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# MISSOURI


# REGISTER

John R. Ashcroft Secretary of State

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# MISSOURI REGISTER

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| March 15, 2023 | **April 17, 2023** | April 30, 2023 | May 30, 2023 |

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

The text of proposed rules and changes will appear under this heading. A 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 explanation is set out in the PURPOSE section of each rule. A citation of the legal authority to make rules is also required, and 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 that 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, 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 1 – OFFICE OF ADMINISTRATION
## Division 15 – Administrative Hearing Commission
## Chapter 1 – Organization and Description

### PROPOSED AMENDMENT

**1 CSR 15-1.207 Information, Submissions, or Requests**. The commission is amending sections (1) and (2).

*PURPOSE: This amendment changes the contact information for the commission for requests for information or documents.*

(1) The public may *[obtain information or]* make submissions or requests **for information or records** by visiting the commission at its office at *[Room 640, Truman State Office Building]* **the United States Post Office Building, 131 West High Street, Third Floor**, Jefferson City, Missouri**,** *[or]* by writing the commission at P*[.]*O*[.]* Box 1557, Jefferson City, MO 65102**, by telephone at (573) 741-2422, or by email at AHC@ahc.mo.gov**.

(2) Any person seeking access to records under Chapter 610, RSMo, also known as the Sunshine Law or Open Records Law, shall proceed as indicated in section (1) of this rule and direct the request to the commission's *[managing commissioner]* **custodian of records**.

*AUTHORITY: sections 536.023.3 and 621.198, RSMo [Supp. 2007] **2016**. Original rule filed Aug. 5, 1991, effective Feb. 6, 1992. Amended: Filed July 2, 2008, effective Jan. 1, 2009. Amended: Filed Nov. 8, 2022.*

*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 Administrative Hearing Commission, Attention: Mary S. Erickson, PO Box 1557, Jefferson City, MO 65102. 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 6 – DEPARTMENT OF HIGHER EDUCATION AND WORKFORCE DEVELOPMENT
## Division 10 – Commissioner of Higher Education
## Chapter 2 – Student Financial Assistance Programs

### PROPOSED RESCISSION

**6 CSR 10-2.110 Wage Garnishment for Repayment of Defaulted Guaranteed Student Loans**. This rule provided the policy and procedure for the Coordinating Board of Higher Education to garnish the earnings of borrowers to repay defaulted guaranteed student loans.

*PURPOSE: The department no longer needs to garnish borrower's earnings to pay defaulted student loans because United States Department of Education is assuming responsibility for the Missouri Student Loan Program. The department will no longer be a guaranty agency.*

*AUTHORITY: section 173.115, RSMo 1994. Original rule filed July 18, 1989, effective Oct. 15, 1989. Rescinded: Filed Nov. 3, 2022.*

*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 Higher Education and Workforce Development, 301 W. High Street, 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 9 – DEPARTMENT OF MENTAL HEALTH
## Division 30 – Certification Standards
## Chapter 7 – Behavioral Health Crisis Centers

### PROPOSED RULE

### 9 CSR 30-7.010 Behavioral Health Crisis Centers

*PURPOSE: This rule sets forth regulations for behavioral health crisis centers.*

*PUBLISHER'S NOTE: The secretary of state has determined that publication of the entire text of the material that 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) Definitions. Unless the context clearly requires otherwise, the following terms as used in this rule mean –

(A) Behavioral Health Crisis Center (BHCC), unit which operates twenty-four (24) hours per day, seven (7) days per week and provides crisis services for individuals in severe distress with up to twenty-three (23) consecutive hours of supervised care to assist with deescalating the severity of their crisis;

(B) Crisis intervention, designed to interrupt and/or ameliorate a behavioral health crisis experience. The goal of crisis intervention is symptom reduction, observation, stabilization, and restoration to a previous level of functioning for the individual being served. Primary components include, but are not limited to –

1. Preliminary assessment of risk, mental status, substance use status, and medical stability;

2. Stabilization of immediate crisis;

3. Determination of the need for further evaluation and/or behavioral health services; and

4. Linkage to needed additional treatment services;

(C) Crisis stabilization, a direct service that assists with deescalating the severity of an individual's level of distress and/or need for urgent care associated with a behavioral health disorder; and

(D) Urgent Care Behavioral Health Crisis Center (U-BHCC), unit which operates less than twenty-four (24) hours per day, seven (7) days per week, and provides crisis services for individuals in severe distress with supervised care to assist with deescalating the severity of their crisis.

(2) Program Description. BHCCs and U-BHCCs are provided or arranged by an administrative agent or an affiliate. Services shall be provided in accordance with the 2020 edition of the *National Guidelines for Behavioral Health Crisis Care*, hereby incorporated by reference and made a part of this rule, and can be obtained from the Substance Abuse and Mental Health Services Administration (SAMHSA), 5600 Fishers Lane, Rockville, MD 20857, (877) 726-4727. This rule does not incorporate any subsequent amendments or additions to this publication.

(A) Services shall be designed to serve as a community-based alternative to emergency department services, unnecessary hospitalization, and/or jail confinement by offering assessment, treatment, and short term stabilization for individuals with a mental health and/or substance use disorder.

(B) As specified in best practice one (1) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule, centers shall function as a twenty-four (24) hour or less crisis receiving and stabilization facility.

(3) Certification/National Accreditation. At a minimum, organizations shall comply with 9 CSR 10-7.130 Procedures to Obtain Certification, to apply for certification/deemed status as a BHCC or U-BHCC and –

(A) Be certified by the department as a Certified Community Behavioral Health Organization (CCBHO); and

(B) Obtain appropriate accreditation for crisis services within three (3) years of obtaining certification/deemed status (if not accredited for such at the time of initial application to the department) from the Commission on Accreditation of Rehabilitation Facilities (CARF) International.

(4) Program Requirements. BHCCs and U-BHCCs shall provide prompt assessment, stabilization (with or without medication), and determination of an appropriate level of care for the individual's continued behavioral health treatment in order to prevent unnecessary hospitalization, emergency department services, and/or jail confinement.

(A) In accordance with minimum expectation three (3) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule, services shall be designed to address –

1. Behavioral/mental health crisis situations, including substance use; and

2. Varying clinical conditions to include individuals with co-occurring behavioral health and intellectual/developmental disabilities.

(5) Target Populations. The target population includes individuals with a confirmed or suspected mental health and/or substance use disorder diagnosis who are experiencing a behavioral crisis or are presenting for urgent behavioral health needs who are –

(A) Children and youth, individuals age five (5) to seventeen (17) years; and/or

(B) Individuals age eighteen (18) years and older.

(6) Physical Environment and Safety. All BHCCs and U-BHCCs shall be in compliance with 9 CSR 10-7.120 Physical Environment and Safety, and applicable state and local building codes, fire codes, and ordinances to ensure the health, safety, and security of all individuals.

(A) The physical environment shall –

1. Promote a sense of safety, calm, and deescalation for individuals and staff;

2. Have adequate space to ensure the comfort of individuals served;

3. Have adequate space to ensure privacy and confidentiality for individuals served;

4. Have furnishing and fixtures that are constructed of durable materials not capable of breakage into pieces that could be used as a weapon, ligature risk, or for self-harm; and

5. Have interior finishes, lighting, and furnishings that suggest a non-institutional setting that conforms to applicable fire and safety codes.

(B) In accordance with best practice two (2) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule, policies and procedures shall ensure there are designated areas for individuals being transported to the center by law enforcement/first responders and those seeking services on a walk-in basis.

1. Hours of operation shall be clearly communicated to law enforcement and other referral sources.

(C) If the BHCC/U-BHCC has an open floor model, space for screening, evaluation, and treatment services must be separate for children/youth and adults, if both are served.

(7) Care Criteria. Each BHCC and U-BHCC shall implement

written screening and intake criteria for individuals who present for an evaluation.

(A) A "no wrong door" access model shall be utilized. In accordance with minimum expectations one (1), six (6), and seven (7) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule, all individuals who present for an evaluation and/or stabilization shall be screened as specified in subsection (7)(C) of this rule, including walk-ins and those who are referred/transported by law enforcement.

(B) If screening results in an individual not being offered services, documentation of the rationale for the denial of services and facilitated referral of the individual to other appropriate services must be maintained.

(C) Service criteria shall include but is not limited to –

1. Presence of a suspected and/or known mental illness diagnosis and/or substance-related disorder and the individual is expressing a need for behavioral health services; and

2. Presence of a severe situational crisis; and/or

3. Presence of risk of harm to self, others, and/or property (risk may range from mild to imminent).

(D) In accordance with minimum expectation two (2) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule, medical clearance is not required prior to provision of services, however, each individual served must be assessed for medical stability and receive necessary medical support while in the program.

1. In accordance with minimum expectation four (4) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule, physical health issues that can be appropriately managed by crisis center staff shall be addressed by qualified staff in accordance with policies and procedures.

2. If a physical health issue occurs requiring medical care that cannot be addressed while an individual is receiving services in the BHCC/U-BHCC, the treating center shall arrange for the individual to be appropriately transported to a medical facility to address the physical health issue.

(E) As appropriate, medications (including medication assisted treatment for a substance use disorder) shall be prescribed while connecting the individual with ongoing services.

(8) Staff Qualifications. In accordance with minimum expectation five (5) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule, the BHCC/U-BHCC shall be adequately staffed to meet the treatment needs of individuals served and to ensure their safety and the safety of staff.

(A) Each center shall have the staffing capacity to assess individuals' physical health needs and deliver care for most minor physical health challenges, with established written protocols to transfer an individual to more medically staffed services, if needed.

(B) The center shall be staffed by a multidisciplinary team who is able to respond to the needs of individuals experiencing all levels of crisis. Staff shall include but is not limited to –

1. Medical director – a licensed psychiatrist (available via telemedicine or audio-only). The medical director for the BHCC/U-BHCC can be the same individual who serves in this capacity for the CCBHO.

A. Direct services shall be provided by a licensed physician (includes psychiatrist) or licensed psychiatric mental health nurse practitioner (PMHNP), advanced practice registered nurse (APRN), physician assistant, and/or assistant physician in a written collaborative practice arrangement with a physician and with experience treating the target population. Services may be provided via telemedicine.

B. BHCCs and U-BHCCs shall have access to a practitioner with a waiver to prescribe medications approved by the Food and Drug Administration to treat opioid use disorders, including buprenorphine, in accordance with the Drug Addiction Treatment Act of 2000 (DATA 2000), effective October 2000, hereby incorporated by reference and made a part of this rule, available from the Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857, (877) 726-4727. This rule does not incorporate any subsequent amendments or additions to this act;

2. Clinical program director – must be a qualified mental health professional (QMHP) to oversee program operations and clinical practice, with experience treating the target population;

3. Nurse – registered nurse (RN) or licensed practical nurse (LPN); and

4. Certified peer specialist.

(9) Staff Coverage. Staff coverage shall ensure the continuous supervision and safety of individuals served. Staff coverage shall be determined by the agency.

(A) Coverage at a minimum, shall include –

1. Two (2) behavioral health staff must be on-site during receiving hours;

2. One (1) QMHP must be available during receiving hours (may be via telemedicine);

3. One (1) RN or one (1) LPN must be available during receiving hours (may be via telemedicine); and

4. A physician (includes psychiatrist), PMHNP, APRN, assistant physician, and/or physician assistant must be available during receiving hours and must immediately respond to calls from staff, delay not to exceed one (1) hour.

(B) Qualified staff must be available to administer, screen, inventory, and store prescribed medications within their scope of duties, practice, training, and as authorized by statute.

(C) Qualified staff, within their scope of duties, practice, and/or training, shall be available to conduct an initial health assessment and utilize evidence-based tools to determine the individual's medical stability, intoxication, substance use, and/or level of withdrawal/impairment.

(10) Policies and Procedures. The BHCC/U-BHCC shall maintain and implement written policies and procedures including but not limited to –

(A) Intake screening, service, and clinical assessment protocols;

(B) Community outreach and education strategies for crisis stabilization services, including access to and location of service site(s), hours, and days of operation for each site through written material and other means of communication, and how these components will be accomplished on an ongoing basis;

(C) Detoxification/withdrawal management services as defined in 9 CSR 30-3.120. If the BHCC/U-BHCC does not provide this service, facilitated referrals to a local hospital or another qualified service provider shall be made for withdrawal management or other medical services, if determined necessary during an individual's evaluation process;

(D) Safety and emergency protocols as specified in 9 CSR 10-7.120 Physical Environment and Safety, as well as specific protocols for the population served;

(E) Prescription medication protocols, including storage of medications in accordance with 9 CSR 10-7.070;

(F) Screening for and accessing services for emergency medical conditions, including transport by emergency medical service;

(G) Monitoring the physical and psychological well-being of individuals including but not limited to respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified in the organization's policies and procedures

associated with evaluations;

(H) Linking individuals to housing services upon discharge, as needed;

(I) Linking individuals to transportation services upon discharge, as needed;

(J) Linking individuals to social services or community resources, as needed;

(K) Assessment and referral process for individuals with a suspected substance use disorder and/or mental health disorder;

(L) Care coordination and continuity of care for individuals served including but not limited to referral process, follow-up, and transfer of records within five (5) days, in accordance with best practice five (5) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule;

(M) Infection prevention and control; and

(N) Use of physical and chemical restraints as specified in 9 CSR 10-7.060 Emergency Safety Interventions.

(11) Community Partnerships. BHCCs and U-BHCCs shall have a referral relationship, collaborative agreement, and/or memorandum of understanding (MOU) with the following community providers:

(A) Crisis response with law enforcement, dispatch, emergency medical services, and first responders;

(B) Local hospitals, primary care clinics, and Federally Qualified Health Centers (FQHC);

(C) Qualified providers of detoxification/withdrawal management services;

(D) Schools;

(E) Housing supports;

(F) Local Continuum(s) of Care; and

(G) Recovery support and recovery housing providers.

(12) Coordination and Continuity of Care. Service coordination and continuity of care efforts shall include but are not limited to –

(A) Identifying and linking individuals with available community resources necessary to stabilize the crisis and ensure transition to routine care;

(B) Referring individuals to behavioral health services if not currently receiving such services;

(C) Connecting and/or referring individuals to appropriate local resources including emergency room enhancement (ERE) staff, community behavioral health liaisons (CBHLs), and/or certified peer specialists, who shall conduct and document timely follow-up to determine the individual's current status and need for any additional assistance or services;

(D) Contacting and coordinating care with current service providers, when feasible and in accordance with state and federal confidentiality regulations;

(E) Connecting individuals to housing, food, or other resources;

(F) Connecting individuals with recovery support and/or recovery housing providers;

(G) Connecting individuals with community-based behavioral health providers in other geographic regions; and

(H) Incorporating some form of intensive support beds into a partner program (within the organization or with another local agency), if available, for individuals who need additional support beyond that of the BHCC/U-BHCC in accordance with best practice three (3) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule.

(13) Documentation Requirements. Based on the individual's ability to cooperate and communicate with staff due to their crisis situation, the following intake documentation shall be obtained:

(A) Presenting problem and referral source, if applicable;

(B) Rationale for denial of services and referral of the individual to other appropriate services, if necessary;

(C) Personal and identifying information;

(D) Status as a current or former member of the U.S. Armed Forces;

(E) Current mental health and substance use symptoms;

(F) Current medications and any medications administered;

(G) Screening for suicide risk and completion of a comprehensive, standardized suicide risk assessment and planning, when clinically indicated, in accordance with minimum expectation eight (8) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule;

(H) Screening for risk of violence and completion of a comprehensive, standardized violence risk assessment and planning, when clinically indicated, in accordance with minimum expectation nine (9) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule;

(I) Current trauma-related symptoms and/or concerns for personal safety;

(J) Crisis intervention and prevention plan, when clinically indicated (a copy shall be provided to the individual served); and

(K) Discharge information including outcome of the crisis, services provided, treatment/recovery plan, care coordination efforts, follow-up, and referrals.

(14) Measuring Program Effectiveness. In accordance with best practice four (4) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule, BHCCs and U-BHCCs shall collect, enter, and submit data utilizing all reporting tools as directed by the department.

(15) Staff Training and Education. Staff are expected to comply with the training requirements specified in 9 CSR 10-7.110(2)(F) Personnel. All staff of the BHCC/U-BHCC shall complete minimum training requirements as follows:

(A) Screening, assessment, and planning for risk of suicide;

(B) Screening, assessment, and planning for risk of violence;

(C) Evidence-based and best practice interventions to prevent and address disruptive behaviors and behavioral crises;

(D) Basic First Aid;

(E) Cardiopulmonary Resuscitation (CPR); and

(F) Administration of naloxone, as appropriate with staff qualifications.

(16) Trauma-Informed Care. Services shall be provided in accordance with 9 CSR 10-7.010(11), Essential Principle, Trauma-Informed Care.

*AUTHORITY: section 630.050, RSMo 2016. Original rule filed Nov. 2, 2022.*

*PUBLIC COST: This proposed rule will cost state agencies or political subdivisions $10,647,578 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 Department of Mental Health, Denise Thomas, PO Box 687, Jefferson City, MO 65102 or by email to denise.thomas@dmh.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.*

**FISCAL NOTE**
**PUBLIC COST**

I. **Department Title:** Title 9 -- Department of Mental Health
**Division Title:** Division 30 – Certification Standards
**Chapter Title:** Chapter 7 – Behavioral Health Crisis Centers

| | |
|---|---|
| **Rule Number and Name:** | 9 CSR 30-7.010 Behavioral Health Crisis Centers |
| **Type of Rulemaking:** | Proposed Rule |

## II. SUMMARY OF FISCAL IMPACT

| Affected Agency or Political Subdivision | Estimated Cost of Compliance in the Aggregate |
|---|---|
| **Mental Health** | **$ 8,742,438 GR (FY'22)**<br>**$ 1,905,140 Federal (FY'22)**<br>**$10,647,578 TOTAL** |
| | |
| | |

## III. WORKSHEET

**$308.49/bed day x 4 beds x 365 days = $450,395 (rounded to $450,400)**

| | |
|---|---|
| **$7,206,400** | **16 centers x $450,400** |
| **$600,000** | **1 center @ $600,000** |
| **$200,000** | **2 partnerships @ $100,000 each** |
| **$8,006,400** | |
| **$736,038** | **After-care service dollars** |
| **$8,742,438** | **Grand Total GR** |

## IV. ASSUMPTIONS

On average, $450,400 of General Revenue was allocated per 4-bed crisis center. In addition, there was one existing crisis center that received funding, as well as two small partnerships that received funding for operations of their crisis centers. The remaining funding was allocated for after-care service dollars.

**Title 13 – DEPARTMENT OF SOCIAL SERVICES**
**Division 35 – Children's Division**
**Chapter 31 – Child Abuse**

**PROPOSED RULE**

**13 CSR 35-31.100 Use and Dissemination of Information from the Central Registry**

*PURPOSE: This rule establishes the use and dissemination of child abuse and neglect findings from the Central Registry by the Children's Division.*

(1) As defined in section 210.110, RSMo, the central registry is a registry of persons where the children's division maintains records of final determinations by the division or a court that persons have committed child abuse or neglect or pleaded guilty to or have been found guilty of offenses enumerated in sections 210.110(3) or 210.118 RSMo.

(2) Pursuant to sections 210.110 and 210.152 RSMo, the children's division shall retain records in the central registry in perpetuity, including for persons placed on the central registry prior to August 28, 2004.

(3) The children's division shall not use or disseminate a finding in the central registry to conduct a background check for employment with a third party or to find a person ineligible for employment with a third party or presence at a residential care facility or child placement agency, unless and until the finding is final and –

(A) The finding has been substantiated by court adjudication, by at least a preponderance of the evidence standard;

(B) The finding has been upheld by a preponderance of the evidence standard;

(C) The person has waived administrative review or judicial review; or

(D) The person has been found guilty of or pleaded guilty to an offense enumerated in sections 210.110(3) or 210.118, RSMo.

(4) To the extent authorized by law, the children's division may use and disseminate records in the central registry for any purpose authorized or required by law, including –

(A) To respond to child abuse and neglect reports;

(B) Conduct investigations and assessments;

(C) Assist child welfare and law enforcement agencies with the protection of children from abuse or neglect and the provision of child welfare services;

(D) Assist law enforcement and prosecuting attorneys in criminal or civil investigations or prosecutions;

(E) Determine the best interests of a child and make permanency decisions and recommendations;

(F) Assess a child's health, safety, and well-being;

(G) Conduct research and statistical analysis; or

(H) For all other related purposes authorized by law.

*AUTHORITY: sections 207.020, 210.118, and 660.017, RSMo 2016, and sections 210.110, 210.145, 210.150, 210.152, and 210.493, RSMo Supp. 2022. Original rule filed Nov. 4, 2022.*

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

*PRIVATE COST: This proposed rule will not cost private entities more than five hundred ($500) dollars 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 13 – DEPARTMENT OF SOCIAL SERVICES**
**Division 110 – Division of Youth Services**
**Chapter 5 – Dual Jurisdiction**

**PROPOSED AMENDMENT**

**13 CSR 110-5.010 Dual Jurisdiction Procedures**. The Division of Youth Services is amending sections (1) and (6).

*PURPOSE: This amendment makes necessary changes to sections (1) and (6) of this regulation to make it compliant with "Raise the Age" amendments to the Missouri Revised Statutes that define the age of a child as being someone under the age of 18.*

(1) Section 211.073, RSMo *[Supp. 1999]* provides that a court may, in a case when the offender is under *[seventeen (17)]* **eighteen (18)** years of age and has been transferred to a court of general jurisdiction pursuant to section 211.071**, RSMo,** and whose prosecution results in a conviction or plea of guilty, invoke dual jurisdiction of both the criminal and juvenile codes. The court is authorized to impose a juvenile disposition under section 211.073**, RSMo,** and*[,]* simultaneously*[,]* impose an adult criminal sentence, the execution of which shall be suspended. Successful completion of the juvenile disposition ordered shall be a condition of the suspended adult criminal sentence. The court may order an offender into the custody of the Division of Youth Services if –

(6) When an offender reaches the age of *[seventeen (17)]***eighteen (18),** the court shall hold a hearing. After such hearing the court shall –

*AUTHORITY: section**[s]** 211.073 **[and 219.036]**, RSMo **[1994]** **Supp. 2022,** and **sections** 219.016 **and 219.036**, RSMo **[Supp. 1999]** **2016**. Original rule filed Feb. 10, 2000, effective Aug. 30, 2000. Amended: Filed Nov. 3, 2022.*

*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, Division of Youth Services, at 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.*