on an enrolled property, or the portion of an enrolled property under their control: Name, domicile address, e-mail, phone number, conservation identification number, Social Security number, and property identification number assigned to the enrolled property by the department.

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

This amendment was filed May 21, 2021, becomes effective **July 1, 2021**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the 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 10-9.105 General Provisions **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 399-404). 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 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the 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 10-9.110 General Prohibition; Applications **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 404). 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 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the 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 10-9.220 Wildlife Confinement Standards **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 404-407). 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 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

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

3 CSR 10-9.223 Wildlife Movement: Certification, Requirements **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on March 1, 2021 (46

MoReg 407). 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 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the 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 10-9.230 Class I Wildlife **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 407-408). 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 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the 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 10-9.240 Class II Wildlife **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 408). 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 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

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

3 CSR 10-9.250 Class III Wildlife **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on March 1, 2021 (46 MoReg 408). 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 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the 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 10-9.350 Class I Wildlife Breeder Permit **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 408-409). 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 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the 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 10-9.351 Class II Wildlife Breeder Permit **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 409-410). 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 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

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

3 CSR 10-9.352 Class III Wildlife Breeder Permit **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on March 1, 2021 (46

MoReg 411-412). 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 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the 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 10-9.353 Privileges of Class I and Class II Wildlife Breeders **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 413-415). 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 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

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

3 CSR 10-9.354 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on March 1, 2021 (46 MoReg 415-419). 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 Conservation Commission received one (1) comment on the proposed rule.

COMMENT #1: Department of Conservation staff recognized the need to explicitly state privileges of Class III wildlife breeders include buying and selling, rather than these privileges being implied, to facilitate understanding of and compliance with the rule. Staff recommend added those terms to the first sentence of the first section. In subsection (2)(B), staff recommend including text to require a complete copy of the original Movement Certificate showing acceptance by the buyer be submitted to the department within fourteen (14) days of shipment. Staff also recommend adding language to subsection (6)(A) clarifying that two (2) animal identification numbers are required by the rule, however the two (2) numbers may be on one (1) or two (2) identification devices and at least one (1) device must be visible or readable from a distance. Staff also recommend removing the word "farm" from this paragraph. Staff recommend clarifying in subsection (7)(C) that Class III Wildlife Breeders with ten (10) or fewer cervids on March 31 each year are only required to submit one (1) CWD sample every second year (April 1 to March 31). Finally, staff recommend adding wording to subsection (7)(C) to clarify that the minimum requirement for CWD samples is determined by a formula using the number of animals present on March 31 each year and the minimum requirement will be applied in the following year (April 1 to March 31). Staff noted that no minimum requirement must be met the first partial year because the rule does not go into effect until August 2021.
RESPONSE AND EXPLANATION OF CHANGE: The commission agrees and makes the recommended changes.

3 CSR 10-9.354 Privileges of Class III Wildlife Breeders

(1) Except as otherwise provided in 3 CSR 10-9.352, Class III wildlife may be propagated, bought, sold, reared, or held in captivity by the holder of the appropriate Class III Wildlife Breeder Permit only at the specific location identified on the permit. Applicants for a Class III Wildlife Breeder Permit must qualify with a score of at least eighty percent (80%) on a written examination provided by the department to test their knowledge of these regulations. The privileges and requirements of this rule shall apply only to those species (including their hybrids) listed on the Approved Confined Wildlife Species List in 3 CSR 10-9.105 for Class III Wildlife Breeders.

(2) Such Class III wildlife shall be moved, transported, or received by the holder of Class III Wildlife Breeder Permit in accordance with the following:

(B) Class III wildlife transported within the state must be accompanied by a Movement Certificate issued by the department prior to movement and transported on the date specified on the Movement Certificate for transfer. The Movement Certificate must be complete, accurate, and contain the official identification, age, gender, species, complete address of both the origin and destination, complete name and address of both the buyer and seller, and the permit numbers of all parties to the transaction. The original Movement Certificate must accompany the shipment. A complete copy showing acceptance of the shipment by the buyer shall be submitted to the department within fourteen (14) days of shipment, and a copy shall be maintained by the herd of origin for at least five (5) years, unless otherwise documented in a department-provided database. Movement of Class III wildlife within the state may only occur between movement-qualified Class III breeders or from movement-qualified Class III breeders to hunt-qualified licensed big game hunting preserves; and

(6) Animal identification requirements for Class III wildlife.

(A) All permitted Class III wildlife must be identified with two (2) unique animal identification numbers for each animal. One (1) of the animal identification numbers must be from the United States Department of Agriculture-approved animal identification numbering system that uniquely identifies individual animals. The second animal identification number must be a dangle tag that is unique for the individual animal within the herd and linked to the same animal and herd. The unique animal identification numbers may be used on two (2) separate identification devices on the same animal to fulfill the identification requirements.

(B) Natural additions to the herd must be identified by March 31 each year. At least one (1) animal identification device must be visible or readable from a distance during herd inventories.

(7) Testing requirements for Class III wildlife.

(C) Class III wildlife breeders possessing more than ten (10) cervids on March 31 of any year must submit a minimum number of valid CWD sample(s) during the subsequent twelve (12) months (April 1 to March 31 of the following year). The minimum sample requirement equals the number of cervids on March 31 multiplied by two and five tenths percent (2.5%), with the result rounded up. If

valid samples submitted during this period do not meet the minimum requirement, valid replacement samples shall be provided. If needed to achieve the minimum requirement, replacement samples may consist of either post-mortem sample(s) at a one to one (1:1) ratio taken from other animal(s) of similar age and time in the facility, if possible; or ante-mortem samples at a three to one (3:1) ratio taken from other animal(s) of similar age and time in the facility, if possible; or valid post-mortem sample results obtained from a licensed big game hunting preserve for any cervid that can be traced to the Class III wildlife breeder's facility within the past twelve (12) months. Class III wildlife breeders possessing ten (10) or fewer cervids on March 31 for two (2) consecutive years shall submit a minimum of at least one (1) valid CWD sample from an eligible mortality for testing by the end of the second year. Class III wildlife breeders with five (5) or fewer cervids that do not meet this minimum requirement shall lose their movement-qualified status, but shall not have their permit suspended or revoked solely for noncompliance with this requirement.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the 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 10-9.359 Class I and Class II Wildlife Breeder: Records Required **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 420). 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 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

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

3 CSR 10-9.360 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on March 1, 2021 (46 MoReg 420-421). 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 Conservation Commission received one (1) comment on the proposed rule.

COMMENT #1: Department of Conservation staff recognized the need to reorder the sections of this rule for better clarity and flow and make three (3) minor editorial changes to new section (1) to clarify that all herd records must be kept up to date and that herd records must include all unique identification numbers, which replaces and is more clear than "permanent physical location."
RESPONSE AND EXPLANATION OF CHANGE: The commission agrees and changes the ordering of the sections and makes three (3) minor editorial changes.

3 CSR 10-9.360 Class III Wildlife Breeder: Inventory and Records Required

(1) Herd inventory records must be complete, accurate, and up to date containing the following for each animal: all unique identification numbers, species, date of birth, gender, date of acquisition, complete address of source, complete address and name of current and previous owner, date of removal, destination of any animal removed, copies of all movement certificates (if department database is not utilized), mortality date, cause of death (if known), official Chronic Wasting Disease test results for all animals twelve (12) months of age or older at time of death, and method and location of carcass disposal. These herd inventory records must be maintained to provide accountability for all purchases, sales, movement, births, and mortality. These records shall be maintained on the premises of the wildlife breeder for a period of at least five (5) years or on a department-provided database and shall be subject to inspection and copying by an authorized agent of the department at any reasonable time. Refusal to allow access to or copying of inventory records shall constitute sufficient cause for the suspension or revocation of the permit.

(2) Each Class III wildlife breeder will complete an annual physical herd inventory in the presence of an accredited veterinarian in which all animals within the herd are visually inspected. Individual identification must be verified and recorded on a herd inventory signed by the accredited veterinarian. Any animal in which identification cannot be visually inspected will be restrained by the permit holder. An inventory of all animals shall be maintained on a form or database provided by the department, kept accurate and up to date, and reconciled by March 31 each year. Printed copies of these forms can be obtained from the Missouri Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180 and online at www.missouriconservation.org. Any animal not accounted for on the herd inventory by March 31 each year shall constitute an eligible mortality required to be tested for CWD under 3 CSR 10-9.354, and a valid replacement sample must be provided.

(3) Movement certificates must be retained in paper form or on a database provided by the department.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

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

3 CSR 10-9.370 Wildlife Exhibitor Permit **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on March 1, 2021 (46 MoReg 421-423). 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 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

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

3 CSR 10-9.371 Wildlife Exhibitor Privileges **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on March 1, 2021 (46 MoReg 424-428). 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 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

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

3 CSR 10-9.372 Wildlife Exhibitor Permit: Records Required **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on March 1, 2021 (46 MoReg 429). 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 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the 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 10-9.442 Falconry **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 429). 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 Conservation Commission received twenty-one (21) comments on the proposed amendment.

COMMENT #1: The commission received comments from twenty (20) individuals and one (1) organization who voiced support for proposed changes to this rule.
RESPONSE: The commission thanks the individuals and organization who voiced support for the regulation changes.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the 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 10-9.560 Licensed Hunting Preserve Permit **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 429-430). 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 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the 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 10-9.565 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 430-433). 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 Conservation Commission received one (1) comment on the proposed amendment.

COMMENT #1: Department of Conservation staff recognized the need to amend paragraph (1)(B)2. to remove the requirement that animals entering big game hunting preserves comply with the same animal identification requirements as breeders. Staff recommend wording that cervids in big game hunting preserves must maintain one (1) of the two (2) identification requirements in 3 CSR 10-9.354(6)(A). Staff also recommend adding language to paragraph (1)(B)6. to clarify staff's original intention that the permit holder has the affirmative obligation to demonstrate compliance with the section

as described.
RESPONSE AND EXPLANATION OF CHANGE: The commission agrees and adds the clarifying language to this amendment.

3 CSR 10-9.565 Licensed Hunting Preserve: Privileges

(1) Licensed hunting preserves are subject to inspection by an agent of the department at any reasonable time. Animal health standards and movement activities shall comply with all state and federal regulations. Any person holding a licensed hunting preserve permit may release on his/her licensed hunting preserve only legally obtained and captive-reared: pheasants, exotic partridges, quail, mallard ducks, and ungulates (hoofed animals) specifically authorized by the Approved Confined Wildlife Species List in 3 CSR 10-9.105(7) for game bird hunting preserves and big game hunting preserves for hunting throughout the year, under the following conditions:

(B) Big Game Hunting Preserve.

1. A big game hunting preserve for ungulates shall be a fenced single body of land, not dissected by public roads, and not less than three hundred twenty (320) acres and no more than three thousand two hundred (3,200) acres in size. The hunting preserve shall not be cross-fenced into portions of less than three hundred twenty (320) acres. The hunting preserve shall be fenced so as to enclose and contain all released game and exclude all hoofed wildlife of the state from becoming a part of the enterprise and posted with signs specified by the department. Fence requirements shall meet standards specified in 3 CSR 10-9.220. Fencing for hogs shall be constructed of twelve (12) gauge woven wire, at least five feet (5') high, and topped with one (1) strand of electrified wire. An additional two feet (2') of such fencing shall be buried and angled underground toward the enclosure interior. A fence of equivalent or greater strength and design to prevent the escape of hogs may be substituted with written application and approval by an agent of the department.

2. Breeding enclosure(s) contained within or directly adjacent to the big game hunting preserve must obtain a separate Class III Wildlife Breeder Permit for those species (including their hybrids) listed on the Approved Confined Wildlife Species List in 3 CSR 10-9.105 for Class III wildlife breeders. Any animal entering a big game hunting facility may not reenter a breeding facility. All cervids entering a big game hunting preserve must maintain one (1) of the identification requirements contained in 3 CSR 10-9.354(6)(A). Any natural additions must meet one of these identification requirements upon harvest or death for record-keeping purposes.

3. Any person taking or hunting ungulates on a big game hunting preserve shall have in his/her possession a valid licensed hunting preserve hunting permit. The permittee shall attach to the leg of each ungulate taken on the hunting preserve a locking leg seal furnished by the department, for which the permittee shall pay ten dollars ($10) per one hundred (100) seals. Any packaged or processed meat shall be labeled with the licensed hunting preserve permit number.

4. The holder of a Big Game Hunting Preserve Permit may only receive animals and conduct hunts if they maintain hunt qualified status. Big Game Hunting Preserve Permit holders will attain and maintain hunt qualified status if they maintain inventory records (including identification requirements) as required in this chapter, submit Chronic Wasting Disease samples as required in this chapter, and maintain all fences as required in this chapter. A Big Game Hunting Preserve Permit holder will lose hunt qualified status if, after issuance of a notice of discrepancy by the department indicating violations of any of the requirements of this paragraph, the permit holder fails to correct the deficiency within thirty (30) days, or longer if approved by a conservation agent pursuant to a corrective action plan. Hunt-qualified status will be reinstated when the permit holder receives notice from the department that the discrepancy has been corrected. Receiving animals or conducting hunts in violation of this paragraph or maintaining non-hunt qualified status for ninety (90) consecutive days or more shall be sufficient cause for permit suspension or revocation.

5. The holder of a Big Game Hunting Preserve Permit must test mortalities of male cervids over twelve (12) months of age for Chronic Wasting Disease (CWD), a transmissible spongiform encephalopathy as provided in this rule. Samples must be collected by an accredited veterinarian or department-certified collector. Samples must be submitted to a diagnostic laboratory approved by the United States Department of Agriculture (USDA) for CWD testing within thirty (30) days of death.

6. For purposes of this section, eligible mortalities mean mortalities of all male cervids at least twelve (12) months of age occurring between April 1 of the previous permit year and March 31 of the current permit year. Any new permit holder or permit holder as of July 1, 2021, that failed to test one hundred percent (100%) of all mortalities during the previous permit year shall have Tier 1 status, and shall test one hundred percent (100%) of eligible mortalities. Any permit holder as of July 1, 2021, who can demonstrate they tested one hundred percent (100%) of all mortalities during the previous permit year or any Tier 1 permit holder that submits the required valid samples of eligible mortalities during the previous year shall have Tier 2 status, and shall test fifty percent (50%) of eligible mortalities.

7. At least eighty percent (80%) of required tests as described in the previous paragraph must produce valid sample results by the diagnostic laboratory. To be considered a sample that produced a valid test result, the sample must have been suitable, testable, and not rejected by the diagnostic laboratory for any other reason. If less than eighty percent (80%) of samples are valid, then the permit holder must provide sufficient samples to achieve the eighty percent (80%) requirement. Replacement samples may consist of either post-mortem samples at a one to one (1:1) ratio, or ante-mortem samples at a three to one (3:1) ratio from other animal(s) of similar age and time in the facility. For purposes of this rule, an ante-mortem CWD test is not valid unless it is performed by an accredited veterinarian on retropharyngeal lymph node, rectal mucosa, or tonsillar tissue with at least six (6) lymphoid follicles submitted within thirty (30) days of collection on an animal that is at least eighteen (18) months of age and has not been source of ante-mortem testing within the prior twenty-four (24) months.

8. Samples in which the infectious CWD prion is detected will be considered CWD-suspect pending confirmation at the USDA National Veterinary Services Laboratory. Any facility with a CWD-suspect or confirmed positive sample will immediately be quarantined by the state wildlife veterinarian, and no movement certificates allowing movement into the facility will be issued except as authorized by the state wildlife veterinarian in accordance with an approved herd disease response plan. Additionally, any facility that is or has been in possession of a deer that was in a CWD-suspect or CWD-confirmed positive facility shall be quarantined, and no movement certificates allowing movement into the facility will be issued until it is determined that the facility is not epidemiologically linked to the CWD suspect or confirmed positive deer or is determined upon further testing that the suspect deer is not a confirmed positive.

9. Big game hunting preserve permittees shall report escaped animals, and entry of any free-ranging cervids into the facility immediately to a conservation agent.

10. The holder of a Big Game Hunting Preserve Permit must ensure that all CWD test results required by this section are submitted to the state wildlife veterinarian by the USDA-approved diagnostic laboratory within seven (7) days of completion of testing. In the event of confirmed positive results from a Chronic Wasting Disease test, the permit holder shall comply with a herd disease response plan approved by the department. The plan may include, but not be limited to, quarantine requirements, testing and depopulation, premises cleaning and disinfection, additional fencing requirements, and restocking guidelines. Failure to comply with an approved herd disease response plan may result in the suspension or revocation of permit privileges.

11. All Class III cervids listed on the Approved Confined

Species List in 3 CSR 10-9.105 for Class III wildlife breeders acquired by a holder of a Big Game Hunting Preserve Permit must be individually identified on a Movement Certificate issued by the department. A Movement Certificate must be completed by the breeder and list the official identification, age, gender, species, complete address of both the origin and destination, and the complete name, address, and permit number of all parties to the transaction. The original form must accompany the shipment and a copy shall be maintained for at least five (5) years by the permit holders, unless otherwise documented in a department-provided database. All other cervids and ungulates acquired by a holder of a Big Game Hunting Preserve Permit must be individually identified on a Breeder's Movement Certificate issued by the Missouri Department of Agriculture. A Breeder's Movement Certificate must be completed by the breeder and contain complete and accurate information including the official identification, age, gender, species, complete address of birth, origin, and destination, and complete address and name of buyer and seller. The Breeder's Movement Certificate must accompany the shipment and a copy maintained for at least five (5) years by the permit holder. The source of all Class III cervids listed on the Approved Confined Wildlife Species List in 3 CSR 10-9.105 for Class III wildlife breeders must be a Class III breeder facility. The source of all other cervids must be a herd that is enrolled in a United States Department of Agriculture approved Chronic Wasting Disease herd certification program.

12. New permits for big game hunting preserves will not be issued for a period of five (5) years within twenty-five (25) miles of a location where Chronic Wasting Disease-positive animal(s) have been confirmed by the department; except, new permits may be issued during this time period for the existing location of a big game hunting preserve with a valid permit.

13. Live cervids imported into the state shall not be held in a licensed big game hunting preserve. Only cervids born inside the state of Missouri may be propagated, held in captivity, and hunted on big game hunting preserves. Prior to accepting any cervid, the big game hunting preserve must obtain evidence that the cervid was born inside the state of Missouri, such as relevant portions of the breeder's herd certification inventory and movement certificates. The big game hunting preserve shall maintain such documentation for five (5) years and provide to the department upon request.

14. Within thirty (30) days from the revocation or expiration of a licensed Big Game Hunting Preserve Permit for any reason and prior to the removal of any fencing, the permit holder must remove all animals from the premises either by depopulation with approval by a conservation agent, or transfer to a licensed big game hunting preserve with approval by the state wildlife veterinarian. Facilities with a CWD positive within the past five (5) years must depopulate upon revocation or expiration of their permit.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

ORDER OF RULEMAKING

By the 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 10-9.566 Licensed Hunting Preserve: Records Required **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 434). 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 10—Wildlife Code: Commercial Permits: Seasons, Methods, Limits

ORDER OF RULEMAKING

By the 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 10-10.725 Commercial Fishing: Seasons, Methods **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 434). 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 Conservation Commission received one (1) comment on the proposed amendment.

COMMENT #1: The commission received comments from one (1) organization which voiced opposition to proposed changes to this amendment, with specific comments pertaining to the potential spread of common and grass carp into new bodies of water, the potential degradation of aquatic habitats, and the potential for black carp to be misidentified as common carp and introduced into other Missouri waterways.

RESPONSE: In January 2020, regulation changes were proposed related to invasive fish as part of the annual review of the *Wildlife Code of Missouri*. During that process, a definition of invasive fish was proposed that included bighead, silver, common, and grass carp. As such, this definition impacted the live bait rule stating that invasive fish, including common and grass carp, could no longer be used as live bait. As this proposal made its way through the normal rulemaking process, there were very few comments for or against the change. This regulation change went into effect in August 2020. Until that time, common and grass carp could be used as live bait. As the rule went into effect, the department began to hear many comments from concerned anglers, bait dealers, and aquaculturists related to this change. After further review and discussion, the decision was made to return to the previous regulations for common and grass carp until further engagement of those negatively impacted by such a live bait rule could occur. The department is committed to working with anglers, private aquaculture, bait dealers, and aquatic professionals across the country to continue to learn about and control the spread of invasive species. Returning to the previous rule allows for better education of and engagement with stakeholders on this important topic. No changes have been made to the amendment as a result of these comments.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 10—Wildlife Code: Commercial Permits: Seasons, Methods, Limits

ORDER OF RULEMAKING

By the 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 10-10.739 Fish Utilization Permit **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 434-435). 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 10—Wildlife Code: Commercial Permits: Seasons, Methods, Limits

ORDER OF RULEMAKING

By the 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 10-10.744 Commercial Game Processing: Permit, Privileges, Requirements **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 435). 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 10—Wildlife Code: Commercial Permits: Seasons, Methods, Limits

ORDER OF RULEMAKING

By the 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 10-10.767 Taxidermy; Tanning: Permit, Privileges, Requirements **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 435). 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 the 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 10-11.186 Waterfowl Hunting **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 436). 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 12—Wildlife Code: Special Regulations for Areas Owned by Other Entities

ORDER OF RULEMAKING

By the 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 10-12.109 Closed Hours **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 436). 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 12—Wildlife Code: Special Regulations for Areas Owned by Other Entities

ORDER OF RULEMAKING

By the 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 10-12.110 Use of Boats and Motors **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 436-437). 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 20—Wildlife Code: Definitions

ORDER OF RULEMAKING

By the 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 10-20.805 Definitions **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2021 (46 MoReg 437). 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 Conservation Commission received comments from two (2) individuals and one (1) organization on the proposed amendment.

COMMENT #1: The commission received comment from one (1) individual who voiced support for proposed changes to this rule.
RESPONSE: The commission thanks the individual who voiced support for the regulation changes.

COMMENT #2: The commission received comments from (1) individual and (1) organization who voiced opposition to proposed changes to this rule, with specific comments pertaining to the potential spread of common and grass carp into new bodies of water, the potential degradation of aquatic habitats, and the potential for black carp to be misidentified as common carp and introduced into other Missouri waterways.
RESPONSE: In January 2020, regulation changes were proposed related to invasive fish as part of the annual review of the *Wildlife Code of Missouri*. During that process, a definition of invasive fish was proposed that included bighead, silver, common, and grass carp. As such, this definition impacted the live bait rule stating that invasive fish, including common and grass carp, could no longer be used as live bait. As this proposal made its way through the normal rulemaking process, there were very few comments for or against the change. This regulation change went into effect in August 2020. Until that time, common and grass carp could be used as live bait. As the rule went into effect, the department began to hear many comments from concerned anglers, bait dealers, and aquaculturists related to this change. After further review and discussion, the decision was made to return to the previous regulations for common and grass carp until further engagement of those negatively impacted by such a live bait rule could occur. The department is committed to working with anglers, private aquaculture, bait dealers, and aquatic professionals across the country to continue to learn about and control the spread of invasive species. Returning to the previous rule allows for better education of and engagement with stakeholders on this important topic. No changes have been made to the amendment as a result of these comments.

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 50—Admission Criteria
Chapter 2—Mental Health Services

ORDER OF RULEMAKING

By the authority vested in the Director of the Department of Mental Health under sections 630.192 and 630.193 to 630.198, RSMo 2016, the Department of Mental Health amends a rule as follows:

9 CSR 50-2.010 Admissions to Children's Supported Community Living is **amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 15, 2021 (46 MoReg 497-505). 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 9—DEPARTMENT OF MENTAL HEALTH
Division 50—Admission Criteria
Chapter 2—Mental Health Services

ORDER OF RULEMAKING

By the authority vested in the Director of the Department of Mental Health under sections 630.192 and 630.193 to 630.198, RSMo 2016, the Department of Mental Health amends a rule as follows:

9 CSR 50-2.510 Admissions to Adult Community Residential Settings **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 15, 2021 (46 MoReg 505-509). 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 207.010, 207.022, 208.991, and 660.017, RSMo 2016, the division withdraws a proposed amendment as follows:

13 CSR 40-2.015 Authorized Representatives **is withdrawn**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on February 16, 2021 (46 MoReg 325-326). This proposed amendment is withdrawn.

SUMMARY OF COMMENTS: The Department of Social Services, Family Support Division received three (3) staff comments on the proposed amendment.

COMMENT #1: Rachael Woodring, Program Manager, Family Support Division commented that in subsection (2)(D) of the proposed amendment, the section reference to the *Missouri Constitution* is incorrect as written. The correct section is 36(c).
RESPONSE: The Family Support Division is not amending the proposed amendment at this time because the proposed amendment is being withdrawn.

COMMENT #2: The Department of Social Services, Division of Finance and Administrative Services (DFAS) made a comment on the proposed amendment. DFAS requested that the public cost statement be updated and the public fiscal note be added to the final publication of the rule in the *Code of State Regulations*.
RESPONSE: The Family Support Division is not amending the proposed amendment at this time because the proposed amendment is being withdrawn.

COMMENT #3: The Department of Social Services, Family Support

Division does not have General Assembly appropriations to implement this proposed amendment.
RESPONSE: As a result, the Department of Social Services, Family Support Division is withdrawing this rulemaking.