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John R. Ashcroft  Secretary of State

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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 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	<i>Code of</i>	10-	4	115
Department	<i>State</i>	Agency	General area	Specific area
	<i>Regulations</i>	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*.

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.

Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 10 – Office of the Director

Chapter 3 – General and Family Physician Loan and Training Programs

EMERGENCY RULE

19 CSR 10-3.050 Graduate Medical Education Grant Program

PURPOSE: This rule establishes guidelines for implementing the Graduate Medical Education Grant Program.

EMERGENCY STATEMENT: This emergency rule informs Missouri Graduate Medical Education (GME) programs of the application process and requirements for participation in the GME Grant Program. This program was established in section 191.592, RSMo, effective July 6, 2023. Through this program and its appropriations, the Department of Health and Senior Services will award grants to eligible entities for the purpose of establishing and funding new general primary care and psychiatry medical residency positions in this state. Missouri currently faces a shortage of health care professionals, including general primary care doctors

*and psychiatrists. This is due, in part, to a shortage of medical residency slots in Missouri. Because there are fewer residency slots available within Missouri than there are doctors educated at Missouri medical schools, several of these doctors (at least 35%) have to leave Missouri to obtain their graduate medical education. Data from the Association of American Medical Colleges shows that more than half of physicians that obtain their medical school and graduate medical education in the same state will remain in that state after they complete their graduate medical education. To keep more physicians in Missouri after they complete their medical school education, Missouri needs more medical residency slots. These slots are expensive to create, with the number one barrier to residency programs being financing. Through this rule and the funds appropriated to the Department of Health and Senior Services for the GME Grant Program, the Department will be able to fund several new slots for residents beginning their residency programs in summer 2024. An emergency rule is required to ensure graduate medical education programs have ample notice of the requirements to participate in this program, secure needed accreditations, and submit applications to the Department before the applications are due in November 2023. This emergency rule is necessary to protect the public health. As a result, the Department of Health and Senior Services finds a compelling governmental interest, which requires this emergency action. A proposed rule, which covers the same material, is published in this issue of the **Missouri Register**. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri and United States Constitutions**. The Department of Health and Senior Services believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed September 1, 2023, becomes effective September 18, 2023, and expires March 15, 2024.*

(1) The following definitions shall be used in the interpretation and enforcement of this rule:

(A) "Academic year" is the time period between July 1 to June 30 of the following year.

(B) "Agreement period" or "grant agreement period" is the thirty seven (37) months, regardless of the length of residency, reflecting the three (3)-consecutive-year period of performance, during which first-year residents funded by this program start their residency plus a one (1) month period before residents begin during which funding is received.

(C) "Applicant" is an eligible entity applying for a Graduate Medical Education (GME) Program's Notice of Grant Opportunity (NGO) that meets the specific eligibility requirements set forth in this rule.

(D) "Commitment" or "commitment period" or "grant commitment period" is the duration during which the grantee is expected to fulfill the obligations and deliverables specified in the GME NGO and this rule correlating with the signed grant agreement. This includes the grant agreement period, plus the remaining years for the funded first-year residents to finish their residency, plus two (2) additional months to submit the final report.

1. For residencies of three (3) years duration, this period is five (5) years and three (3) months.

2. For residencies of four (4) years duration, this period is six (6) years and three (3) months.

(E) "Department" is the Missouri Department of Health and Senior Services.

(F) "Designated institutional official" is the representative from the sponsoring institution who collaborates with their internal graduate medical education committee to ensure the sponsoring institution's and its program's substantial

compliance with the applicable Accreditation Council for Graduate Medical Education (ACGME) institutional, common, and specialty-specific program requirements.

(G) "Eligible entity" is an entity that operates a physician medical residency program in Missouri and is accredited by the ACGME.

(H) "General primary care and psychiatry" includes family medicine, general internal medicine, general pediatrics, general obstetrics and gynecology (Ob/Gyn), and psychiatry.

(I) "Graduate medical education" is the required training after graduating from medical school in order for a physician to be eligible for full licensure and board certification. This training includes medical residencies which can last three to four (3-4) years, depending on the specialty.

(J) "Graduate Medical Education Grant Program" or "Grant Program" or "GME Grant Program" is the program established within the department to administer the Medical Residency Grant Program Fund, established by section 191.592, RSMo, to support additional medical residency position in existing Missouri medical residency programs.

(K) "Grant agreement" is the written instrument that sets forth the terms and conditions of participation in the Graduate Medical Education Grant Program, including all written and executed amendments thereto, between the Department and a grantee.

(L) "Grantee" is an applicant whose application to the Graduate Medical Education Program was selected for funding by the Department according to the eligibility and selection criteria described in this rule and who has a grant agreement signed by both parties.

(M) "Health Professional Shortage Area" or "HPSA" is a geographic area, population group, or health care facility that has been designated by the Health Resources and Services Administration (HRSA) as having a shortage of healthcare professionals. There are three categories of HPSAs: primary care, dental health, and mental health. Primary care and mental health are the only relevant HPSAs for the purposes of this rule. HPSA data is available at: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

(N) "Match" is the National Resident Matching Program. This is the process by which residency programs rank their preferred candidates, residency applicants rank their preferred programs, and a one-to-one (1-to-1) match is generated.

(O) "Medical residency program" or "residency program" are those in the general primary care and psychiatry specialties for the purposes of this rule.

(P) "Residency positions" or "positions" or "residency slots" or "slots" refers to the number of residents in a specific medical residency program. This number requires approval from ACGME. These terms are often specified in reference to either the entire multiyear residency program or to a particular post-graduate year (PGY).

1. "Expanded slots" or "awarded slots" or "assigned slots" refer to the additional slots added through the grant program as described in this rule.

(Q) "Resident" is a physician in an accredited graduate medical education program.

(R) "Rural" refers to those counties in Missouri that have less than one hundred fifty (150) people per square mile and does not contain any part of a central city in a Metropolitan Statistical Area.

(S) "Sponsoring institution" is the organization that assumes the financial and academic responsibility for a residency program of GME. The sponsoring institution has the primary purpose of providing educational programs and/or health

care services.

(2) The following acronyms shall be used in the interpretation and enforcement of this rule:

(A) ACGME – Accreditation Council for Graduate Medical Education. This is the accreditation agency for all medical residencies in the United States.

(B) AHEC – Area Health Education Center

(C) CMS – Centers for Medicare & Medicaid Services

(D) FQHC – Federally Qualified Health Centers

(E) GME – Graduate Medical Education

(F) HPSA – Health Professional Shortage Area.

(G) NGO – Notice of Grant Opportunity

(H) NPI – National Provider Identification number

(I) NRMP – National Resident Matching Program

(J) PGY – Post-Graduate Year. This refers to the annual level of training during a multi-year residency program. PGY-1 refers to the first-year class of residents, PGY-2 refers to the second-year class of residents, etc.

(K) SOAP – Supplemental Offer and Acceptance Program. This is the process by which the residency applicants and residency programs without a match scramble to find mutually agreeable placements. This was once referred to as, "The Scramble".

(3) Communication.

(A) All inquiries during the application process and after selections are made shall be directed to the primary point of contact as noted in the NGO and grant agreement.

(B) Applicants are required to maintain and provide to the Department, upon application, a current and valid email address for electronic communication with the Department.

(4) Grant Award Parameters

(A) Available Funding and Grant Award Amounts.

1. The GME Grant Program is subject to appropriations to the Department to provide grant awards to support increased residency slots. The maximum number of residency-position awards is contingent upon the amount appropriation available.

2. The grant cannot supplant existing funds for existing residency positions. The grant funds are only for newly added accredited residency positions to support new residents through the completion of their multiyear residencies.

3. The maximum grant award per resident per training year shall be specified in the NGO and is subject to appropriations. The Department may increase the award amount if funds are not completely allocated.

4. Funding is awarded for the number of approved residency slots for three (3) years of consecutive incoming first-year residents to finish the entirety of their residency training.

5. A sponsoring institution may request awards for multiple qualified residency position in one or more eligible specialties, but each residency program corresponding to each of those different specialties shall submit their own application.

6. Eligible specialties will be specified in the NGO and are subject to appropriation in that the Department may not have appropriation authority in certain years to award grant funds for residency programs in all general primary care and psychiatry specialties.

(B) Timing of Grant Agreement Period, Grant Commitment Period, and Payment

1. The Grant Agreement Period is three (3) years and one (1) month for all grantees, regardless of the length of the residency

training. Three (3) consecutive years of incoming first-year resident would be funded in an amount corresponding to the entire duration of their multiyear training, subject to appropriations.

2. The duration of the Grant Commitment Period includes the sum of:

A. The Grant Agreement Period (three (3) years and one (1) month), plus

B. The remaining years needed for the residents who matriculated under this funding to finish their residency, plus

C. An additional two (2) months at the end for final reporting.

3. The Department shall provide funding to grantees annually in June, prior to the start of the incoming first-year class, in an amount corresponding to the entire duration of the multiyear training for the expanded slots filled by those first-year residents.

A. This payment will occur for three (3) consecutive years, to cover three (3) consecutive incoming classes of first year residents into the approved number of expanded residency slots. The award amount will be disbursed upfront, upon selection of the awardees and execution of the contracts, for the total amount for all three (3) or four (4) years, up to the maximum allowable amount per resident for all three (3) or four (4) years. Payment is subject to:

(i) Appropriations, and

(ii) Grant agreement expectations and deliverables met satisfactorily, at the sole judgment of the Department.

(C) Allowable / Unallowable Costs

1. Allowable costs, in order of priority, include:

A. Direct graduate medical education costs, including:

(i) Resident salary;

(ii) Resident fringe benefits;

(iii) Resident malpractice insurance, licenses, and other required fees; and

(iv) Salaries and benefits for faculty and program staff directly attributable to resident education.

B. Indirect costs of graduate medical education necessary to meet the standards of the ACGME.

2. Unallowable Costs include:

A. Capital improvements;

B. Consultant fees;

C. Sub-contracts;

D. Planning activities;

E. Supplanting or replacing existing funds from other sources, including local, state, or federal resources, for the same purpose; and

F. Alcohol.

3. Costs not specifically mentioned in the original budget submission shall be submitted to the Department for prior approval before being expended.

(D) Sustainability of the Expanded Residency Slots

1. Future sustainability of the expanded residency slots is the responsibility of the medical residency program and/or sponsoring institution.

2. Subject to appropriations and timely receipt of all grant agreement deliverables, current grantees will be able to submit a new application any year to request additional residency slots beyond the initial number of expanded residency slots.

(E) Cost Sharing. Applicants must agree to provide additional funds or in-kind resources as needed beyond the annual GME Grant Program award to supplement the newly created residency positions according to the requirements of ACGME accreditation.

(5) Eligibility and Selection.

(A) An eligible applicant is an ACGME accredited, Missouri:

1. GME program which intends to increase and fill ACGME-approved medical residency positions during the grant commitment period; or

2. Sponsoring institution (hospital, medical school, or consortium) that sponsors and maintains primary organizational and financial responsibility for a Missouri GME program which intends to increase and fill ACGME-approved medical residency positions during the grant commitment period.

(B) Mandatory Award Selection Criteria

1. Applicant shall be an established ACGME-accredited residency program, located in the state of Missouri, requesting funding to increase the number of residents in their program.

2. Only those residency program specialties appropriated funding, as specified in the NGO, shall be considered.

3. Number of residency slots.

A. Residency programs need to demonstrate that they are currently utilizing 100% of their maximal allocated federal Medicare GME funding for current residency slots.

B. Residency programs need to demonstrate that they have ACGME-accreditation for the additional residency slots they are requesting or have a pending request before the ACGME for a complement increase. The department may specify time periods within the NGO for when such requests must have been submitted to the ACGME and when proof of approval of such requests must be submitted to the Department to verify eligibility.

4. Residency programs must demonstrate the ability to cover the remaining required costs to fund additional residency slots required to supplement the grant award amount.

5. Application for this grant opportunity includes the satisfactory completion and submission of all requested components.

6. One hundred percent (100%) of the registered slots for the residency program were filled during the most recent match cycle through both the National Resident Match Program and any additional placement of residents via the Supplemental Offer and Acceptance Program.

7. The residency program is required to have been in existence for at least five (5) years.

(C) Award Selection Criteria – Prioritization. The following criteria for award selection will be applied only if there are applications for more slots than funding available.

1. Ranking of Applicants. Selection priority will be given according to a point-based scoring system, adding up to one hundred (100) maximum points, as detailed in Exhibit 1 below.

2. Tiebreakers. If there are any scores tied for available slots, priority will be given in this order:

A. If there are two (2) or more OB/Gyn programs tied, priority will be given to the program(s) whose faculty also train family medicine residents in obstetrics.

B. If there are two (2) or more family medicine programs tied, priority will be given to the program(s) with the highest number of vaginal birth deliveries per resident before graduation.

C. If any other programs are tied, priority will be given to the program(s) whose location of the majority of their resident training during residency is rural.

D. If programs are still tied, then priority will be given to the program(s) whose location of the majority of their resident training during the entire duration of residency has the highest HPSA score.

E. After this algorithm, if there is still a tie between programs, a lottery will be used to determine preference.

3. Slot assignments.

A. Each awarded slot provides grant funding to cover of the duration of the residency for one resident, for three (3) consecutive years of incoming first-year residents, subject to annual appropriations and the program meeting grant requirements.

B. The process of assigning awarded slots is as follows:

(i) Once the residency program applicants are ranked by the selection criteria above, the expanded residency slots will be assigned in awards up to three (3) slots for each applicant, as funding allows.

(ii) The highest ranked applicant is eligible for the first three (3) slots.

(iii) If the applicant requested only one (1) or two (2) slots, then the applicant will be awarded the number of slots requested.

(iv) If the applicant requested four (4) or more slots, then the applicant will be awarded only three (3) slots, unless there are remaining slots available after all eligible applicants have been reviewed.

(v) The process continues with the next applicant with the next highest score, receiving the next three (3) slots, or fewer if the applicant requested fewer, until all slots are assigned.

(vi) In the event that there are remaining slots to fund, the applicants who requested more than three (3) slots will be considered for those remaining slots. The scores rendered from the processes described in (5)(C)1. and (5)(C)2. above will be utilized to rank the remaining applicants, and each applicant will receive all of their remaining slots requested, in order of highest ranking score, until available funding is depleted.

Exhibit 1

Ranking of applicants: SELECTION PRIORITY will be given according to a point-based score, adding up to 100 maximum points, as follows:		
	Residency Program Attributes: (Note: these are used to rank program applicants; these are not prerequisites. If applicant does not meet the criteria for a category below it will result in zero points for that category.)	Points (max 100)
1	Average percentage of training time over the full course of residency that includes clinical work in rural counties. -At least 50% (for family medicine, internal medicine, pediatrics) or at least 30% (for Ob/Gyn and psychiatry) -Between 25-49% (for family medicine, internal medicine, pediatrics) or between 15-29% (for Ob/Gyn and psychiatry)	15, or 5
2	The HPSA score corresponding to the location where the majority of residency training takes place: -15 and above -Between 7-14 -Between 1 and 6 (For family medicine, internal medicine, pediatrics, and Ob/Gyn – use primary care HPSA scores. For psychiatry residency applications – use the mental health HPSA scores.)	25, or 15, or 10
3	Includes outpatient clinic training in a rural health clinic, federally qualified health center, AHEC, or outpatient family practice clinic in a rural county. -For a weekly continuity clinic throughout the entire duration of residency training program -For a weekly continuity clinic for at least one year, or at least 12 weeks of full-time outpatient clinic in one of these settings	15, or 10
4	Current medical residents with ties to Missouri -At least 50% graduated from high school in Missouri -At least 50% went to college or other graduate school in Missouri -At least 50% went to medical school in Missouri	5, and 5, and 5
5	Data from the previous 5 years of graduates of the residency program indicate that as of the current calendar year: -State: o At least 75% practice medicine within the state of Missouri, or o At least 67% practice medicine within the state of Missouri -Setting: o At least 70% practice medicine in a rural setting o 50-74% practice medicine in a rural setting o 30-49% practice medicine in a rural setting	15, or 10 15, or 10, or 5

(D) Selection Process.

1. Application Screening. The department will screen the applications to determine if they were submitted before or by the deadline specified in the timeline and if they adhere to the other grant program mandatory requirements. If there are more applicants meeting these requirements than funding available, then the selection prioritization criteria detailed above will be utilized.

2. Selection of Applicants for Awards.

A. The department shall evaluate applications which must demonstrate that the applicant will use grant funding to increase the number or accredited residency positions.

B. Priority will be applied to GME programs as described above.

C. The department shall select applications to be funded according to the criteria listed above.

D. Applicants must indicate how they intend to provide matching funds or in-kind resources to supplement funding as needed to fully support the additional residency slots in line with ACGME accreditation standards.

(6) Timeline. The department may set deadlines for application submission; verification of award components, including but not limited to ACGME accreditation; and agreement execution. These deadlines shall be noted in the NGO.

(7) Application.

(A) Applicant. For the purposes of this regulation, the applicant refers to the eligible residency program or the institution sponsoring a specific residency program. If one institution is applying for expanded slots in multiple residency programs, then that institution will need to submit a separate application for each residency program.

(B) Submission instructions. Applicants shall only submit their applications electronically via the online platform as provided and designated by the department.

1. The applicant is solely responsible for ensuring that the applicant's entire online application is completed by the deadline specified in the NGO. Applicant shall retain proof of timely submission.

2. The applicant may contact the department to verify

receipt of their application. Confirmation of receiving the application is not an indication of a complete application or eligibility.

(C) Application Format and Components. Every application shall include the following components and the applicant shall provide documentation providing evidence for the requested items as outlined below.

1. Certification of the application information.

A. The application must be certified and submitted by an individual who is legally authorized to submit the application on behalf of the applicant.

B. Each medical residency application requires its own certification, even if a sponsoring organization has multiple medical residency programs applying for the grant.

2. General applicant information.

A. Name of sponsoring institution.

B. Sponsoring institution contact information, including the name, email, and phone number of the contact person responding to department correspondence.

C. Medical residency program for which funding is being requested.

D. List additional medical residency programs by the same sponsoring organization for which funding is separately being requested.

E. Letter of approval from current Chief Executive Officer or Designated Institutional Official.

3. Medical Residency Program Information. The following must be completed for each separate medical residency program for which funding is being requested and include all evidentiary documentation.

A. Medical Residency General Information.

(i) Name of eligible residency program.

(ii) Program specialty and length.

(iii) Location:

(a) Program main location address.

(b) Program main mailing address.

(c) County: List the county of the main program training location, and identify any additional teaching sites located in other counties for routine resident clinical training, if applicable. Identify the percentage of training time occurring at each site.

(iv) Current accreditation dates according to the ACGME.

(v) Start date for first-year residents starting in the next three calendar years.

(vi) Medical residency program director contact information.

(vii) Questions only for Ob/Gyn applicants:

(a) Do your residency program faculty also take time to train family medicine residents in OB?

(b) If yes, to what extent? Please describe the volume of this training.

(viii) Questions only for family medicine applicants:

(a) Does your program require and ensure forty (40) vaginal deliveries for all residents to graduate?

(b) If no, or if you wish to comment further, please provide data on your vaginal delivery rates for your residents prior to graduation.

B. Medical Residency Position Data.

(i) Number of new first-year positions requested via this GME Grant Program

(ii) Number of positions. Provide the following information for each post-graduate year (PGY) of your program and any comments you wish to provide:

(a) Number of first year residency slots posted in

the match for the past three (3) to four (4) years, pertaining to each of these current classes of residents. Provide verification from NRMP.

(b) Number of current filled positions as of July 1 in the previous academic year.

(c) Maximal number of positions currently eligible for Medicare GME. Provide verification from Medicare/CMS.

(d) Number of positions currently funded by Medicare GME. Provide verification from Medicare/CMS.

(e) Number of positions approved by the ACGME prior to March of the application year. Provide verification from ACGME. If ACGME accreditation for number of slots is not disaggregated by PGY level, then provide the total number of approved positions for the entire program.

(f) Number of positions currently approved by the ACGME, if different than above. Provide verification from ACGME. If ACGME accreditation for number of slots is not disaggregated by PGY level, then provide the total number of approved positions for the entire program.

C. Residency Program Attributes – Clinical training

(i) Indicate the average percentage clinical training time for the entire residency program in the following locations. Provide the name, location, timing, and nature of the training exposure at these sites. Distinguish what is a block-rotation and/or what serves as a continuity clinic that meets approximately weekly and for how many months or years in duration.

(a) Rural county;

(b) Rural Health Clinic;

(c) Federally Qualified Health Center (FQHC);

(d) Outpatient community-based clinic in a rural setting; and

(e) Area Health Education Center (AHEC).

(ii) Provide documentation of the highest Health Professional Shortage Area (HPSA) score associated with any of the routine training sites for your residency.

(a) For primary care residencies, use the primary care HPSA score.

(b) For psychiatry residencies, use the mental health HPSA score.

D. Current Resident Data. Provide each of the following for current post-graduate years (PGY1, PGY2, PGY3, and PGY4 if applicable):

(i) Number and percentage of current residents who graduated from high school in Missouri;

(ii) Number and percentage of current residents who went to college (or other non-medical school graduate school) in Missouri; and

(iii) Number and percentage of current residents who attended medical school in Missouri.

E. Residency Graduate Outcomes. Provide each of the following for residents who graduated during the current calendar year and the previous four calendar years:

(i) Total number of residents who graduated;

(ii) Number of graduates who currently practice in the same field as their residency training;

(iii) Number of graduates who currently practice in Missouri;

(iv) Number of graduates who are currently practicing in a rural setting; and

(v) Number of graduates who are currently practicing in an underserved urban setting.

F. Budget

(i) Each applicant shall include a detailed budget and budget narrative documenting utilization of grant funds for

each year of the commitment period.

(a) The applicant shall develop a line-item budget for allowable costs for each year of the commitment period. The budget must indicate how applicants intend to provide out-of-pocket funds or in-kind resources to supplement the funding as needed to support the added residency slots in a manner consistent with ACGME standards.

(ii) The budget narrative shall include:

(a) Justification and calculations for each line item by year;

(b) Fringe benefits and malpractice insurance calculated separately as a percentage of salary;

(c) Brief descriptions and justifications for training expenses for faculty development;

(d) If providing stipends or honoraria for faculty, explain individual activities covered;

(e) For faculty travel, include the purpose;

(f) Information about other funding sources supporting the resident, including amounts per year and covered costs;

(g) Brief discussion about how the new residency positions will be sustained after the grant ends; and

(h) Address potential strategies to engage local and regional health systems, community-based organizations, employers, and other GME stakeholders in developing new physicians and approaches for encouraging new physicians to practice in underserved areas.

(iii) The budget shall demonstrate how the funds will be utilized, including amounts spent for each allowable grant fund expenditure over the grant commitment period.

(iv) Reports will be required each year detailing expenditures for which grant funds were used. Refunds for unallowable or unspent funds will be required.

G. Financial Viability. Provide a financial statement for the previous fiscal year for the existing medical residency program for which funding is being requested. Include a summary overview of amounts and sources of income and amounts and categories of expenses related to operation of the program.

3. Documentation of Eligible Residency Programs. Applications must include the following documentation for each program, in order to verify eligibility and to indicate that the residency program is not using grant funding to supplant any existing funding.

A. ACGME

(i) ACGME program identification number.

(ii) ACGME sponsoring institution identification number.

(iii) Documentation of current program's ACGME accreditation. Provide each program's and institution's most recent accreditation letter from the ACGME, listing current accreditation status, any citations or areas of concern, or quality improvement assignments or activities.

(iv) Provide evidence from ACGME of accreditation for the exact number of allowed residency positions in the residency program; itemize this by post-graduate year or, if not available, then by the total program.

(v) If applicable, provide evidence of applicant's request to and approval from ACGME for an increase in the number of residency positions, also itemized by PGY or, if not available, by the total program. If the complement request has not yet been approved, provide evidence of the applicant's submission for a complement on or prior to the deadline specified in the NGO. Complement increase approval letters must be submitted to the Department by the date specified

in the NGO for the program to be eligible for the GME grant program.

(vi) If the request and approval are for a temporary increase, provide a plan, including a timetable, for obtaining accreditor approval for a permanent increase in the number of program positions.

B. Match results from the past three (3) years. Provide verification for each of the following for Match Day of the current calendar year and the two (2) previous calendar years:

(i) Number of PGY1 slots submitted for NRMP;

(ii) Number of PGY1 slots matched via NRMP;

(iii) Number of unmatched PGY1 slots filled via SOAP;

(iv) Number of PGY1 slots filled outside of NRMC/ SOAP; and

(v) Number of unfilled PGY1 slots after NRMP and SOAP.

C. Medicare GME Funding. Provide documented verification from Medicare/CMS of the maximal number of positions eligible for Medicare GME and the costs. Submit the most recent year of complete cost report data, including the following Medicare Cost Report Workbooks:

(i) Worksheet S-2 – Part I: Hospital and Hospital Health Care Complex Identification Data;

(ii) Worksheet S-2 – Part II: Hospital and Hospital Health Care Complex Reimbursement Questionnaire;

(iii) Worksheet A – Reclassification and Adjustment of Trial Balance of Expenses;

(iv) Worksheet B – Part I: Cost Allocation – General Service Costs

(v) Worksheet E – Part A: Calculation of Reimbursement Settlement – Inpatient PPS

(vi) Worksheet E-4: Direct Graduate Medical Education (GME) & ESRD Outpatient Direct Medical Education Costs

(vii) Worksheet L: Calculation of Capital Payment

(8) Distribution of Grant Funds

(A) Verification of Filled Positions.

1. To qualify for distribution of awarded funds, the grantee must submit verification to the department annually that they have filled the new residency positions by the date(s) specified in the NGO.

2. If a grantee fails to verify to the department that they filled the awarded residency positions, then the grantee shall forfeit the award for any unverified positions.

3. If a grantee verifies to the department that they filled an awarded residency position, but the resident resigns, is terminated or otherwise fails to remain qualified prior to completion of the program, the grantee will not forfeit that slot in subsequent years of the agreement period.

(B) Funds Distribution.

1. Payments. Grantees must follow any instructions specified in the NGO for registering as a vendor with the State of Missouri prior to any payments becoming due.

2. Retraction or Reduction of Payments. The department is not bound by any award estimates in the NGO. After making a finding that a grantee has failed to perform or failed to conform to grant conditions, the department may retract the grant amount for the grantee. This retraction shall be prorated in relation to the earliest date for which there is evidence that the grantee failed to perform or conform to grant conditions as specified in the NGO. If that date is the start of the grant commitment period, then the entire grant award shall be retracted. If funds have been disbursed, the grantee shall issue reimbursement to the department.

3. Grantees shall return any unexpended balance of the

award at the end of the grant commitment period to the department.

4. Return of Prorated Funds.

A. If the grantee is awarded funding for a residency position, but fails to fill the residency position, the grantee is required to return the funds awarded for that slot for that academic year.

B. If the grantee is awarded funding for a residency position and fills the residency position for any portion of the academic year, the grantee will not be required to return the funds awarded for that slot for the academic year or for the following academic year if the following academic year is the third year of a three (3) year residency program or the fourth year of a four (4) year residency program.

(9) Reporting Requirements.

(A) Grantee shall submit reports to the department by the deadlines set and in the format specified in the NGO or as communicated to the Grantee by the department.

(B) Annual Program Report. Grantees shall submit an annual report to the department. The report will include, but not be limited to:

1. Current residents:

A. Number of total residents in the program, by post-graduate year;

B. Number of resident slots funded by the GME Grant Program, by post-graduate year;

C. Were there any residents in the class(es) funded by the GME Grant Program who left the program as of the date of the report? If yes, enumerate and explain.

D. Registry of all current residents of all years in training, organized by post-graduate year, including:

(i) Resident name;

(ii) Post-graduate year;

(iii) NPI;

(iv) Physician license number;

(v) Resident age;

(vi) Resident gender;

(vii) Resident race;

(viii) Resident trainee;

(ix) Attended high school in Missouri (yes/no)

(x) Attended college or any other non-medical school graduate training in Missouri (yes/no);

(xi) Graduated from a Missouri medical school (yes/no); and

(xii) Passed Step 3 exam (yes/no).

E. Curriculum/training over the entire course of residency, including:

(i) Training site name;

(ii) Training site street address;

(iii) Training site city;

(iv) Training site state;

(v) Training site zip code;

(vi) Training site percent training time;

(vii) Rural county (yes/no);

(viii) Training site type (FQHC, rural health center, AHEC, outpatient community-based clinic in a rural setting, hospital); and

(ix) HPSA score (if psychiatry residency program, use mental health HPSA score; other residency programs, use primary care HPSA score).

F. Residency graduate outcomes during calendar year of report and four (4) previous calendar years:

(i) Total number of residents who graduated;

(ii) Number of graduates who currently practice in

the same field as their residency training;

(iii) Number of graduates who currently practice in Missouri;

(iv) Number of graduates who are currently practicing in a rural setting; and

(v) Number of graduates who are currently practicing in an underserved urban setting.

(C) Financial Deliverables.

1. Annual Financial Report. Grantees shall submit financial reports to the department annually or when otherwise requested by the department. This report shall detail the:

A. Amount received from this funding opportunity;

B. Actual expenditures for the grand duration by purpose and amount;

C. Remaining projected expenditures;

D. Unexpended balance of the GME Grant Program funds as of the date specified by the department;

E. Amount owed back to the department, if applicable;

F. Total cost for the additionally funded residence positions;

G. Grantee's out of pocket expense; and

H. Total amount of funding from all sources.

2. Each financial report shall include a statement of certification by the program director or authorized representative of the sponsoring institution.

(D) Final Program Report. A final program report will be due by August 31st in the last year of the Grant Commitment Period. This report will include similar content to the annual reports, but with outcome information limited to those residents funded by the GME grant program, including where the residents have or will be establishing practice, whether located in an underserved area, whether they remained in the prioritized specialty previously reported. This will also include a final financial report containing the same information as the annual financial report.

(E) Delinquent Reports. Medical residency programs with any required reports deemed to be delinquent may be ineligible for funding for the remainder of the Grant Agreement Period or for participation in future funding cycles or expansion of this grant program.

(10) Additional Contractual Requirements. In order to receive funding under this grant program, grantees shall agree to abide by all contract terms and conditions as set forth in the grant agreement.

*AUTHORITY: section 191.592, RSMo 2023. Emergency rule filed Sept. 1, 2023, effective Sept. 18, 2023, expires March 15, 2023. A proposed rule covering this same material is published in this issue of the **Missouri Register**.*

PUBLIC COST: This emergency rule will cost state agencies or political subdivisions \$2,352,444 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.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: 19 – Department of Health and Senior Services
Division Title: 10 – Office of the Director
Chapter Title: 3 – General and Family Physician Loan and Training Programs**

Rule Number and Name:	19 CSR 10-3.050 Graduate Medical Education Grant Program
Type of Rulemaking:	Emergency Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Health & Senior Services	\$2,352,444

III. WORKSHEET

1 FTE Senior Program Specialist (Full salary \$63,999)

$\$63,999 \text{ (salary)} \times 1 = \$63,999 \times 6/12 \text{ (6 months)} = \$32,000 + \$20,444 \text{ (fringe benefits)} = \$52,444$ for the emergency period.

Graduate Medical Education Grant Awards

Up to \$2.3 million has been appropriated for grants awarded in SFY 2024. The department anticipates funding 7-10 slots.

Residency slots are created in both 3 and 4 year residency programs, with the total amount paid up front.

- Award for 3 Year Residency Slots = $\$75,000 \times 3 = \$225,000$
- Award for 4 year Residency Slots = $\$75,000 \times 4 = \$300,000$

The total amount awarded will depend on the mix of residency slots created, but the total amount will not exceed \$2.3 million.

****Note:** These funds will be *awarded* during the time the emergency rule is effective; however funds will not be *disbursed* to grantees until June 2024. The cost is associated with the emergency rule because of the funds being initially committed during the time the emergency rule is effective.

IV. ASSUMPTIONS

- Emergency period of 6 months.
- In order to process the applications and application review described in this proposed rule, the department will need 1 of a Senior Program Specialist.
- Based on the support this program received during the 2023 legislative session, at least \$2.3 million will be appropriated in subsequent fiscal years to continue supporting these new residency slots. If these additional funds are not awarded, the Senior Program Specialist will still be needed to monitor the existing grants. This creates the cost range in subsequent years with a minimum of the cost to maintain the Senior Program Specialist and a maximum cost of both the Senior Program Specialist and the awarded funds.
- Grantees will continue to fill their newly created residency slots for the next two years. As an example, if a grantee is awarded 3 new residency slots in its 3 year residency program, it will receive:
 - $\$75,000 \times 3 \text{ years} \times 3 \text{ slots} = \$675,000$ in SFY 2024
 - It will receive this same amount in SFY 2025 for the incoming residents coming into these 3 slots in 2025 and again in SFY 2026 for the incoming residents coming into these 3 slots in 2026.
 - Through this, the program will have funded a total of 9 residents in the grantee's graduate medical education program (3 starting in SFY 2024, 3 starting in SFY 2025, and 3 starting in SFY 2026).

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 10 – Commissioner of Administration
Chapter 3 – Preapproval of Claims and Accounts

PROPOSED AMENDMENT

1 CSR 10-3.010 Preapproval of Claims/Accounts and Direct Deposit: Definitions/Examples. The commissioner is amending subsections (2)(A) and (6)(A).

PURPOSE: This amendment specifies the types of uniforms that cannot be purchased with state funds and revises the definition of an employee association to remove a restriction on collective bargaining that was found to be unconstitutional in Missouri Corrections Officers Association, Inc. v. Missouri Office of Administration, 662 S.W.3d 26 (Mo. App. W.D. 2022).

(2) The following are types of unallowable claims unless special circumstances substantially justify the granting of an exception

to this rule:

(A) Claims for the purchase of goods or services which are not apparently or cannot be substantially justified as directly related to the transaction of state business. For example, employee parties, *[agency team uniforms,]* employee gifts, holiday cards and decorations, personal club memberships, memorial flowers, political and charitable contributions, *[and]* traffic tickets, **and uniforms for agency sports, trivia, and similar teams.** An exception is made for the purchase of retirement, service, and other recognition award gifts which may be certified as regular claims if reasonable in relation to the circumstances of the award and primarily represent a token of recognition and not a reward with a cash equivalent or substantial monetary value. Claims for the expenses of receptions for employee recognition events should be at a nominal price per person attending. Holiday decorations are allowed for commonly accessed public areas such as reception and waiting rooms;

(6) The following are the requirements established to allow payroll deductions from employee compensation for authorized voluntary products:

(A) Definitions. The following terms and meanings apply to vendor payroll deductions:

1. Vendor—any private insurance carrier or company, a labor union, an employee association, or credit union;

2. Labor union—an exclusive state employee bargaining representative established in accordance with sections 105.500-105.530, RSMo;

3. Employee association—an organized group of state employees that has a written document, such as bylaws, which govern its activity, and that is not a private insurance carrier or company~~], or credit union[, or exclusive bargaining representative for state employees established in accordance with sections 105.500-105.530, RSMo];~~

4. Credit union—a financial institution located in Missouri, which has a state charter and is insured by an agency of the United States government or credit union share guarantee corporation approved by the director of the Missouri Division of Credit Unions; and

5. Dues—a fee or payment owed by an employee to a labor organization as a result of and relating to employment in a bargaining unit covered by an existing labor agreement or a payment owed by an employee for membership in an employee association;

AUTHORITY: sections 33.030(3), 33.103, 370.395, and 536.023, RSMo 2016. Original rule filed Aug. 15, 1994, effective Jan. 29, 1995. For intervening history, please consult the Code of State Regulations. Amended: Filed Sept. 1, 2023.

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 Office of Administration, Attention: Jennifer Hurst, PO Box 809, 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 5 – DEPARTMENT OF ELEMENTARY AND
SECONDARY EDUCATION
Division 20 – Division of Learning Services
Chapter 500 – Office of Adult Learning and
Rehabilitation Services**

PROPOSED AMENDMENT

5 CSR 20-500.260 Home Modification and/or Remodeling.
The State Board of Education is amending the purpose statement and section (2), adding section (3), and adding material incorporated by reference.

PURPOSE: This amendment corrects the name of Vocational Rehabilitation, adds the office name, corrects an internal citation, removes stipulation of only ramps or lifts being provided, updates the language, and incorporates by reference applicable federal regulations.

*PURPOSE: This rule establishes the standards for home modification and remodeling services provided by [the Division of] Vocational Rehabilitation, **Office of Adult Learning and Rehabilitation Services**, Department of Elementary and Secondary Education for individuals with disabilities pursuant to the Rehabilitation Act of 1973 as amended and [the Code of Federal Regulations] **34 CFR section 361.5(c)(45)**.*

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.

(2) The eligible individual or member of the eligible individual's family must own the residence being modified or remodeled or be in the process of purchasing the residence. If the eligible individual resides in rental property, *[only ramps or lifts will be authorized by the Division of Vocational Rehabilitation, when]* written permission from the eligible individual's landlord *[is]* **must be** obtained **before** authorizing the modifications to the rental property.

(3) **34 CFR section 361.5(c)(45)** is hereby incorporated by reference and made part of this rule as published by the U.S. Government Publishing Office, 732 N. Capitol St. NW, Washington, DC 20401-0001, August 2023. Copies of this regulation can also be obtained from the Department of Elementary and Secondary Education, Office of Adult Learning and Rehabilitation Services, 205 Jefferson Street, PO Box 480, Jefferson City, MO 65102-0480 and at <https://dese.mo.gov/governmental-affairs/dese-administrative-rules/incorporated-reference-materials>. This rule does not incorporate any subsequent amendments or additions.

AUTHORITY: sections 161.092, 178.600, 178.610, and 178.620, RSMo [2000] 2016. This rule previously filed as 5 CSR 90-5.450. Original rule filed Dec. 17, 1999, effective Aug. 30, 2000. Moved to 5 CSR 20-500.260, effective Aug. 16, 2011. Amended: Filed Aug. 29, 2023.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions sixty-three thousand seven hundred

dollars (\$63,700) annually for the duration of the rule.

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

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

**FISCAL NOTE
PUBLIC COST**

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

Rule Number and Name:	5 CSR 20-500.260 Home Modification and/or Remodeling
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate \$0
Department of Elementary & Secondary Education, Vocational Rehabilitation	Estimated Cost of Compliance in the Aggregate \$63,700

III. WORKSHEET

Estimate based upon amount of Home Modification expenditures in SFY22. In SFY22, 10% of the home modifications (where the client was the homeowner) were for modifications other than ramps or lifts. It is assumed that this percentage will be similar where the client does not own the property.

Home Modification Expenditures in SFY22:	\$637,000
Expected increase:	<u>10%</u>
Potential Impact:	\$63,700

IV. ASSUMPTIONS

1. Impact of rule change is exclusive to Home Modifications where the participant is not the homeowner and the modification is not a ramp or lift. Rule change includes home modification services beyond ramp and lifts.
2. Impact of rule change is dependent on number of client's where home modification services are on an approved Employment Plan in any given year.

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

**Division 20—Division of Learning Services
Chapter 500—Office of Adult Learning and
Rehabilitation Services**

PROPOSED AMENDMENT

5 CSR 20-500.270 Vehicle Modification. The State Board of Education is amending the purpose statement and sections (3)-(6), adding subsection (6)(C), section (7), and material incorporated by reference.

PURPOSE: This amendment corrects the name of Vocational Rehabilitation, adds the office name and permit, corrects an internal citation, clarifies the individual's responsibilities, and incorporates by reference applicable federal regulations.

PURPOSE: This rule establishes the standards for vehicle modification services provided by [the Division of] Vocational Rehabilitation, **Office of Adult Learning and Rehabilitation Services**, Department of Elementary and Secondary Education for individuals with disabilities pursuant to the Rehabilitation Act of 1973 as amended and [the Code of Federal Regulations] **34 CFR section 361.5(c)(45) and 34 CFR section 361.48(b)(2)(17)**.

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.

(3) [Division of] Vocational Rehabilitation ([D]VR) only authorizes vehicle modification(s) to enable the eligible individual to enter and exit the vehicle, ride in it, and operate it if necessary. Optional equipment, or modifications and accessories not required as indicated by a driver's evaluation, will not be purchased by [D]VR.

(4) The eligible individual or immediate family member/guardian of the eligible individual must own the vehicle, capable of passing state inspection, prior to any vehicle modification. [Division of Vocational Rehabilitation] VR will not purchase an automobile, truck, van, airplane, boat, other powered vehicle, or trailer that requires title and/or licensing by the state.

(5) The eligible individual must have a valid driver's license **or permit**. If the disability and resulting functional limitations have occurred since the driver's license **or permit** was issued, the eligible individual should complete appropriate driver training. [Division of Vocational Rehabilitation] VR may assist in providing driver's education training.

(6) The eligible individual is responsible for the following:
(A) [Providing the maintenance of the vehicle, adaptive equipment and all required city and state licenses; and] **Maintenance on the vehicle and adaptive equipment;**
(B) Payment of the costs of the vehicle (including loan payments) [and insurance premiums.]; and
(C) **Appropriate insurance coverage for the vehicle and modifications and all required city and state licenses.**

(7) 34 CFR section 361.5(c)(45) and 34 CFR section 361.48(b)(2)(17) are hereby incorporated by reference and made part of this rule as published by the U.S. Government Publishing Office, 732 N. Capitol St. NW, Washington, DC 20401-0001, August 2023. Copies of this regulation can also be obtained from the Department of Elementary and Secondary Education, Office of Adult Learning and Rehabilitation Services, 205 Jefferson Street, PO Box 480, Jefferson City, MO 65102-0480 and at <https://dese.mo.gov/governmental-affairs/dese-administrative-rules/incorporated-reference-materials>. This rule does not incorporate any subsequent amendments or additions.

AUTHORITY: sections 161.092, [RSMo Supp. 2003 and] 178.600, 178.610, and 178.620, RSMo [2000] 2016. This rule previously filed as 5 CSR 90-5.460. Original rule filed Dec. 17, 1999, effective Aug. 30, 2000. Amended: Filed June 30, 2004, effective Jan. 30, 2005. Moved to 5 CSR 20-500.270, effective Aug. 16, 2011. Amended: Filed Aug. 29, 2023.

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 Elementary and Secondary Education, Attention: Chris Clause, Ph.D., Assistant Commissioner, Office of Adult Learning and Rehabilitation Services, 3024 Dupont Circle, Jefferson City, MO 65109, or by email to info@vr.dese.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

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

**Division 20—Division of Learning Services
Chapter 500—Office of Adult Learning and
Rehabilitation Services**

PROPOSED AMENDMENT

5 CSR 20-500.280 Self-Employment. The State Board of Education is amending the purpose statement and sections (1), (2), (4), (5), and (6), adding subsections (5)(C)–(5)(K), section (7), and material incorporated by reference.

PURPOSE: This amendment corrects the name of Vocational Rehabilitation, adds the office name, corrects grammar and the citation, and incorporates by reference applicable federal regulations.

PURPOSE: This rule establishes the standards for self-employment services provided by [the Division of] Vocational Rehabilitation, **Office of Adult Learning and Rehabilitation Services**, Department of Elementary and Secondary Education for individuals with disabilities pursuant to the Rehabilitation Act of 1973 as amended and [the Code of Federal Regulations] **34 CFR section 361.48(b)(19)**.

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) Self-employment is a business operated by the client in which that individual performs, supervises, or subcontracts the major part of the product or service to be produced. Self-employment is a vocational option that may be considered in the wide array of employment outcomes. Self-employment services must be agreed to by the eligible individual and approved by *[the Division of]* Vocational Rehabilitation (*[DJVR]*).

(2) Individualized Plans for Employment (IPE) that have an objective of self-employment require a *[DJVR]*-approved business plan.

(4) *[DJVR]* may only contribute in purchasing of required business equipment, supplies, rent (up to six (6) months), or other start-up costs identified in an approved business plan for self-employment.

(A) The client *[should]* **must** contribute toward the cost of the planned services to the maximum of their abilities. The client must make application for all available comparable services, such as micro enterprise grants, Small Business Administration assistance, and Rural Missouri Incorporated assistance.

(B) The percentage of *[DJVR]*'s contribution will depend upon comparable services or client contributions toward the self-employment plan as well as the overall cost of the planned services. *[DJVR]* may contribute as follows:

1. Identified start-up costs from one dollar to five thousand dollars (\$1 to \$5,000) – up to one hundred percent (100%) *[DJVR]*'s contribution;

2. Identified start-up costs from five thousand one dollars to ten thousand dollars (\$5,001 to \$10,000) – up to an additional fifty percent (50%) beyond *[DJVR]*'s initial contribution of five thousand dollars (\$5,000);

3. Identified start-up costs *[from]* of ten thousand one dollars *[to twenty thousand dollars]* and above (\$10,001 *[to \$20,000]* and above) – up to an additional twenty-five percent (25%) *[of twenty thousand dollars (\$20,000)]* beyond *[DJVR]*'s contribution listed above; and/or

4. All self-employment plans *[which]* that exceed *[DJVR]*'s total contribution of ten thousand dollars (\$10,000) must be reviewed and approved by the Self-Employment Review Team.

(5) *[DJVR]* funds *[may not]* **cannot** be used for the purchase of the following:

(A) Real property, defined as land, including land improvements, structures, and appurtenances thereto, excluding moveable machinery or equipment; *[and/or]*

(B) Automobile, truck, van, airplane, boat, other powered vehicle, or trailer that requires title and/or licensing by the state~~[.]~~;

(C) Live animals;

(D) Alcohol;

(E) Tobacco;

(F) Firearms and/or other weapons as defined in section 571.010, RSMo;

(G) Franchise fees and/or licenses for franchise rights;

(H) Marijuana;

(I) Materials or products associated with adult

entertainment;

(J) Motorized farm equipment except for equipment necessary for the sole purpose of accommodating a disability; and

(K) Liability insurance.

(6) *[DJVR]* will follow all Missouri procurement policies as specified in the *Revised Statutes of Missouri* for the purchase, retention, repossession, and discarding of items including but not limited to prosthetic appliances; home modifications; vehicle modifications; initial tools, stock, and equipment; and/or rehabilitation technology/devices.

(7) 34 CFR section 361.48(b)(19) is hereby incorporated by reference and made part of this rule as published by the U.S. Government Publishing Office, 732 N. Capitol St. NW, Washington, DC 20401-0001, August 2023. Copies of this regulation can also be obtained from the Department of Elementary and Secondary Education, Office of Adult Learning and Rehabilitation Services, 205 Jefferson Street, PO Box 480, Jefferson City, MO 65102-0480 and at <https://dese.mo.gov/governmental-affairs/dese-administrative-rules/incorporated-reference-materials>. This rule does not incorporate any subsequent amendments or additions.

AUTHORITY: sections 161.092, [RSMo Supp. 2003 and] 178.600, 178.610, and 178.620, RSMo [2000] 2016. This rule previously filed as 5 CSR 90-5.470. Original rule filed June 30, 2004, effective Jan. 30, 2005. Moved to 5 CSR 20-500.280, effective Aug. 16, 2011. Amended: Filed Aug. 29, 2023.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions eleven thousand two hundred fifty dollars (\$11,250) annually for the duration of the rule.

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

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

**FISCAL NOTE
PUBLIC COST****I. TITLE 5-DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Division 20-Division of Learning Services
Chapter 500-Office of Adult Learning and Rehabilitation Services**

Rule Number and Name:	5 CSR 20-500.280 Self-Employment
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate \$0
Department of Elementary & Secondary Education, Vocational Rehabilitation (VR)	Estimated annual increase in costs \$11,250

III. WORKSHEET

Estimated that VR will contribute to a maximum of three self-employment plans per year where the identified start-up costs are twenty thousand one dollars (\$20,001) or more. Estimated increase is based upon these plans being an average of thirty-five thousand dollars (\$35,000) in identified start-up costs.

VR's maximum allowed contribution for a self-employment plan with identified start-up costs of thirty-five thousand dollars (\$35,000) is thirteen thousand seven hundred and fifty dollars (\$13,750).

(\$1 to \$5,000)	$\$5,000 \times 100\% = \$5,000$
(\$5,001 to \$10,000)	$\$5,000 \times 50\% = \$2,500$
(\$10,001 to \$20,000)	$\$10,000 \times 25\% = \underline{\$2,500}$
	\$10,000 (previous rule VR contribution)
(\$20,001 to \$35,000)	$\$15,000 \times 25\% = \underline{\$3,750}$
	\$13,750 (rule change VR contribution)

$\$13,750 - \$10,000 = \$3,750$ per plan increase in VR contribution.

Estimated number of plans x increase in VR contribution: $3 \times \$3,750 = \$11,250$

Estimated Impact: \$11,250

IV. ASSUMPTIONS

1. Impact of rule change for self-employment services on VR program is dependent on number of VR clients participating in planned self-employment plan and amount of identified start-up costs on approved plans.

**TITLE 11 – DEPARTMENT OF PUBLIC SAFETY
Division 45 – Missouri Gaming Commission
Chapter 5 – Conduct of Gaming**

PROPOSED AMENDMENT

11 CSR 45-5.030 Participation in Gambling Games by a Holder of a Class A, Class B, or Supplier License, and the Directors, Officers, Key Persons, or Employees of Such Licensees. The commission is amending the title, purpose statement, and sections (1) and (2).

PURPOSE: This amendment updates the title and purpose statement for consistency with the rule, makes typographical corrections for consistency with other regulations in 11 CSR 45, and revises sections (1) and (2) for clarity.

PURPOSE: This rule [establishes standards for] prohibits participation in games for certain people.

(1) No holder of a Class A or Class B license or any director, officer, key person, or any other [employee] **occupational licensee of such Class A or Class B** licensee shall play or be permitted to play any gambling game in an establishment owned or operated in Missouri by such Class A [for Class B licensee and which is licensed by the commission] licensee.

(2) No holder of a [supplier's] **Supplier** license or any director, officer, key person, or any other employee of a [s]Supplier licensee shall play or be permitted to play on an excursion gambling boat [any] its gambling game which the [s]Supplier licensee provides under the authority of the license.

AUTHORITY: sections 313.004 and 313.807, RSMo [2000] 2016, and sections 313.800 and 313.805, RSMo Supp. [2011] 2023. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. For intervening history, please consult the Code of State Regulations. Amended: Filed Aug. 31, 2023.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment via email to MGCPolicy@mgc.dps.mo.gov, or by mail to the Missouri Gaming Commission, Policy Section, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing is scheduled for November 2, 2023, at 10 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, MO.

**TITLE 11 – DEPARTMENT OF PUBLIC SAFETY
Division 45 – Missouri Gaming Commission
Chapter 5 – Conduct of Gaming**

PROPOSED AMENDMENT

11 CSR 45-5.100 Chip Specifications. The commission is amending sections (1) and (2).

PURPOSE: This amendment updates the references to "riverboat" for consistency with the statutes and other regulations in 11 CSR 45, and clarifies and updates the chip specifications.

(1) Value Chips.

(A) Each chip issued by a holder of a Class B license shall be round in shape, have clearly and permanently impressed, engraved, or imprinted on [it] **both sides of the chip** the name of the [riverboat] **excursion gambling boat** and the specific value of the chip, and, on at least [on] one (1) side of the chip, the city or other locality and the state where the establishment is located and the manufacturer's name or a distinctive logo or other mark identifying the manufacturer[, except that a holder of a Class B license may issue gaming chips without a value impressed, engraved or imprinted on it for roulette]. Chips with a value contained on them shall be known as value chips and chips without a value contained on them shall be known as nonvalue chips.

(B) Unless otherwise authorized by the commission, value chips may be issued by Class B licensees in denominations of fifty cents, one, two, two and one-half, five, twenty-five, one hundred, five hundred, one thousand, five thousand, and ten thousand dollars (50¢, \$1, \$2, \$2.50, \$5, \$25, \$100, \$500, \$1,000, \$5,000, and \$10,000). The licensees shall have the discretion to determine the denominations to be utilized [on its riverboat] and the amount of each denomination necessary for the conduct of gaming operations.

(D) Each denomination of value chip utilized by a holder of a Class B license, unless otherwise authorized by the commission, shall –

1. Have its center portion impressed, engraved, or imprinted with the value of the chip and the [riverboat] **excursion gambling boat** issuing it and utilize a different center shape for each denomination;

2. Be designed so as to be able to determine on surveillance closed circuit television the specific denomination of a chip when placed in a stack of chips of other denominations; and

3. Be designed, manufactured, and constructed so as to prevent, to the greatest extent possible, the counterfeiting of value chips.

(2) Nonvalue Chips.

(A) Each nonvalue chip utilized by a [riverboat] **excursion gambling boat** shall be issued solely for the purpose of gaming at roulette. The nonvalue chip(s) at each roulette table shall –

1. **Be round in shape;**

[1.]2. Have the name of the [riverboat] **excursion gambling boat** issuing it [molded] **clearly and permanently impressed, engraved, or printed** into its center **on both sides of the chip;**

[2.]3. Contain a design, insert, or symbol differentiating it from the nonvalue chips being used at every other roulette table in the [riverboat] **excursion gambling boat's gaming operation;**

[3.]4. Have "Roulette" **clearly and permanently impressed, engraved, or printed** on [it] **both sides;** and

[4.]5. Be designed, manufactured, and constructed so as to prevent, to the greatest extent possible, the counterfeiting of these chips.

(B) Nonvalue chips issued at a roulette table shall only be used for gaming at that table and shall not be used for gaming at any other table in the [riverboat] **excursion gambling boat's gaming operation**, nor shall any holder of a Class B

license or its employees allow any *[riverboat]* patron to remove nonvalue chips permanently from the table from which they were issued.

(D) Nonvalue chips shall only be presented for redemption at the table from which they were issued and shall not be redeemed or exchanged at any other location in the *[riverboat]* excursion gambling boat's gaming operation. When so presented, the dealer at the issuing table shall exchange them for an equivalent amount of value chips which may then be used by the patron in gaming or redeemed as any other value chips.

AUTHORITY: sections 313.004, [RSMo 2000 and sections 313.805] 313.807, and 313.817, RSMo [Supp. 2008] 2016, and section 313.805, RSMo Supp. 2023. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Aug. 31, 2023.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment via email to MGCPolicy@mgc.dps.mo.gov, or by mail to the Missouri Gaming Commission, Policy Section, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. A public hearing is scheduled for November 2, 2023, at 10 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, MO.

TITLE 11 – DEPARTMENT OF PUBLIC SAFETY Division 45 – Missouri Gaming Commission Chapter 5 – Conduct of Gaming

PROPOSED AMENDMENT

11 CSR 45-5.140 Receipt of Gaming Chips or Tokens from Manufacturer. The commission is amending sections (3) and (4).

PURPOSE: This amendment updates the references to “riverboat” for consistency with the statutes and other regulations in 11 CSR 45. This amendment also updates the requirements for the location where reserve and secondary chips are stored.

(3) If any of the chips received are to be held in reserve and not utilized they shall be stored in a separate locked compartment either in the vault, **main bank**, or in a cashier's cage and shall be recorded in the chip and token inventory ledger as reserve chips.

(4) Any chips received that are part of the secondary set of chips of the *[riverboat]* excursion gambling boat shall be recorded in the chip and token inventory ledger as such and shall be stored in a locked compartment in the *[riverboat]* vault, **main bank**, or in a cashier's cage separate from the reserve chips.

AUTHORITY: sections 313.004, [313.805,] 313.807, and 313.817, RSMo 2016, and section 313.805, RSMo Supp. 2023. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Amended: Filed May 13, 1998, effective Oct. 30, 1998. Amended: Filed April 1, 2021, effective Dec. 30, 2021. Amended: Filed Aug. 31, 2023.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment via email to MGCPolicy@mgc.dps.mo.gov, or by mail to the Missouri Gaming Commission, Policy Section, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. A public hearing is scheduled for November 2, 2023, at 10 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, MO.

TITLE 11 – DEPARTMENT OF PUBLIC SAFETY Division 45 – Missouri Gaming Commission Chapter 5 – Conduct of Gaming

PROPOSED AMENDMENT

11 CSR 45-5.150 Storage and Inventory of Chips and Tokens. The commission is amending the title, purpose statement, and new sections (2) and (3), and adding new sections (4) and (5).

PURPOSE: This amendment updates the title and purpose statement, and updates the class designation. This amendment also updates the reference to “riverboat” for consistency with the statutes and other regulations in 11 CSR 45, and clarifies and updates the storage and inventory requirements for chips.

PURPOSE: This rule establishes the process for **the storage and inventory of chips and tokens and the computation of unredeemed liability**.

(2) Each holder of a Class *[A/B]* license, on a monthly basis, shall compute and record the unredeemed liability for each denomination of chips and tokens and cause to be made an inventory of chips and tokens in circulation and cause the result of this inventory to be recorded in the chip and token inventory ledger. On a monthly basis, each holder of a Class *[A/B]* license shall cause an inventory of chips in reserve to be made and cause the result of this inventory to be recorded in the chip and token inventory ledger. The procedures to be utilized to compute the unredeemed liability and to inventory chips and tokens in circulation and reserve shall be submitted to the commission for approval. *[A physical inventory of chips in reserve shall be required annually if]* If the inventory procedures incorporate the sealing of the locked compartment, **a physical inventory of chips in reserve shall be required within three hundred sixty-five (365) days of the seal being placed.**

(3) During nongaming hours, all **primary** chips and tokens in the possession of the *[riverboat]* **excursion gambling boat** shall be stored in the *[chip bank, in the vault]* **main bank**, or in a locked compartment in a cashier's cage *[except that chips may be locked]* or **poker cage**, or in a **locked** transparent compartment on gaming tables *[provided that there is adequate security as approved by the commission]* **on the gaming floor**.

(4) All **tournament chips, secondary chips, reserve chips, and non-value chips** shall be stored in the **main bank, a locked compartment in a cashier's cage, or a locked compartment in another commission-approved location**.

(5) A **physical inventory of tournament chips** shall be completed following each use. If tournament chips are not used for a period of three hundred sixty-five (365) days, an inventory shall be conducted within seven (7) calendar days.

AUTHORITY: sections 313.004, [313.805,] 313.807, and 313.817 RSMo [2000] 2016, and section 313.805, RSMo Supp. 2023. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. For intervening history, please consult the Code of State Regulations. Amended: Filed Aug. 31, 2023.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment via email to MGCPolicy@mgc.dps.mo.gov, or by mail to the Missouri Gaming Commission, Policy Section, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing is scheduled for November 2, 2023, at 10 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, MO.

**TITLE 11 – DEPARTMENT OF PUBLIC SAFETY
Division 45 – Missouri Gaming Commission
Chapter 5 – Conduct of Gaming**

PROPOSED AMENDMENT

11 CSR 45-5.235 Analysis of Questioned Electronic Gaming Devices. The commission is amending sections (1) and (2).

PURPOSE: This amendment updates the class designation and terminology.

(1) If the operation of any electronic gaming device is questioned by any holder of a Class *[A/B]* license, patron, or commission agent, the questioned device will be examined in the presence of a commission agent and a representative of the holder of a Class *[A/B]* license. If the malfunction cannot be cleared by other means to the mutual satisfaction of the patron and the holder of a Class *[A/B]* license the electronic

gaming device will be subjected to *[an EPROM (erasable, programmable, read-only memory)]* a **critical program storage media (CPSM)** memory test to verify signature comparison by a commission agent.

(2) In the event that the malfunction cannot be determined and corrected by this testing, the electronic gaming device may be removed from service and secured in a remote, locked compartment. The electronic gaming device may then be transported to an industry-recognized **independent testing laboratory (ITL)** *[selected by the commission]* where the device will be fully analyzed to determine the status and cause of the malfunction. All costs for transportation and analysis will be borne by the holder of a Class *[A/B]* license *[and the commission will bill the holder of a Class A license]*.

AUTHORITY: sections 313.004 and 313.807, RSMo 2016, and sections 313.800 and 313.805, RSMo [1994] Supp. 2023. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Amended: Filed May 13, 1998, effective Oct. 30, 1998. Amended: Filed Aug. 31, 2023.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment via email to MGCPolicy@mgc.dps.mo.gov, or by mail to the Missouri Gaming Commission, Policy Section, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing is scheduled for November 2, 2023, at 10 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, MO.

**TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR
SERVICES**

**Division 10 – Office of the Director
Chapter 3 – General and Family Physician Loan and
Training Programs**

PROPOSED RULE

19 CSR 10-3.050 Graduate Medical Education Grant Program

PURPOSE: This rule establishes guidelines for implementing the Graduate Medical Education Grant Program.

(1) The following definitions shall be used in the interpretation and enforcement of this rule:

(A) "Academic year" is the time period between July 1 to June 30 of the following year;

(B) "Agreement period" or "grant agreement period" is the thirty-seven (37) months, regardless of the length of residency, reflecting the three- (3-) consecutive-year period of performance, during which first-year residents funded by this program start their residency plus a one (1) month period

before residents begin during which funding is received;

(C) "Applicant" is an eligible entity applying for a Graduate Medical Education (GME) Program's Notice of Grant Opportunity (NGO) that meets the specific eligibility requirements set forth in this rule;

(D) "Commitment" or "commitment period" or "grant commitment period" is the duration during which the grantee is expected to fulfill the obligations and deliverables specified in the GME NGO and this rule correlating with the signed grant agreement. This includes the grant agreement period, plus the remaining years for the funded first-year residents to finish their residency, plus two (2) additional months to submit the final report.

1. For residencies of three (3) years duration, this period is five (5) years and three (3) months.

2. For residencies of four (4) years duration, this period is six (6) years and three (3) months;

(E) "Department" is the Missouri Department of Health and Senior Services;

(F) "Designated institutional official" is the representative from the sponsoring institution who collaborates with their internal graduate medical education committee to ensure the sponsoring institution's and its program's substantial compliance with the applicable Accreditation Council for Graduate Medical Education (ACGME) institutional, common, and specialty-specific program requirements;

(G) "Eligible entity" is an entity that operates a physician medical residency program in Missouri and is accredited by the ACGME;

(H) "General primary care and psychiatry" includes family medicine, general internal medicine, general pediatrics, general obstetrics and gynecology (OB/Gyn), and psychiatry;

(I) "Graduate medical education" is the required training after graduating from medical school in order for a physician to be eligible for full licensure and board certification. This training includes medical residencies which can last three to four (3-4) years, depending on the specialty;

(J) "Graduate Medical Education Grant Program" or "Grant Program" or "GME Grant Program" is the program established within the department to administer the Medical Residency Grant Program Fund, established by section 191.592, RSMo, to support additional medical residency position in existing Missouri medical residency programs;

(K) "Grant agreement" is the written instrument that sets forth the terms and conditions of participation in the Graduate Medical Education Grant Program, including all written and executed amendments thereto, between the department and a grantee;

(L) "Grantee" is an applicant whose application to the Graduate Medical Education Program was selected for funding by the department according to the eligibility and selection criteria described in this rule and who has a grant agreement signed by both parties;

(M) "Health Professional Shortage Area" or "HPSA" is a geographic area, population group, or health care facility that has been designated by the Health Resources and Services Administration (HRSA) as having a shortage of healthcare professionals. There are three (3) categories of HPSAs: primary care, dental health, and mental health. Primary care and mental health are the only relevant HPSAs for the purposes of this rule. HPSA data is available at <https://data.hrsa.gov/tools/shortage-area/hpsa-find>;

(N) "Match" is the National Resident Matching Program. This is the process by which residency programs rank their preferred candidates, residency applicants rank their preferred programs, and a one-to-one (1-to-1) match is generated;

(O) "Medical residency program" or "residency program" are those in the general primary care and psychiatry specialties for the purposes of this rule;

(P) "Residency positions" or "positions" or "residency slots" or "slots" refers to the number of residents in a specific medical residency program. This number requires approval from ACGME. These terms are often specified in reference to either the entire multiyear residency program or to a particular post-graduate year (PGY).

1. "Expanded slots" or "awarded slots" or "assigned slots" refer to the additional slots added through the grant program as described in this rule;

(Q) "Resident" is a physician in an accredited graduate medical education program;

(R) "Rural" refers to those counties in Missouri that have less than one hundred fifty (150) people per square mile and do not contain any part of a central city in a Metropolitan Statistical Area; and

(S) "Sponsoring institution" is the organization that assumes the financial and academic responsibility for a residency program of GME. The sponsoring institution has the primary purpose of providing educational programs and/or health care services.

(2) The following acronyms shall be used in the interpretation and enforcement of this rule:

(A) ACGME – Accreditation Council for Graduate Medical Education. This is the accreditation agency for all medical residencies in the United States;

(B) AHEC – Area Health Education Center;

(C) CMS – Centers for Medicare & Medicaid Services;

(D) FQHC – Federally Qualified Health Centers;

(E) GME – Graduate Medical Education;

(F) HPSA – Health Professional Shortage Area;

(G) NGO – Notice of Grant Opportunity;

(H) NPI – National Provider Identification number;

(I) NRMP – National Resident Matching Program;

(J) PGY – Post-Graduate Year. This refers to the annual level of training during a multi-year residency program. PGY-1 refers to the first-year class of residents, PGY-2 refers to the second-year class of residents, etc.; and

(K) SOAP – Supplemental Offer and Acceptance Program. This is the process by which the residency applicants and residency programs without a match scramble to find mutually agreeable placements. This was once referred to as "The Scramble."

(3) Communication.

(A) All inquiries during the application process and after selections are made shall be directed to the primary point of contact as noted in the NGO and grant agreement.

(B) Applicants are required to maintain and provide to the department, upon application, a current and valid email address for electronic communication with the department.

(4) Grant Award Parameters.

(A) Available Funding and Grant Award Amounts.

1. The GME Grant Program is subject to appropriations to the department to provide grant awards to support increased residency slots. The maximum number of residency-position awards is contingent upon the amount of the appropriation available.

2. The grant cannot supplant existing funds for existing residency positions. The grant funds are only for newly added accredited residency positions to support new residents through the completion of their multiyear residencies.

3. The maximum grant award per resident per training year shall be specified in the NGO and is subject to appropriations. The department may increase the award amount if funds are not completely allocated.

4. Funding is awarded for the number of approved residency slots for three (3) years of consecutive incoming first-year residents to finish the entirety of their residency training.

5. A sponsoring institution may request awards for multiple qualified residency position in one (1) or more eligible specialties, but each residency program corresponding to each of those different specialties shall submit their own application.

6. Eligible specialties will be specified in the NGO and are subject to appropriation in that the department may not have appropriation authority in certain years to award grant funds for residency programs in all general primary care and psychiatry specialties.

(B) Timing of Grant Agreement Period, Grant Commitment Period, and Payment.

1. The Grant Agreement Period is three (3) years and one (1) month for all grantees, regardless of the length of the residency training. Three (3) consecutive years of incoming first-year resident would be funded in an amount corresponding to the entire duration of their multiyear training, subject to appropriations.

2. The duration of the Grant Commitment Period includes the sum of –

A. The Grant Agreement Period (three (3) years and one (1) month); and

B. The remaining years needed for the residents who matriculated under this funding to finish their residency; and

C. An additional two (2) months at the end for final reporting.

3. The department shall provide funding to grantees annually in June, prior to the start of the incoming first-year class, in an amount corresponding to the entire duration of the multiyear training for the expanded slots filled by those first-year residents.

A. This payment will occur for three (3) consecutive years, to cover three (3) consecutive incoming classes of first year residents into the approved number of expanded residency slots. The award amount will be disbursed up front, upon selection of the awardees and execution of the contracts, for the total amount for all three (3) or four (4) years, up to the maximum allowable amount per resident for all three (3) or four (4) years. Payment is subject to –

(I) Appropriations; and

(II) Grant agreement expectations and deliverables met satisfactorily, at the sole judgment of the department.

(C) Allowable / Unallowable Costs.

1. Allowable costs, in order of priority, include –

A. Direct graduate medical education costs, including –

(I) Resident salary;

(II) Resident fringe benefits;

(III) Resident malpractice insurance, licenses, and other required fees; and

(IV) Salaries and benefits for faculty and program staff directly attributable to resident education;

B. Indirect costs of graduate medical education necessary to meet the standards of the ACGME.

2. Unallowable costs include –

A. Capital improvements;

B. Consultant fees;

C. Sub-contracts;

D. Planning activities;

E. Supplanting or replacing existing funds from other

sources, including local, state, or federal resources, for the same purpose; and

F. Alcohol.

3. Costs not specifically mentioned in the original budget submission shall be submitted to the department for prior approval before being expended.

(D) Sustainability of the Expanded Residency Slots.

1. Future sustainability of the expanded residency slots is the responsibility of the medical residency program and/or sponsoring institution.

2. Subject to appropriations and timely receipt of all grant agreement deliverables, current grantees will be able to submit a new application any year to request additional residency slots beyond the initial number of expanded residency slots.

(E) Cost Sharing. Applicants must agree to provide additional funds or in-kind resources as needed beyond the annual GME Grant Program award to supplement the newly created residency positions according to the requirements of ACGME accreditation.

(5) Eligibility and Selection.

(A) An eligible applicant is a Missouri ACGME-accredited –

1. GME program which intends to increase and fill ACGME-approved medical residency positions during the grant commitment period; or

2. Sponsoring institution (hospital, medical school, or consortium) that sponsors and maintains primary organizational and financial responsibility for a Missouri GME program which intends to increase and fill ACGME-approved medical residency positions during the grant commitment period.

(B) Mandatory Award Selection Criteria.

1. Applicant shall be an established ACGME-accredited residency program, located in the state of Missouri, requesting funding to increase the number of residents in their program.

2. Only those residency program specialties appropriated funding, as specified in the NGO, shall be considered.

3. Number of residency slots.

A. Residency programs need to demonstrate that they are currently utilizing one hundred percent (100%) of their maximal allocated federal Medicare GME funding for current residency slots.

B. Residency programs need to demonstrate that they have ACGME accreditation for the additional residency slots they are requesting or have a pending request before the ACGME for a complement increase. The department may specify time periods within the NGO for when such requests must have been submitted to the ACGME and when proof of approval of such requests must be submitted to the department to verify eligibility.

4. Residency programs must demonstrate the ability to cover the remaining required costs to fund additional residency slots required to supplement the grant award amount.

5. Application for this grant opportunity includes the satisfactory completion and submission of all requested components.

6. One hundred percent (100%) of the registered slots for the residency program were filled during the most recent match cycle through both the National Resident Match Program and any additional placement of residents via the Supplemental Offer and Acceptance Program.

7. The residency program is required to have been in existence for at least five (5) years.

(C) Award Selection Criteria – Prioritization. The following criteria for award selection will be applied only if there are

applications for more slots than funding available.

1. Ranking of applicants. Selection priority will be given according to a point-based scoring system, adding up to one hundred (100) maximum points, as detailed in Exhibit 1 below.

2. Tiebreakers. If there are any scores tied for available slots, priority will be given in this order:

A. If there are two (2) or more OB/Gyn programs tied, priority will be given to the program(s) whose faculty also train family medicine residents in obstetrics[.];

B. If there are two (2) or more family medicine programs tied, priority will be given to the program(s) with the highest number of vaginal birth deliveries per resident before graduation[.];

C. If any other programs are tied, priority will be given to the program(s) whose location of the majority of their resident training during residency is rural[.];

D. If programs are still tied, then priority will be given to the program(s) whose location of the majority of their resident training during the entire duration of residency has the highest HPSA score[.]; **and**

E. After this algorithm, if there is still a tie between programs, a lottery will be used to determine preference.

3. Slot assignments.

A. Each awarded slot provides grant funding to cover the duration of the residency for one (1) resident, for three (3) consecutive years of incoming first-year residents, subject to annual appropriations and the program meeting grant requirements.

B. The process of assigning awarded slots is as follows:

(I) Once the residency program applicants are ranked by the selection criteria above, the expanded residency slots will be assigned in awards up to three (3) slots for each applicant, as funding allows;

(II) The highest ranked applicant is eligible for the first three (3) slots;

(III) If the applicant requested only one (1) or two (2) slots, then the applicant will be awarded the number of slots requested;

(IV) If the applicant requested four (4) or more slots, then the applicant will be awarded only three (3) slots, unless there are remaining slots available after all eligible applicants have been reviewed;

(V) The process continues with the next applicant with the next highest score, receiving the next three (3) slots, or fewer if the applicant requested fewer, until all slots are assigned; and

(VI) In the event that there are remaining slots to fund, the applicants who requested more than three (3) slots will be considered for those remaining slots. The scores rendered from the processes described in paragraphs (5)(C)1. and (5)(C)2. above will be utilized to rank the remaining applicants, and each applicant will receive all of their remaining slots requested, in order of highest ranking score, until available funding is depleted.

Exhibit 1

Ranking of applicants – SELECTION PRIORITY will be given according to a point-based score, adding up to 100 maximum points, as follows:		
	Residency Program Attributes – (Note: These are used to rank program applicants; these are not prerequisites. If applicant does not meet the criteria for a category below it will result in zero points for that category.)	Points (max 100)
1	Average percentage of training time over the full course of residency that includes clinical work in rural counties – -At least 50% (for family medicine, internal medicine, pediatrics) or at least 30% (for OB/Gyn and psychiatry) -Between 25-49% (for family medicine, internal medicine, pediatrics) or between 15-29% (for OB/Gyn and psychiatry)	15, or 5
2	The HPSA score corresponding to the location where the majority of residency training takes place – -15 and above -Between 7-14 -Between 1 and 6 (For family medicine, internal medicine, pediatrics, and OB/Gyn – use primary care HPSA scores. For psychiatry residency applications – use the mental health HPSA scores.)	25, or 15, or 10
3	Includes outpatient clinic training in a rural health clinic, federally qualified health center, AHEC, or outpatient family practice clinic in a rural county – -For a weekly continuity clinic throughout the entire duration of residency training program -For a weekly continuity clinic for at least one year, or at least 12 weeks of full-time outpatient clinic in one of these settings	15, or 10
4	Current medical residents with ties to Missouri – -At least 50% graduated from high school in Missouri -At least 50% went to college or other graduate school in Missouri -At least 50% went to medical school in Missouri	5, and 5, and 5
5	Data from the previous 5 years of graduates of the residency program indicate that as of the current calendar year – -State: o At least 75% practice medicine within the state of Missouri, or o At least 67% practice medicine within the state of Missouri -Setting: o At least 70% practice medicine in a rural setting o 50-74% practice medicine in a rural setting o 30-49% practice medicine in a rural setting	15, or 10 15, or 10, or 5

(D) Selection Process.

1. Application screening. The department will screen the applications to determine if they were submitted before or by the deadline specified in the timeline and if they adhere to the other grant program mandatory requirements. If there are more applicants meeting these requirements than funding available, then the selection prioritization criteria detailed above will be utilized.

2. Selection of applicants for awards.

A. The department shall evaluate applications which must demonstrate that the applicant will use grant funding to increase the number or accredited residency positions.

B. Priority will be applied to GME programs as described above.

C. The department shall select applications to be funded according to the criteria listed above.

D. Applicants must indicate how they intend to provide matching funds or in-kind resources to supplement funding as needed to fully support the additional residency slots in line with ACGME accreditation standards.

(6) Timeline. The department may set deadlines for application submission; verification of award components, including but not limited to ACGME accreditation; and agreement execution. These deadlines shall be noted in the NGO.

(7) Application.

(A) Applicant. For the purposes of this regulation, the applicant refers to the eligible residency program or the institution sponsoring a specific residency program. If one (1) institution is applying for expanded slots in multiple residency programs, then that institution will need to submit a separate application for each residency program.

(B) Submission Instructions. Applicants shall only submit their applications electronically via the online platform as provided and designated by the department.

1. The applicant is solely responsible for ensuring that the applicant's entire online application is completed by the deadline specified in the NGO. Applicant shall retain proof of timely submission.

2. The applicant may contact the department to verify receipt of their application. Confirmation of receiving the

application is not an indication of a complete application or eligibility.

(C) Application Format and Components. Every application shall include the following components and the applicant shall provide documentation providing evidence for the requested items as outlined below:

1. Certification of the application information.

A. The application must be certified and submitted by an individual who is legally authorized to submit the application on behalf of the applicant.

B. Each medical residency application requires its own certification, even if a sponsoring organization has multiple medical residency programs applying for the grant;

2. General applicant information –

A. Name of sponsoring institution;

B. Sponsoring institution contact information, including the name, email, and phone number of the contact person responding to department correspondence;

C. Medical residency program for which funding is being requested;

D. List additional medical residency programs by the same sponsoring organization for which funding is separately being requested; and

E. Letter of approval from current Chief Executive Officer or designated institutional official;

3. Medical residency program information. The following must be completed for each separate medical residency program for which funding is being requested and include all evidentiary documentation:

A. Medical residency general information –

(I) Name of eligible residency program;

(II) Program specialty and length;

(III) Location –

(a) Program main location address;

(b) Program main mailing address; and

(c) County: List the county of the main program training location, and identify any additional teaching sites located in other counties for routine resident clinical training, if applicable. Identify the percentage of training time occurring at each site;

(IV) Current accreditation dates according to the ACGME;

(V) Start date for first-year residents starting in the next three calendar years;

(VI) Medical residency program director contact information;

(VII) Questions only for OB/Gyn applicants –

(a) Do your residency program faculty also take time to train family medicine residents in OB?; and

(b) If yes, to what extent? Please describe the volume of this training; and

(VIII) Questions only for family medicine applicants –

(a) Does your program require and ensure forty (40) vaginal deliveries for all residents to graduate?; and

(b) If no, or if you wish to comment further, please provide data on your vaginal delivery rates for your residents prior to graduation;

B. Medical residency position data –

(I) Number of new first-year positions requested via this GME Grant Program; and

(II) Number of positions. Provide the following information for each post-graduate year (PGY) of your program and any comments you wish to provide:

(a) Number of first-year residency slots posted in the match for the past three (3) to four (4) years, pertaining to each of these current classes of residents. Provide verification

from NRMP;

(b) Number of current filled positions as of July 1 in the previous academic year;

(c) Maximal number of positions currently eligible for Medicare GME. Provide verification from Medicare/CMS;

(d) Number of positions currently funded by Medicare GME. Provide verification from Medicare/CMS;

(e) Number of positions approved by the ACGME prior to March of the application year. Provide verification from ACGME. If ACGME accreditation for number of slots is not disaggregated by PGY level, then provide the total number of approved positions for the entire program; and

(f) Number of positions currently approved by the ACGME, if different than above. Provide verification from ACGME. If ACGME accreditation for number of slots is not disaggregated by PGY level, then provide the total number of approved positions for the entire program;

C. Residency program attributes – Clinical training.

(I) Indicate the average percentage clinical training time for the entire residency program in the following locations. Provide the name, location, timing, and nature of the training exposure at these sites. Distinguish what is a block-rotation and/or what serves as a continuity clinic that meets approximately weekly and for how many months or years in duration:

(a) Rural county;

(b) Rural health clinic;

(c) Federally Qualified Health Center (FQHC);

(d) Outpatient community-based clinic in a rural setting; and

(e) Area Health Education Center (AHEC).

(II) Provide documentation of the highest HPSA score associated with any of the routine training sites for your residency.

(a) For primary care residencies, use the primary care HPSA score.

(b) For psychiatry residencies, use the mental health HPSA score;

D. Current resident data. Provide each of the following for current post-graduate years (PGY1, PGY2, PGY3, and PGY4 if applicable):

(I) Number and percentage of current residents who graduated from high school in Missouri;

(II) Number and percentage of current residents who went to college (or other non-medical graduate school) in Missouri; and

(III) Number and percentage of current residents who attended medical school in Missouri;

E. Residency graduate outcomes. Provide each of the following for residents who graduated during the current calendar year and the previous four (4) calendar years:

(I) Total number of residents who graduated;

(II) Number of graduates who currently practice in the same field as their residency training;

(III) Number of graduates who currently practice in Missouri;

(IV) Number of graduates who are currently practicing in a rural setting; and

(V) Number of graduates who are currently practicing in an underserved urban setting;

F. Budget.

(I) Each applicant shall include a detailed budget and budget narrative documenting utilization of grant funds for each year of the commitment period.

(a) The applicant shall develop a line-item budget for allowable costs for each year of the commitment period.

The budget must indicate how applicants intend to provide out-of-pocket funds or in-kind resources to supplement the funding as needed to support the added residency slots in a manner consistent with ACGME standards.

(II) The budget narrative shall include –

(a) Justification and calculations for each line item by year;

(b) Fringe benefits and malpractice insurance calculated separately as a percentage of salary;

(c) Brief descriptions and justifications for training expenses for faculty development;

(d) If providing stipends or honoraria for faculty, explain individual activities covered;

(e) For faculty travel, include the purpose;

(f) Information about other funding sources supporting the resident, including amounts per year and covered costs;

(g) Brief discussion about how the new residency positions will be sustained after the grant ends; and

(h) Address potential strategies to engage local and regional health systems, community-based organizations, employers, and other GME stakeholders in developing new physicians and approaches for encouraging new physicians to practice in underserved areas.

(III) The budget shall demonstrate how the funds will be utilized, including amounts spent for each allowable grant fund expenditure over the grant commitment period.

(IV) Reports will be required each year detailing expenditures for which grant funds were used. Refunds for unallowable or unspent funds will be required; and

G. Financial viability. Provide a financial statement for the previous fiscal year for the existing medical residency program for which funding is being requested. Include a summary overview of amounts and sources of income and amounts and categories of expenses related to operation of the program; and

4. Documentation of eligible residency programs. Applications must include the following documentation for each program, in order to verify eligibility and to indicate that the residency program is not using grant funding to supplant any existing funding:

A. ACGME –

(I) ACGME program identification number;

(II) ACGME sponsoring institution identification number;

(III) Documentation of current program's ACGME accreditation. Provide each program's and institution's most recent accreditation letter from the ACGME, listing current accreditation status, any citations or areas of concern, or quality improvement assignments or activities;

(IV) Provide evidence from ACGME of accreditation for the exact number of allowed residency positions in the residency program; itemize this by post-graduate year or, if not available, by the total program;

(V) If applicable, provide evidence of applicant's request to and approval from ACGME for an increase in the number of residency positions, also itemized by PGY or, if not available, by the total program. If the complement request has not yet been approved, provide evidence of the applicant's submission for a complement on or prior to the deadline specified in the NGO. Complement increase approval letters must be submitted to the department by the date specified in the NGO for the program to be eligible for the GME grant program; and

(VI) If the request and approval are for a temporary increase, provide a plan, including a timetable, for obtaining

accreditor approval for a permanent increase in the number of program positions;

B. Match results from the past three (3) years. Provide verification for each of the following for Match Day of the current calendar year and the two (2) previous calendar years:

(I) Number of PGY1 slots submitted for NRMP;

(II) Number of PGY1 slots matched via NRMP;

(III) Number of unmatched PGY1 slots filled via SOAP;

(IV) Number of PGY1 slots filled outside of NRMP/ SOAP; and

(V) Number of unfilled PGY1 slots after NRMP and SOAP; and

C. Medicare GME funding. Provide documented verification from Medicare/CMS of the maximal number of positions eligible for Medicare GME and the costs. Submit the most recent year of complete cost report data, including the following Medicare Cost Report Workbooks:

(I) Worksheet S-2 – Part I: Hospital and Hospital Health Care Complex Identification Data;

(II) Worksheet S-2 – Part II: Hospital and Hospital Health Care Complex Reimbursement Questionnaire;

(III) Worksheet A – Reclassification and Adjustment of Trial Balance of Expenses;

(IV) Worksheet B – Part I: Cost Allocation – General Service Costs;

(V) Worksheet E – Part A: Calculation of Reimbursement Settlement – Inpatient PPS;

(VI) Worksheet E-4: Direct Graduate Medical Education (GME) and ESRD Outpatient Direct Medical Education Costs; and

(VII) Worksheet L: Calculation of Capital Payment.

(8) Distribution of Grant Funds.

(A) Verification of Filled Positions.

1. To qualify for distribution of awarded funds, the grantee must submit verification to the department annually that they have filled the new residency positions by the date(s) specified in the NGO.

2. If a grantee fails to verify to the department that they filled the awarded residency positions, then the grantee shall forfeit the award for any unverified positions.

3. If a grantee verifies to the department that they filled an awarded residency position, but the resident resigns, is terminated, or otherwise fails to remain qualified prior to completion of the program, the grantee will not forfeit that slot in subsequent years of the agreement period.

(B) Funds Distribution.

1. Payments. Grantees must follow any instructions specified in the NGO for registering as a vendor with the State of Missouri prior to any payments becoming due.

2. Retraction or reduction of payments. The department is not bound by any award estimates in the NGO. After making a finding that a grantee has failed to perform or failed to conform to grant conditions, the department may retract the grant amount for the grantee. This retraction shall be prorated in relation to the earliest date for which there is evidence that the grantee failed to perform or conform to grant conditions as specified in the NGO. If that date is the start of the grant commitment period, then the entire grant award shall be retracted. If funds have been disbursed, the grantee shall issue reimbursement to the department.

3. Grantees shall return any unexpended balance of the award at the end of the grant commitment period to the department.

4. Return of prorated funds.

A. If the grantee is awarded funding for a residency

position, but fails to fill the residency position, the grantee is required to return the funds awarded for that slot for that academic year.

B. If the grantee is awarded funding for a residency position and fills the residency position for any portion of the academic year, the grantee will not be required to return the funds awarded for that slot for the academic year or for the following academic year if the following academic year is the third year of a three- (3-) year residency program or the fourth year of a four- (4-) year residency program.

(9) Reporting Requirements.

(A) Grantee shall submit reports to the department by the deadlines set and in the format specified in the NGO or as communicated to the grantee by the department.

(B) Annual Program Report. Grantees shall submit an annual report to the department. The report will include but not be limited to –

1. Current residents –

A. Number of total residents in the program, by post-graduate year;

B. Number of resident slots funded by the GME Grant Program, by post-graduate year;

C. Were there any residents in the class(es) funded by the GME Grant Program who left the program as of the date of the report? If yes, enumerate and explain;

D. Registry of all current residents of all years in training, organized by post-graduate year, including –

(I) Resident name;

(II) Post-graduate year;

(III) NPI;

(IV) Physician license number;

(V) Resident age;

(VI) Resident gender;

(VII) Resident race;

(VIII) Resident trainee;

(IX) Attended high school in Missouri (yes/no);

(X) Attended college or any other non-medical school graduate training in Missouri (yes/no);

(XI) Graduated from a Missouri medical school (yes/no); and

(XII) Passed Step 3 exam (yes/no);

E. Curriculum/training over the entire course of residency, including –

(I) Training site name;

(II) Training site street address;

(III) Training site city;

(IV) Training site state;

(V) Training site zip code;

(VI) Training site percent training time;

(VII) Rural county (yes/no);

(VIII) Training site type (FQHC, rural health center, AHEC, outpatient community-based clinic in a rural setting, hospital); and

(IX) HPSA score (if psychiatry residency program, use mental health HPSA score; other residency programs, use primary care HPSA score); and

F. Residency graduate outcomes during calendar year of report and four (4) previous calendar years –

(I) Total number of residents who graduated;

(II) Number of graduates who currently practice in the same field as their residency training;

(III) Number of graduates who currently practice in Missouri;

(IV) Number of graduates who are currently practicing in a rural setting; and

(V) Number of graduates who are currently practicing in an underserved urban setting.

(C) Financial Deliverables.

1. Annual financial report. Grantees shall submit financial reports to the department annually or when otherwise requested by the department. This report shall detail the –

A. Amount received from this funding opportunity;

B. Actual expenditures for the grant duration by purpose and amount;

C. Remaining projected expenditures;

D. Unexpended balance of the GME Grant Program funds as of the date specified by the department;

E. Amount owed back to the department, if applicable;

F. Total cost for the additionally funded residence positions;

G. Grantee's out-of-pocket expense; and

H. Total amount of funding from all sources.

2. Each financial report shall include a statement of certification by the program director or authorized representative of the sponsoring institution.

(D) Final Program Report. A final program report will be due by August 31 in the last year of the grant commitment period. This report will include similar content to the annual reports, but with outcome information limited to those residents funded by the GME grant program, including where the residents have or will be establishing practice, whether located in an underserved area, whether they remained in the prioritized specialty previously reported. This will also include a final financial report containing the same information as the annual financial report.

(E) Delinquent Reports. Medical residency programs with any required reports deemed to be delinquent may be ineligible for funding for the remainder of the grant agreement period or for participation in future funding cycles or expansion of this grant program.

(10) Additional Contractual Requirements. In order to receive funding under this grant program, grantees shall agree to abide by all contract terms and conditions as set forth in the grant agreement.

AUTHORITY: section 191.592, RSMo 2023. Emergency rule filed Sept. 1, 2023, effective Sept. 18, 2023, expires March 15, 2024. Original rule filed Sept. 1, 2023.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions \$2,404,888 for the first year and between one hundred five thousand nine hundred thirty-seven dollars (\$105,937) and \$2,406,966 annually thereafter.

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 Department of Health and Senior Services, Office of Rural Health and Primary Care, PO Box 570, Jefferson City, MO 65102, or via email at GME@health.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: 19 – Department of Health and Senior Services
Division Title: 10 – Office of the Director
Chapter Title: 3 – General and Family Physician Loan and Training Programs**

Rule Number and Name:	19 CSR 10-3.050 Graduate Medical Education Grant Program
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Health & Senior Services	\$2,404,888 for the first year period and between \$105,937 and \$2,406,966 annually thereafter.

III. WORKSHEET

1 FTE Senior Program Specialist (Full salary \$63,999)

\$63,999 (salary) x 1 = \$63,999 + \$40,888.96 (fringe benefits) = \$104,888 for the first year period.

\$64,639 (salary with 1% COLA increase) x 1 = \$64,639 + \$41,298 (fringe benefits) = \$105,937 year 2.

\$65,285 (salary with 1% COLA increase from year 2) x 1 = \$65,285 + \$41,711 (fringe benefits) = \$106,996 year 3.

Graduate Medical Education Grant Awards

Up to \$2.3 million has been appropriated for grants awarded in SFY 2024. The department anticipates funding 7-10 slots.

Residency slots are created in both 3 and 4 year residency programs, with the total amount paid up front.

- Award for 3 Year Residency Slots = \$75,000 x 3 = \$225,000
- Award for 4 year Residency Slots = \$75,000 x 4 = \$300,000

The total amount awarded will depend on the mix of residency slots created, but the total amount will not exceed \$2.3 million.

Subject to appropriations, the grantees selected in SFY 2024 will have receive the same funding in SFY 2025 and SFY 2026 to maintain their residency slots for three years.

IV. ASSUMPTIONS

- In order to process the applications and application review described in this proposed rule, the department will need 1 of a Senior Program Specialist.
- Based on the support this program received during the 2023 legislative session, at least \$2.3 million will be appropriated in subsequent fiscal years to continue supporting these new residency slots. If these additional funds are not awarded, the Senior Program Specialist will still be needed to monitor the existing grants. This creates the cost range in subsequent years with a minimum of the cost to maintain the Senior Program Specialist and a maximum cost of both the Senior Program Specialist and the awarded funds.
- Grantees will continue to fill their newly created residency slots for the next two years. As an example, if a grantee is awarded 3 new residency slots in its 3 year residency program, it will receive:
 - $\$75,000 \times 3 \text{ years} \times 3 \text{ slots} = \$675,000$ in SFY 2024
 - It will receive this same amount in SFY 2025 for the incoming residents coming into these 3 slots in 2025 and again in SFY 2026 for the incoming residents coming into these 3 slots in 2026.
 - Through this, the program will have funded a total of 9 residents in the grantee's graduate medical education program (3 starting in SFY 2024, 3 starting in SFY 2025, and 3 starting in SFY 2026).

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 15 – Division of Senior and Disability Services

Chapter 1 – Organization

PROPOSED RESCISSION

19 CSR 15-1.010 Organization and Operation. This rule provided a description of the organization and general courses and methods of the Missouri Division of Aging's operation and the methods and procedures where the public may obtain information or make submissions or requests.

PURPOSE: This rule is being rescinded as the rule is outdated and is no longer necessary.

AUTHORITY: Executive Order 77-9 of the Governor filed Jan. 31, 1979, effective Sept. 28, 1979, Chapter 198 and sections 207.020 and 208.152, RSMo Supp. 1993, 251.070 and 536.023, RSMo 1986. This rule originally filed as 13 CSR 15-1.010. Emergency rule filed Aug. 13, 1979, effective Oct. 1, 1979, expired Jan. 25, 1980. Original rule filed Aug. 13, 1979, effective Dec. 13, 1979. For intervening history, please consult the *Code of State Regulations*. Rescinded: Filed Sept. 1, 2023.

PUBLIC COMMENT: 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 Missouri Department of Health and Senior Services, Division of Senior and Disability Services, Jake Luebbering, Division Deputy Director, PO Box 570, Jefferson City, MO 65102. Email: Jake.Luebbering@health.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 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 15 – Division of Senior and Disability Services

Chapter 8 – Consumer-Directed Services

PROPOSED AMENDMENT

19 CSR 15-8.200 Eligibility. The department is amending the purpose and sections (3), (4), (6) and (8).

PURPOSE: This amendment incorporates changes in the consumer-directed services program required by House Bill 1682, 100th General Assembly, Second Regular Session (2020), which updates the criteria and procedures for eligibility determination and responsibilities of consumers for consumer-directed services administered by the Department of Health and Senior Services.

PURPOSE: This rule establishes the criteria and procedures for determining an applicant eligible to receive consumer-directed services **and describes consumer's responsibilities for**

consumer-directed services.

(3) Any assessments and/or evaluations shall be conducted by DHSS *[using the common assessment tool utilized for assessment of other disabled and aged adults]* or its designee, **utilizing the approved interactive assessment tool.**

(4) The CDS plan of care is based on the assessment and/or evaluation performed by DHSS and determines the appropriateness and adequacy of services and ensures that services furnished are consistent with the nature and severity of the individual's disability.

(C) **Upon request, [C]**copies of the plan of care will be provided to the consumer *[and the vendor]*.

(6) CDS are consumer-directed and the consumer shall be responsible, at a minimum, for the following:

(B) *[Preparation of biweekly time sheets, signed by both the consumer and the attendant, which shall be submitted to the vendor in a timely manner]* **Expectation of the use of Electronic Visit Verification (EVV) in compliance with 13 CSR 70-3.320;**

(D) Promptly notifying DHSS and/or the vendor within ten (10) days of any changes in circumstances affecting the CDS plan of care and/or changes in the consumer's place of residence; *[and]*

(E) Prompt notification to the vendor regarding any problems resulting from the quality of services rendered by the attendant. Any problems not resolved with assistance from the vendor shall be reported to DHSS*[,]*;

(F) **Allowing the vendor to comply with its quality assurance supervision process, which shall include but not be limited to annual face-to-face home visits and monthly case management activities; and**

(G) **Report to DHSS significant changes in consumer's health and ability to self-direct care by contacting the vendor and/or DHSS.**

(8) A consumer's CDS may be discontinued or denied by DHSS in certain circumstances including*[,]* but not limited to*[,]* the following:

(B) The consumer has falsified records, *[or]* committed fraud, **or provided DHSS with false information about his or her condition(s), functional capacity, or level of care during the assessment that resulted in an authorization of services not needed;**

AUTHORITY: sections 208.903, 208.906, *[208.909,]* 208.921, *[208.924]* and 208.927, RSMo *[Supp. 2005]* **2016, and sections 208.909, 208.924, and 208.935, RSMo Supp. 2023.** This rule originally filed as 5 CSR 90-7.100. Original rule filed June 28, 2001, effective Jan. 30, 2002. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Sept. 1, 2023.

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 Department of Health and Senior Services, Division of Senior and Disability Services, Melanie Highland, Division Director, PO Box 570, Jefferson City, MO 65102-0570 or by email at LTSS@health.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 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 15 – Division of Senior and Disability Services

Chapter 8 – Consumer-Directed Services

PROPOSED AMENDMENT

19 CSR 15-8.400 Vendors. The department is amending the purpose statement and sections (1)–(14).

PURPOSE: This amendment incorporates changes in the consumer-directed services program required by House Bill 1682, 100th General Assembly, Second Regular Session (2020) and Senate Bill 710, 100th General Assembly, Second Regular Session (2022), which updates the criteria, procedures, and responsibilities for entities eligible to be vendors of consumer-directed services administered by the Department of Health and Senior Services.

PURPOSE: This rule [incorporates changes in consumer-directed services program required by Senate Bills 539 and 74/49, 93rd General Assembly, First Regular Session (2005), to] establishes the criteria, procedures, and responsibilities for entities eligible to be vendors of consumer-director services administered by the Department of Health and Senior Services.

(1) All vendors of the consumer-directed services (CDS) program shall[;]–

(B) Have a valid written agreement with the [Department of Health and Senior Services (DHSS)] Missouri Medicaid and Compliance (MMAC); [and]

(C) Have a valid Medicaid participation agreement pursuant to federal and state laws and regulations[;];

(D) Designate to MMAC the manager who will be responsible for the vendor's day-to-day operation. This manager shall be a policy maker and supervise the vendor's record keeping, service delivery verification, training, and orientation of consumers in skills needed to recruit, employ, instruct, supervise, and maintain the services of attendants; and

(E) Implement a quality assurance and supervision process that ensures program compliance and accuracy of records, including but not limited to –

1. CDS managers shall be required to successfully complete (or have completed) the CDS certified manager orientation and test offered (quarterly or as needed) by MMAC at no charge. Completion of the test for all new managers is required within six (6) months of hire;

2. CDS managers shall annually attend MMAC-sponsored training update CDS meeting; and

3. CDS vendors and managers shall maintain documentation of attendance for all training, testing, and meetings.

(2) Vendors shall have a written pandemic preparedness policy to be followed when service delivery must be interrupted due to a pandemic. Vendors shall distribute this policy to all consumers annually. Vendors shall train all consumers on this policy at least annually. All attendants shall be trained on this policy at least annually.

[(2)](3) Vendors shall perform, directly or by contract, payroll and fringe benefit accounting functions for consumers, including but not limited to[;]–

(A) Collecting [timesheets and certifying their accuracy] Electronic Visit Verification (EVV) records and verifying accuracy;

(B) Transmitting individual payments to the personal care attendant (attendant) on behalf of the consumer; and

(C) Ensuring all payroll, employment, and other taxes are paid timely.

1. The vendor shall be liable to the consumer for any garnishment action occurring as a result of the vendor's failure to timely pay payroll, employment, or other taxes on behalf of the consumer.

2. The vendor shall notify the consumer of any communications or correspondence from any federal, state, or local tax authority of any overdue or unpaid tax obligation, as well as any notice of an impending garnishment.

3. The vendor may be subject to a one thousand dollar (\$1,000) penalty per occurrence of the vendor's failure to timely pay payroll, employment, or other taxes on behalf of the consumer.

[(3)](4) Vendors shall, directly or by contract, file claims for Medicaid reimbursement.

[(4)](5) In addition to the above requirements, vendors shall be responsible, directly or by contract, for the following[;]–

(A) Maintaining a list of eligible attendants:

1. Ensuring that each attendant is registered, screened, and employable pursuant to the Family Care Safety Registry (FCSR) and the Employee Disqualification List (EDL) maintained by DHSS[;] and applicable state laws and regulations prior to beginning service delivery;

2. Notifying the attendant of his or her responsibility to comply with applicable state laws and regulations regarding reports of abuse or neglect;

3. Attendants must meet the following qualifications:

A. Be at least eighteen (18) years of age;

B. Be able to meet the physical and mental demands required to perform specific tasks required by a particular consumer;

C. Agree to maintain confidentiality;

D. Be emotionally mature and dependable;

E. Be able to handle emergency type situations; [and]

F. [Not be the consumer's spouse] Be a person other than the consumer's spouse or guardian;

G. Not be a consumer; and

H. Have not been involved in Medicaid fraud previously; and

4. The attendant is an employee of the consumer only for the time period subsidized with CDS funds, but is never the employee of the vendor, DHSS, or the state of Missouri;

(B) Training and orientation of consumers in the skills needed to recruit, employ, instruct, supervise, and maintain the services of attendants including[;] but not limited to[;]–

1. Assisting consumers in the general orientation of attendants as requested by the consumer[;]. To the fullest extent possible, this shall take place in the presence of the attendant;

2. [Preparation of time sheets] Federal and state requirements regarding the mandatory use of EVV;

3. Identification of issues that would be considered fraud of the program;

4. Allowable and non-allowable tasks;

5. Notifying consumers that falsification of attendant visit verification records shall be considered fraud and shall be reported to MMAC;

[5.]6. Rights and responsibilities of the attendant; *[and]*

[6.]7. Identification of abuse, neglect, and/or exploitation; and

8. The attendant shall report to DHSS and/or the vendor if he or she witnesses significant deterioration of the health of the consumer or if he or she has a belief that the consumer is no longer capable of self-directed care. Failure of the attendant to report this information should be reported by the vendor to DHSS.

(C) Processing of consumers' and/or attendants' inquiries and problems;

(D) Public information, outreach, and education activities to ensure that persons with disabilities are informed of the services available and have maximum opportunity for participation;

(E) Maintaining confidentiality of consumer records, including eligibility information from DHSS, pursuant to applicable federal and state laws and regulations;

(F) *[Performing case management activities with the consumer at least monthly to provide ongoing monitoring of the provision of services in the plan of care and other services as needed to live independently]* The vendor shall perform ongoing monitoring of the provision of services in the plan of care and shall assess the quality of care being delivered. Such monitoring shall include –

1. At least one annual face-to-face visit as outlined in section 208.918, RSMo. Face-to-face is defined as an interaction that occurs in person and does not include interactions that occur through telecommunication or electronic technologies. Face-to-face visits shall be completed within three hundred sixty-five (365) days from original authorized care plan, and annually thereafter. Documentation of each face-to-face visit must contain at a minimum, the name of the monitoring individual, those present at the time of the visit, service delivery evaluation summary, the quality of care being delivered, and date and time of the visit. All documentation must be maintained in the consumer's case file and shall be available to send to DHSS upon request. The vendor shall report to DHSS if services are not being provided to the consumer as authorized in the plan of care, which may result in suspension of services to the consumer;

2. Monthly case management activities which must be completed by phone, videoconference, or in-person with the consumer;

3. Other monitoring may include electronic monitoring, telephone checks, written case notes, or other department-approved methods. The ongoing monitoring shall not preclude the vendor's responsibility of ongoing diligence of case management activity oversight;

(G) Ensuring the consumer has an emergency and/or backup plan;

[(H)] Monitoring utilization of units by the consumer at least monthly;

[(I)](H) Ensuring that the consumer's case file contains, at a minimum, the following:

1. Employer Identification Number and Missouri Tax ID;

[1.]2. Written plan of care and service authorization that document the type of services and quantity of units to be provided;

[2.]3. *[Consumer's original time sheets that contain the following:]* Documentation of use of EVV in accordance with

13 CSR 70-3.320;

[A. Attendant's name;

B. Consumer's name

C. Dates and times of services delivery;

D. Types of activities performed at each visit;

E. Attendant's signature for each visit; and

F. Consumer's signature verifying service delivery for each visit;]

[3.]4. Copies of all correspondence with DHSS, the consumer's physician, other service providers, and other administrative agencies;

[4.]5. Documentation of training provided to the consumer in the skills needed to understand and perform the essential functions of an employer;

[5.]6. Documentation of the consumer's emergency and/or backup plans;

[6.]7. Signed documentation that the consumer has been informed of their rights concerning hearings and consumer responsibilities;

A. Such forms must comply with Medicaid and/or DHSS' requirements; and

[7.]8. Any pertinent documentation regarding the consumer;

[(J)](I) Demonstrating positive impact on consumer outcomes regarding the provision of CDS through the submission of quarterly service reports and an annual service report to *[DHSS] MMAC*;

[(K)](I) Operating programs, services, and/or activities in such a manner as to be readily accessible to and usable by persons with disabilities;

[(L)](K) Providing information necessary to conduct state and/or federal audits, as requested by *[DHSS] MMAC*;

[(M)](L) Complying with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the Age Discrimination Act of 1975;

[(N)](M) Complying with applicable statutes and regulations regarding reports of abuse or neglect; and

[(O)](N) Complying with applicable statutes and regulations regarding reports of misappropriation of a consumer's property or funds or the falsification of documents verifying CDS delivery.

[(5)](6) Vendors *[should]* shall refer the following situations upon discovery to DHSS for investigation:

(A) Circumstances that may require closure or termination of services, including but not limited to:–

1. Death;

2. Admission into a long-term care facility;

3. The consumer no longer needing services;

4. The inability of the consumer to self-direct **and/or significant changes which would result in the need of a change in the authorized care plan for the consumer;** and/or

5. An inability to continue to meet the maintenance needs of the consumer because the plan of care hours needed to ensure the health and safety of the consumer exceed availability;

(B) Upon a finding that such circumstances exist, DHSS may close or terminate services.

[(6)](7) Vendors, after notice to DHSS:–

(A) May suspend services to consumers in the following circumstances:

1. The inability of the consumer to self-direct;

2. Falsification of records, **falsification of condition**, or fraud;

3. Persistent actions by the consumer of noncompliance with the plan of care;

4. The consumer or a member of the consumer's household threatens or abuses the attendant and/or vendor; and/or

5. The attendant is not providing services as set forth in the plan of care and attempts to remedy the situation have been unsuccessful;

(B) Shall provide written notice to DHSS and the consumer listing specific reasons for requesting closure or termination. All supporting documentation shall be maintained in the consumer's case file. DHSS shall investigate the circumstances reported by the vendor and assist the consumer in accessing appropriate care. Upon a finding that such circumstances exist, DHSS may close or terminate services.

[(7)](8) Vendors shall comply, either directly or by contract, with the following fiscal requirements:

(A) No state or federal funds shall be authorized or expended to pay for CDS if the primary benefit of such services is to the household unit, or is a task that members of the consumer's household may reasonably be expected to share or do for one another, unless such service is above and beyond typical activities household members may reasonably provide for another household member without a disability;

(B) No state or federal funds shall be authorized or expended to pay for CDS provided by an attendant who is listed on any of the background check lists in the Family Care Safety Registry, pursuant to applicable state laws and regulations, unless a good cause waiver is first obtained from DHSS in accordance with applicable state laws and regulations;

(C) No state or federal funds shall be authorized or expended to pay for personal care assistance services if any direct employee of the CDS vendor conducts the face-to-face home visit of a consumer for whom such employee is also the attendant, unless such person provides services solely on a temporary basis on no more than three (3) days in a thirty- (30-) day period. The certified manager shall maintain records and provide to MMAC upon request.

[(C)](D) The general assembly shall set the statewide reimbursement rate to be paid for CDS;

[(D)](E) The total monthly payment for CDS made on behalf of a consumer shall not exceed one hundred percent (100%) of the average statewide monthly cost for care in a nursing facility as defined in applicable state laws and regulations;

[(E)](F) Assure that federal funds shall not be used to replace funds from nonfederal sources and that the vendor shall continue or initiate efforts to obtain support from private sources or other public organizations;

[(F)](G) Be responsible for repayment of any federal or state funds that are deferred and/or ultimately disallowed;

[(G)](H) CDS Quarterly ~~Financial and Service~~ **Reports** shall be submitted to **[DHSS] MMAC** thirty (30) days after the end of each calendar quarter;

[(H)] *Quarterly service reports shall be submitted to DHSS thirty (30) days after the end of each calendar quarter;*

(I) Maintain CDS financial records separately from any other financial records and make all consumer and CDS financial records, documents, reports, and data available to **[DHSS] MMAC** upon request; and

(J) Submit an annual audit **or review** by a properly licensed independent practitioner (certified public accountant licensed in the state of Missouri) pursuant to applicable federal and state laws and regulations, including any audit parameters as

established by DHSS.

1. Audit requirements for vendors –

A. An annual financial statement audit is required if the vendor's annual gross revenue is two hundred thousand dollars (\$200,000) or more.

B. An annual financial statement audit or annual financial statement review is required if the vendor's annual gross revenue is less than two hundred thousand dollars (\$200,000).

[(1)](2) The audit report must be submitted to **[DHSS] MMAC** within one hundred fifty (150) days after the end of the vendor's fiscal year.

[(8)](9) **[DHSS] MMAC** may withhold funding if the vendor does not submit required documentation pursuant to this rule.

[(9)](10) The vendor shall maintain, at a minimum, all case files and records of its activities pursuant to applicable state laws and regulations in a central location for six (6) years. Records must be provided to DHSS or its designee upon request and must be maintained in a manner that will ensure they are readily available for monitoring or inspection. Such records shall include[,] but not be limited to[,] records verifying the delivery of services.

[(10)](11) **[DHSS] MMAC** or its designee shall conduct on-site visits, which may be announced or unannounced, for the purpose of program and/or fiscal monitoring of the vendor. **The vendor shall provide proof of maintaining a business location that shall comply with any and all applicable city, county, state, and federal requirements upon request of MMAC.** The vendor's principal place of business shall have staff on the premises with access to records **during business hours** as prescribed by the vendor's written agreement with **[DHSS] MMAC**.

[(11)](12) **[DHSS] MMAC** may invoke sanctions, upon written notice to the vendor, when it has cause to do so, including but not limited to the following:

(A) Elimination of one (1) or more counties from the vendor's authorized service commitment area and the subsequent transfer of consumers served in those counties to other vendors;

(B) Prospective cessation, temporarily or permanently, of new consumer service authorizations to the vendor, either for specific counties or for all counties served by the vendor;

(C) Demand that the vendor make certain assurances, including but not limited to[,] audits or financial assurances to satisfy **[DHSS] MMAC**; and/or

(D) Any remedies calculated to correct or prevent further impairment of the delivery of service by the vendor or the attendant that is substandard, delivered in a substandard manner, or delivered but not documented according to the requirements of this rule.

[(12)](13) **[DHSS] MMAC** may take immediate action to protect consumers from vendors who are found to be out of compliance with this rule and/or any other statute and/or rule applicable to the CDS program, when such noncompliance creates a risk of injury or harm to the consumer.

[(13)](14) **[DHSS] MMAC** may suspend or terminate the written agreement of any vendor found to be out of compliance with the written agreement and with the provisions of this rule and/or the requirements of applicable state laws and regulations.

AUTHORITY: sections 208.900, 208.903, 208.906, [208.909.]

208.912, 208.915, [208.918,] 208.921, **and** 208.927 [and 208.930], RSMo [Supp. 2005] **2016, and section 208.909, 208.919, and 208.930, RSMo Supp. 2023.** This rule originally filed as 5 CSR 90-7.200. Original rule filed June 28, 2001, effective Jan. 30, 2002. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Sept. 1, 2023.

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

PRIVATE COST: This proposed amendment will cost private entities \$8,868,931.08 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 Department of Health and Senior Services, Division of Senior and Disability Services, Melanie Highland, Division Director, PO Box 570, Jefferson City, MO 65102-0570 or by email at LTSS@health.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
PRIVATE COST**

- I. Department Title:** Title 19 - Department of Health and Senior Services
Division Title: Division 15 - Division of Senior and Disability Services
Chapter Title: Chapter 8 – Consumer-Directed Services

Rule Number and Title:	19 CSR 15-8.400 Vendors.
Type of Rulemaking:	Proposed

II. SUMMARY OF FISCAL IMPACT

	Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
1	1031	Home and Community Based Services (HCBS) – Consumer-Directed Services (CDS) Providers	\$67,138.72 Annually
2	852	Home and Community Based Services (HCBS) – Consumer-Directed Services (CDS) Providers	\$607,651.00 Annually
3	1031	Home and Community Based Services (HCBS) – Consumer-Directed Services (CDS) Providers	\$7,217,000 Annually
4	213	Home and Community Based Services (HCBS) – Consumer-Directed Services (CDS) Providers	\$426,000 Annually
5	213	Home and Community Based Services (HCBS) – Consumer-Directed Services (CDS) Providers	\$213,000 Annually
6	1031	Home and Community Based Services (HCBS) – Consumer-Directed Services (CDS) Providers	\$33,569.36 One-Time Cost
7	1031	Home and Community Based Services (HCBS) – Consumer-Directed Services (CDS) Providers	\$746.50 Annually
8	1031	Home and Community Based Services (HCBS) – Consumer-Directed Services (CDS) Providers	\$303,825.50 Annually
	Total =		\$8,835,361.72 Annually; \$33,569.36 One-Time Cost

III. WORKSHEET

1. Certified Managers Training

1031 HCBS CDS providers x one (1) first-line supervisor per provider that will complete the certified managers training annually x \$16.28/hour supervisor wage x four (4) hours to complete training = \$67,138.72 annually

2. Face-To-Face Annual Monitoring Visits

One (1) first-line supervisor will complete annual face-to-face annual monitoring visits x \$16.28/hour supervisor wage x one (1) hour to complete visit with each participant x 37,325 unique participants of HCBS CDS providers = \$607,651.00 annually

3. Annual Financial Audit

1031 HCBS-CDS providers will complete annual financial audit x \$7,000/audit = \$7,217,000 annually

4. Payroll, Employment, and Other Taxes Garnishment Liability

\$2,000/garnishment x 213 reports of garnishment letters annually across all HCBS-CDS providers = \$426,000 annually

5. Penalty for Failure to Pay Payroll, Employment, and Other Taxes Timely

\$1,000/garnishment x 213 reports of garnishment letters annually across all HCBS-CDS providers = \$213,000 annually

6. Development of Pandemic Preparedness Policy

1031 HCBS CDS providers that will develop the pandemic preparedness plan x one (1) first-line supervisor per provider to develop plan x \$16.28/hour supervisor wage x two (2) hours to develop the pandemic preparedness plan = \$33,569.36 one-time cost

7. Printing/Supplies of Pandemic Preparedness Policy

One cent (\$0.01)/page printing and supply cost x two (2) page pandemic preparedness plan x 37,325 participants of HCBS CDS providers receiving a copy of the plan annually = \$746.50 annually

8. Consumer Training on Pandemic Preparedness Policy

37,325 participants of HCBS CDS providers x one (1) first-line supervisor per provider to conduct training x \$16.28/hour supervisor wage x 0.50 hours to conduct pandemic preparedness plan training annually = \$303,825.50 annually

IV. ASSUMPTIONS

Designated Manager Training

This proposed amendment requires Home and Community Based Services (HCBS) Consumer-Directed Services (CDS) providers to select a Designated Manager, as described in 19 CSR 15-8.400(1)(D), that is responsible for the HCBS-CDS providers' day-to-day operations. There are 1031 HCBS CDS providers that will be required to select a Designated Manager. The Designated Manager will complete the four (4) hour designated managers online/virtual training course annually. The Designated Managers training course will be developed and implemented by the Department of Social Services (DSS), Missouri Medicaid Audit and Compliance (MMAC). It is estimated that the designated manager will earn approximately \$16.28/hour and it will take approximately four (4) hours to complete the Designated Managers training course. The Department based its estimate for the wage earned by the designated managers on the mid-range wage for a provider supervisor outlined in the 2019 Mercer HCBS Rate Study.

The Department is estimating that approximately 1031 HCBS-CDS providers will be required to comply with the new requirement and select a designated manager and complete the Designated Managers training course. The Department's estimate only includes HCBS-CDS providers, as the annual manager training course requirement is currently required for HCBS Agency-Model providers.

Face to Face Annual Monitoring Visits

The proposed amendment requires annual face-to-face home visit monitoring as provided in 19 CSR 15-8.400(4)(F)(1). For purposes of this estimate the Department assumes the face-to-face visit may be completed by personnel already employed by the HCBS-CDS provider. It is estimated that HCBS-CDS provider personnel will earn approximately \$16.28/hour and it will take approximately one (1) hour to complete the annual face-to-face home visit monitoring. The Department based its estimate for the wage earned by the personnel on the mid-range wage for a provider supervisor outlined in the 2019 Mercer HCBS Rate Study. It is estimated that an additional 37,325 unique participants will require an annual face-to-face visit once this requirement is in place. The Department's estimate of 37,325 unique participants is based on participants with active CDS authorization. The Department estimates that 852 HCBS-CDS providers have active CDS participants and therefore will be required to complete the annual face-to-face home visit monitoring. The estimated amount of \$607,651.00 will be divided amongst the 852 enrolled HCBS-CDS providers, it is not the cost per HCBS-CDS provider.

Annual Financial Audit/Review

The proposed amendment requires each HCBS CDS provider to procure an annual financial audit as provided in 19 CSR 15-8.400(7)(K)1-2. This requirement is already in place for HCBS Agency-Model providers; therefore, if an annual financial audit is already completed for an entity that provides both Agency Model Services and Consumer Directed Model Services, only one audit would be required. For the purposes of this estimate, the Department assumes the cost of an annual financial audit/review to be approximately \$7,000.00, per provider. If a HCBS CDS provider already procures an

annual financial audit in their normal scope of business, that audit would meet the requirements of this amendment. The Department is estimating that a maximum of 1031 HCBS-CDS providers will be required to comply with the new requirement and procure a new financial audit.

Payroll, Employment, and Other Taxes Garnishment Liability

The proposed amendment requires that each HCBS CDS provider that fails to ensure all payroll, employment, and other taxes are paid timely are liable to the consumer of any garnishment actions that occur as a result as provided in 19 CSR 15-8.400(3)(C)(1). HCBS CDS providers are already required to ensure all payroll, employment, and other taxes are paid timely. For the purposes of this estimate, the Department assumes that garnishments range approximately \$500 to \$3,500 per occurrence. The Department is taking the average cost of a garnishment of \$2,000 to calculate the cost of the garnishment for the Department's estimate. The Department estimates that approximately 200 to 225 HCBS CDS providers will receive garnishment letters. Not all garnishment letters will result in the HCBS CDS provider being liable to the consumer for the garnishment. The Department is taking the average number of HCBS CDS providers to be 213 to calculate the number of HCBS CDS providers that will be liable to the consumer for the garnishment.

Penalty for Failure to Pay Payroll, Employment, and Other Taxes Timely

The proposed amendment requires each HCBS CDS provider that fails to ensure all payroll, employment, and other taxes are paid timely may be subject to a \$1000 penalty as provided in 19 CSR 15-8.400(3)(C)3. HCBS CDS providers are already required to ensure all payroll, employment, and other taxes are paid timely. The Department estimates that approximately 200 to 225 HCBS CDS providers will receive garnishment letters that may make the HCBS CDS provider subject to the \$1000 penalty. Not all garnishment letters will result in the HCBS CDS provider being subject to the \$1,000 penalty. The Department is taking the average number of HCBS CDS providers to be 213 to calculate the number of HCBS CDS providers that may be subject to the \$1,000 penalty.

Development of Pandemic Preparedness Policy

This proposed amendment requires each HCBS CDS provider to develop a pandemic preparedness policy to be followed when service delivery must be interrupted due to a pandemic as provided in 19 CSR 15-8.400(2). The Department created the "Ready in 3" brochure to be used for pandemic preparedness and the HCBS CDS providers are able to use this brochure as guidance in developing a pandemic preparedness policy and the brochure is available on the Department's website. It is estimated that the first-line supervisor will earn approximately \$16.28/hour and it will take approximately two (2) hours to develop the pandemic preparedness policy. The Department based its estimate for the wage earned by the first-line supervisor on the mid-range wage for a provider supervisor outlined in the 2019 Mercer HCBS Rate Study. The Department is estimating that 1031 HCBS CDS providers will be required to comply with the new requirement to develop a pandemic preparedness policy. The Department assumes the cost to the HCBS CDS provider to develop the pandemic preparedness policy will be a one-time cost.

Printing/Supplies of Pandemic Preparedness Policy

This proposed amendment requires HCBS CDS providers to distribute the pandemic preparedness policy to consumers annually as provided in 19 CSR 15-8.400(2). The Department estimates that pandemic preparedness policy will be at least two (2) pages and estimates that it will cost approximately one cent per page to print. The Department based its estimate for the number of pages on the “Ready in 3” brochure the Department created. The Department is estimating that the 1031 HCBS CDS providers will be required to distribute copies of the pandemic preparedness policy to 37,325 HCBS CDS consumers.

Consumer Training on Pandemic Preparedness Policy

This proposed amendment requires HCBS CDS providers to train consumers on the pandemic preparedness policy annually as provided in 19 CSR 15-8.400(2). It is estimated that the first-line supervisor will earn approximately \$16.28/hour. The Department based its estimate for the wage earned by the first-line supervisor on the mid-range wage for a provider supervisor outlined in the 2019 Mercer HCBS Rate Study. The Department estimates it will take approximately one-half hour to complete training on the pandemic preparedness policy with an individual HCBS CDS consumer and it is estimated that approximately 37,325 HCBS CDS consumers will require training on the pandemic preparedness policy. The Department is estimating that 1031 HCBS CDS providers will have to comply with this new requirement.

**TITLE 19 – DEPARTMENT OF HEALTH AND
SENIOR SERVICES**

**Division 30 – Division of Regulation and Licensure
Chapter 20 – Hospitals**

PROPOSED AMENDMENT

19 CSR 30-20.011 Definitions Relating to Hospitals. The department is amending section (9) of this rule.

PURPOSE: This amendment modifies the definition of the term “hospital” as used in Chapter 20 to include “rural emergency hospitals.”

(9) Hospital –

(A) A facility that provides inpatient care for medical or surgical patients, or both, and may include pediatric, obstetrical and newborn, psychiatric, or rehabilitation patients; and

(B) A facility that is devoted primarily for the diagnosis, treatment, or care for not less than twenty-four (24) consecutive hours in any week of three (3) or more nonrelated individuals suffering from illness, disease, injury, deformity, or other abnormal physical conditions, or devoted primarily to provide for not less than twenty-four (24) consecutive hours in any week medical or nursing care for three (3) or more nonrelated individuals and includes[;]–

[(C)] 1. Building(s) –

[1.] A. Constructed to hospital standards as outlined in 19 CSR 30-20.030; and

[2.] B. Identified on the hospital’s license application as part of the facility; and

(C) The term “hospital” shall include a facility designated as a rural emergency hospital by the Centers for Medicare & Medicaid Services.

(D) The term “hospital” does not include convalescent, nursing, shelter, or boarding homes as defined in Chapter 198, RSMo.

AUTHORITY: sections 192.006, 197.154, and 338.165, RSMo 2016, and sections 197.080 and 197.293, RSMo Supp. [2019] 2023. This rule was previously filed as 13 CSR 50-20.011. Original rule filed June 2, 1982, effective Nov. 11, 1982. For intervening history, please consult the Code of State Regulations. Amended: Filed Aug. 28, 2023.

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 Steve Bollin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. 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 19 – DEPARTMENT OF HEALTH AND
SENIOR SERVICES**

Division 30 – Division of Regulation and Licensure

Chapter 20 – Hospitals

PROPOSED AMENDMENT

19 CSR 30-20.013 Incorporation of Medicare Conditions of Participation. The department is amending section (1) of this rule by adding a new subsection (D).

PURPOSE: This amendment incorporates the Medicare Conditions of Participation, 42 CFR Part 485, Subpart E–Conditions of Participation: Rural Emergency Hospitals (REHs), into Missouri’s hospital regulations.

(1) State Licensure Requirements.

(D) This rule incorporates by reference 42 CFR Part 485, Subpart E (2022), Medicare Conditions of Participation: Rural Emergency Hospitals (REHs), as published by the U.S. Government Publishing Office, 732 N. Capitol St. NW, Washington, DC 20401-0001 and available by calling toll-free (866) 512-1800 or at its website at <https://www.govinfo.gov/content/pkg/CFR-2022-title42-vol5/pdf/CFR-2022-title42-vol5.pdf>. This rule incorporates later amendments and additions to 42 CFR Part 485 (2022). Missouri licensed hospitals shall strictly meet the Medicare Conditions of Participation, and surveys performed for state licensure will be conducted per Medicare standards.

AUTHORITY: sections 197.005 [and], 197.080, [RSMo Supp. 2017] and [section] 536.031, RSMo Supp. [2018] 2023. Emergency rule filed Feb. 14, 2019, effective Feb. 24, 2019, expired Aug. 22, 2019. Original rule filed Feb. 14, 2019, effective July 30, 2019. Amended: Filed Aug. 28, 2023.

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 Steve Bollin, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. 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 2245 – Real Estate Appraisers
Chapter 1 – Organization and Description of
Commission**

PROPOSED AMENDMENT

20 CSR 2245-1.010 General Organization. The commission is amending section (4).

PURPOSE: This rule is being amended to reflect the 2024 edition of the Uniform Standards of Professional Appraisal Practice.

(4) For purposes of this section, the Uniform Standards of

Professional Appraisal Practice (USPAP), [2020] 2024 Edition, is incorporated [herein] by reference and can be obtained from The Appraisal Foundation, 1155 15th Street NW, Suite 1111, Washington, DC 20005, by calling (202) 347-7722, or at www.appraisalfoundation.org. This rule does not incorporate any subsequent amendments to USPAP.

AUTHORITY: sections 339.507, 339.509, and 339.544, RSMo 2016. This rule originally filed as 4 CSR 245-1.010. Emergency rule filed Dec. 6, 1990, effective Dec. 16, 1990, expired April 14, 1991. Original rule filed Jan. 3, 1991, effective April 29, 1991. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Aug. 28, 2023.

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 Real Estate Appraisers Commission, PO Box 1335, Jefferson City, MO 65102, by facsimile at (573) 526-3489, or via email at 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.

**TITLE 20 – DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2245 – Real Estate Appraisers
Chapter 3 – Applications for Certification and
Licensure**

PROPOSED AMENDMENT

20 CSR 2245-3.005 Trainee Real Estate Appraiser Registration. The commission is amending section (6).

PURPOSE: This rule is being amended to reflect the 2024 edition of the *Uniform Standards of Professional Appraisal Practice*.

(6) Training.

(B) The supervising appraiser(s) shall be responsible for the training, guidance, and direct supervision of the registrant by –

1. Accepting responsibility for the appraisal report by signing and certifying that the report complies with the *Uniform Standards of Professional Appraisal Practice* (USPAP), [2020] 2024 Edition. The USPAP, [2020] 2024 Edition, is incorporated [herein] by reference and can be obtained from The Appraisal Foundation, 1155 15th Street NW, Suite 1111, Washington, DC 20005, by calling (202) 347-7722, or at www.appraisalfoundation.org. This rule does not incorporate any subsequent amendments or additions to the USPAP;

2. Reviewing and signing the appraisal report(s) for which the registrant has provided appraisal services; and

3. Personally inspecting each appraised property with the registrant until the supervising appraiser determines the registrant trainee is competent, in accordance with the competency rule of USPAP. If applying for a residential certification, the supervising appraiser shall personally inspect fifty (50) properties with the registrant, unless

otherwise waived by the commission for good cause. If applying for certified general, the supervising appraiser shall personally inspect twenty (20) nonresidential properties with the registrant, unless otherwise waived by the commission for good cause.

AUTHORITY: section 339.509, RSMo 2016. Original rule filed Nov. 21, 2006, effective July 30, 2007. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Aug. 28, 2023.

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 Real Estate Appraisers Commission, PO Box 1335, Jefferson City, MO 65102, by facsimile at (573) 526-3489, or via email at 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.

**TITLE 20 – DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2245 – Real Estate Appraisers
Chapter 8 – Continuing Education**

PROPOSED AMENDMENT

20 CSR 2245-8.030 Instructor Approval. The commission is amending section (4).

PURPOSE: This rule is being amended to reflect the 2024 edition of the *Uniform Standards of Professional Appraisal Practice* and to update the name of a course.

(4) All instructors of the national *Uniform Standards of Professional Appraisal Practice* (USPAP) course, the **7-hour [n] National USPAP [u]Update [c]Course**, or their equivalents shall be approved through the instructor certification program of the Appraisal Qualifications Board (AQB) or by an alternate method established by the AQB. The USPAP, [2020] 2024 Edition, is incorporated [herein] by reference and can be obtained from The Appraisal Foundation, 1155 15th Street NW, Suite 1111, Washington, DC 20005, by calling (202) 347-7722, or at www.appraisalfoundation.org. This rule does not incorporate any subsequent amendments or additions to the USPAP. At least one (1) instructor of the national USPAP course and the **7-hour [n] National USPAP [u]Update [c]Course** shall be a state-certified appraiser and shall be approved through the AQB instructor certification program.

AUTHORITY: sections 339.509 and 339.530, RSMo 2016. This rule originally filed as 4 CSR 245-8.030. 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 Aug. 28, 2023.

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 Real Estate Appraisers Commission, PO Box 1335, Jefferson City, MO 65102, by facsimile at (573) 526-3489, or via email at 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.*

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under section 344.070, RSMo 2016, the department amends a rule as follows:

19 CSR 73-2.080 Temporary Emergency Licenses is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on June 1, 2023 (48 MoReg 957-958). No changes have been made to 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.

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 that has been changed from the text 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 that 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 19 – DEPARTMENT OF HEALTH AND SENIOR
SERVICES****Division 73 – Missouri Board of Nursing Home
Administrators****Chapter 2 – General Rules****ORDER OF RULEMAKING**

By the authority vested in the Department of Health and Senior Services under section 344.070, RSMo 2016, the department amends a rule as follows:

19 CSR 73-2.025 Licensure by Reciprocity is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on June 1, 2023 (48 MoReg 956-957). No changes have been made to 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 19 – DEPARTMENT OF HEALTH AND SENIOR
SERVICES****Division 73 – Missouri Board of Nursing Home
Administrators****Chapter 2 – General Rules**

This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs, and other items required to be published in the *Missouri Register* by law.

**TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR
SERVICES
Division 60 – Missouri Health Facilities
Chapter 50 – Certificate of Need Program**

**NOTIFICATION OF REVIEW:
APPLICATION REVIEW SCHEDULE**

The Missouri Health Facilities Review Committee has initiated review of the CON applications listed below. A decision is tentatively scheduled for October 23, 2023. These applications are available for public inspection at the address shown below.

Date Filed

Project Number: Project Name
City (County)
Cost, Description

9/11/2023

#6050 HT: Missouri Cancer Associates
Columbia (Boone County)
\$2,010,733, Replace PET/CT scanner

#6052 HT: The University of Kansas Hospital Authority
Kansas City (Jackson County)
\$3,000,000, Replace MRI

#6053 HT: Barnes-Jewish Hospital
St. Louis (St. Louis City)
\$2,460,750, Replace robotic surgery system

#6054 HT: St. Louis Children's Hospital
St. Louis (St. Louis City)
\$2,000,000, Replace robotic surgery system

Any person wishing to request a public hearing for the purpose of commenting on these applications must submit a written request to this effect, which must be received by October 15, 2023. All written requests and comments should be sent to:

Chairman
Missouri Health Facilities Review Committee
c/o Certificate of Need Program
3418 Knipp Drive, Suite F
PO Box 570
Jefferson City, MO 65102

For additional information, contact Alison Dorge at alison.dorge@health.mo.gov.

The Secretary of State is required by sections 347.141 and 359.481, RSMo, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to adrules.dissolutions@sos.mo.gov.

**NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS
AGAINST STIMULATE WELLNESS, LLC**

On August 11, 2023, Stimulate Wellness, LLC, a Missouri Limited Liability Company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State. The effective date of said Notice was August 11, 2023.

Stimulate Wellness, LLC, hereby requests that all persons and organizations with claims against it present them immediately by letter to: Stimulate Wellness, LLC, c/o Gregory E. Robinson, P.C., 1422 Elbridge Payne, Suite 170, Chesterfield, Missouri 63017.

All claims must include: (i) the name, address, and telephone number of the claimant; (ii) the amount claimed; (iii) the basis for the claim; (iv) the date(s) on which the event(s) on which the claim is based occurred; and (v) any documentation in support of the claim.

NOTICE: Because of the dissolution of Stimulate Wellness, LLC, any and all claims against the Limited Liability Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication date of the notices authorized by RSMo 347.141, whichever is published last.

**NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST
MODERN OUTDOOR LIGHTING, LLC**

On August 15, 2023, Modern Outdoor Lighting, LLC, a Missouri limited liability company ("Company"), filed its Notice of Winding Up with the Missouri Secretary of State, effective on the filing date.

All persons and organizations must submit to Company, c/o Julie T. Brown, Carnahan Evans PC, 2805 S. Ingram Mill Road, Springfield, Missouri 65804, a written summary of any claims against Company, including: 1) claimant's name, address and telephone number; 2) amount of claim; 3) date(s) claim accrued (or will accrue); 4) brief description of the nature of the debt or the basis for the claim; and 5) if the claim is secured, and if so, the collateral used as security.

Because of the dissolution, any claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the last of filing or publication of this Notice.

**NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND
CLAIMANTS AGAINST MTX GROUP, LLC**

On July 31, 2023, MTX Group, LLC, a Missouri limited liability company ("Company"), filed its Notice of Winding Up with the Missouri Secretary of State, effective on the filing date.

All persons and organizations must submit to Company, c/o Thomas D. Peebles, Jr., Carnahan Evans PC, 2805 S. Ingram Mill Road, Springfield, Missouri 65804, a written summary of any claims against Company, including: 1) claimant's name, address and telephone number; 2) amount of claim; 3) date(s) claim accrued (or will accrue); 4) brief description of the nature of the debt or the basis for the claim; and 5) if the claim is secured, and if so, the collateral used as security.

Because of the dissolution, any claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the last of filing or publication of this Notice.

**NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST
FLOYD PENSION PROPERTIES, LLC**

On July 31, 2023, Floyd Pension Properties, LLC, a Missouri limited liability company ("Company"), filed its Notice of Winding Up with the Missouri Secretary of State, effective on the filing date.

All persons and organizations must submit to Company, c/o Thomas D. Peebles, Jr., Carnahan Evans PC, 2805 S. Ingram Mill Road, Springfield, Missouri 65804, a written summary of any claims against Company, including: 1) claimant's name, address and telephone number; 2) amount of claim; 3) date(s) claim accrued (or will accrue); 4) brief description of the nature of the debt or the basis for the claim; and 5) if the claim is secured, and if so, the collateral used as security.

Because of the dissolution, any claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the last of filing or publication of this Notice.

**NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST
FLOYD FAMILY INVESTMENTS, LLC**

On July 31, 2023, Floyd Family Investments, LLC, a Missouri limited liability company ("Company"), filed its Notice of Winding Up with the Missouri Secretary of State, effective on the filing date.

All persons and organizations must submit to Company, c/o Thomas D. Peebles, Jr., Carnahan Evans PC, 2805 S. Ingram Mill Road, Springfield, Missouri 65804, a written summary of any claims against Company, including: 1) claimant's name, address and telephone number; 2) amount of claim; 3) date(s) claim accrued (or will accrue); 4) brief description of the nature of the debt or the basis for the claim; and 5) if the claim is secured, and if so, the collateral used as security.

Because of the dissolution, any claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the last of filing or publication of this Notice.

**NOTICE OF DISSOLUTION BY VOLUNTARY ACTION TO ALL
CREDITORS OF AND CLAIMANTS AGAINST RUSHING MARINE CORPORATION**

On August 17, 2023, Rushing Marine Corporation, a Missouri corporation, filed Articles of Dissolution by Voluntary Action with the Missouri Secretary of State.

Any claims against Rushing Marine Corporation must be sent to: Layton & Southard LLC, Attn: Susan Layton Tomlin, 2845 Professional Ct., Cape Girardeau, MO 63703. Each claim shall include: (1) the claimant's name, address, and telephone number; (2) the amount of the claim; (3) the date the claim arose; and (4) documentation of the claim.

All claims against Rushing Marine Corporation will be barred unless the proceeding to enforce the claim is commenced within two (2) years after the publication of this notice.

**NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST
VAN MATRE MOTOR CO.**

NOTICE IS HEREBY GIVEN that Van Matre Motor Co., a Missouri corporation (hereinafter the "Corporation") filed its Articles of Dissolution with the Missouri Secretary of State on August 17, 2023.

You are hereby notified that if you believe you have a claim against the Corporation, you must submit in writing to: Mark Van Matre, 511 S. Kingshighway, Cape Girardeau, MO 63703 the details of your claim, which shall include the following information: the name, address and phone number of the claimant; the amount claimed; the date on which the claim arose; the basis for the claim; and any documentation for the claim.

All claims against the Corporation will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the publication of this Notice.

**NOTICE OF WINDING UP TO ALL CREDITORS AND CLAIMANTS AGAINST
COMMERCIAL ENTERPRISE LLC**

Commercial Enterprise L.L.C., a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State on August 25, 2023. Any and all claims against Commercial Enterprise L.L.C. may be sent to Thomas A. Duda, 7733 Forsyth Blvd Ste 400, Saint Louis MO 63105. Each claim should include the following information: the name, address and telephone number of the claimant; the amount of the claim; the basis of the claim; and the date(s) on which the event(s) on which the claim is based occurred.

Any and all claims against Commercial Enterprise L.L.C. will be barred unless a proceeding to enforce such claim is commenced within three (3) years after the date this notice is published.

**NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY
TO ALL CREDITORS OF AND CLAIMANTS AGAINST THE CLAYTONIAN 310, LLC**

The Claytonian 310, LLC, a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State on May 30, 2023. Any and all claims against The Claytonian 310, LLC may be sent to Affinity Law Group, LLC, 1610 Des Peres Road, Suite 100, St. Louis, MO 63131. Each claim must include: (i) the name, address, and telephone number of the claimant; (ii) amount of the claim; (iii) basis for the claim; and (iv) documentation of the claim. A claim against The Claytonian 310, LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

**NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST
ADVANCING TIGERS, LLC**

On August 29, 2023, Advancing Tigers, LLC, a Missouri limited liability company filed its Notice of Winding Up with the Missouri Secretary of State.

You are hereby notified that if you believe you have a claim against Advancing Tigers, LLC, you must submit a summary in writing of the circumstances surrounding your claim to Spain, Miller, Galloway & Lee, LLC, c/o Matthew B. Lee, P.O. Box 1248, 1912 Big Bend Rd., Poplar Bluff, MO 63902. The summary of your claim must include the following information: 1) The name, address, and telephone number of the claimant; 2) The amount of the claim; 3) The date on which the event on which the claim is based occurred; and 4) A brief description of the nature of the debt or the basis for the claim.

All claims against Advancing Tigers, LLC will be barred unless the proceeding to enforce the claim is commenced within 3 years after the publication of this Notice.

**NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO: ALL CREDITORS OF AND CLAIMANTS
AGAINST KINGSPORT, LLC, A MISSOURI LIMITED LIABILITY COMPANY ("COMPANY")**

On August 28, 2023, Kingsport, LLC, Charter Number LC001623387, filed its notice of winding up with the Missouri Secretary of State. Said limited liability company requests that all persons and organizations who have claims against it present them immediately by letter to the Company c/o Molly Nail, Attorney at Law, Chinnery Evans & Nail, P.C., 800 NE Vanderbilt Lane, Lee's Summit, Missouri 64064. All claims must include the following information:

1. Name and current address of the claimant.
2. The amount claimed.
3. The clear and concise statement of the facts supporting the claim.
4. The date the claim was incurred.

NOTICE: CLAIMS AGAINST Kingsport, LLC WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WITHIN THREE YEARS AFTER THE PUBLICATION OF THIS NOTICE.

**NOTICE OF DISSOLUTION OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF
AND CLAIMANTS AGAINST GOODFELLAS TATTOO GALLERY, LLC**

On September 1, 2023, Goodfellas Tattoo Gallery LLC, a Missouri LLC (the "Company"), filed its Notice of Winding Up with the Missouri Secretary of State, effective on the filing date. Claims against the Company shall be mailed to Denker Law Firm LLC, 229 SE Douglas St., Ste 210, Lee's Summit, MO 64063. Claims must include: the name, address and phone number of the claimant; the amount being claimed; the date on which the claim arose; the basis for the claim; and all documentation to support the claim. All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three years after the last publication of the notice.

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*. Citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year – 47 (2022) and 48 (2023). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
OFFICE OF ADMINISTRATION					
1 CSR 10	State Officials' Salary Compensation Schedule				47 MoReg 1457
1 CSR 10-3.010	Commissioner of Administration		This Issue		
1 CSR 10-8.010	Commissioner of Administration		48 MoReg 557	48 MoReg 1552	
1 CSR 10-11.010	Commissioner of Administration	48 MoReg 789	48 MoReg 796	48 MoReg 1552	
1 CSR 20-3.070	Personnel Advisory Board and Division of Personnel		48 MoReg 558	48 MoReg 1552	
1 CSR 20-4.020	Personnel Advisory Board and Division of Personnel		48 MoReg 558	48 MoReg 1552	
1 CSR 35-2.060	Division of Facilities Management		48 MoReg 691	48 MoReg 1451	
DEPARTMENT OF AGRICULTURE					
2 CSR 30-1.010	Animal Health		48 MoReg 1596		
2 CSR 30-1.020	Animal Health		48 MoReg 560	48 MoReg 1451	
2 CSR 30-2.004	Animal Health		48 MoReg 987		
2 CSR 30-2.010	Animal Health		48 MoReg 989		
2 CSR 30-2.020	Animal Health		48 MoReg 995		
2 CSR 30-2.040	Animal Health		48 MoReg 1000		
2 CSR 30-9.100	Animal Health		48 MoReg 1180R		
2 CSR 30-9.110	Animal Health		48 MoReg 1180R		
2 CSR 90	Propane Safety Commission Annual Budget				48 MoReg 1461
2 CSR 90-20.040	Weights, Measures and Consumer Protection		48 MoReg 1009		
2 CSR 90-21.010	Weights, Measures and Consumer Protection		48 MoReg 41	48 MoReg 959	
2 CSR 90-22.140	Weights, Measures and Consumer Protection		48 MoReg 1009		
2 CSR 90-23.010	Weights, Measures and Consumer Protection		48 MoReg 1009		
2 CSR 90-25.010	Weights, Measures and Consumer Protection		48 MoReg 1010		
2 CSR 100-12.010	Missouri Agricultural and Small Business Development Authority		48 MoReg 912	48 MoReg 1553	
2 CSR 100-13.010	Missouri Agricultural and Small Business Development Authority		48 MoReg 915	48 MoReg 1553	
DEPARTMENT OF CONSERVATION					
3 CSR 10-5.215	Conservation Commission		48 MoReg 1180		
3 CSR 10-5.250	Conservation Commission		48 MoReg 1183		
3 CSR 10-5.300	Conservation Commission		48 MoReg 1185		
3 CSR 10-5.310	Conservation Commission		48 MoReg 1187		
3 CSR 10-5.315	Conservation Commission		48 MoReg 1189		
3 CSR 10-5.320	Conservation Commission		48 MoReg 1191		
3 CSR 10-5.324	Conservation Commission		48 MoReg 1193		
3 CSR 10-5.330	Conservation Commission		48 MoReg 1193		
3 CSR 10-5.331	Conservation Commission		48 MoReg 1195		
3 CSR 10-5.340	Conservation Commission		48 MoReg 1195		
3 CSR 10-5.345	Conservation Commission		48 MoReg 1197		
3 CSR 10-5.351	Conservation Commission		48 MoReg 1199		
3 CSR 10-5.352	Conservation Commission		48 MoReg 1201		
3 CSR 10-5.359	Conservation Commission		48 MoReg 1203		
3 CSR 10-5.360	Conservation Commission		48 MoReg 1205		
3 CSR 10-5.365	Conservation Commission		48 MoReg 1207		
3 CSR 10-5.370	Conservation Commission		48 MoReg 1209		
3 CSR 10-5.425	Conservation Commission		48 MoReg 1211		
3 CSR 10-5.430	Conservation Commission		48 MoReg 1213		
3 CSR 10-5.435	Conservation Commission		48 MoReg 1215		
3 CSR 10-5.436	Conservation Commission		48 MoReg 1217		
3 CSR 10-5.440	Conservation Commission		48 MoReg 1219		
3 CSR 10-5.445	Conservation Commission		48 MoReg 1221		
3 CSR 10-5.460	Conservation Commission		48 MoReg 1223		
3 CSR 10-5.465	Conservation Commission		48 MoReg 1223		
3 CSR 10-5.540	Conservation Commission		48 MoReg 1225		
3 CSR 10-5.545	Conservation Commission		48 MoReg 1227		
3 CSR 10-5.551	Conservation Commission		48 MoReg 1229		
3 CSR 10-5.552	Conservation Commission		48 MoReg 1231		
3 CSR 10-5.554	Conservation Commission		48 MoReg 1233		
3 CSR 10-5.559	Conservation Commission		48 MoReg 1235		
3 CSR 10-5.560	Conservation Commission		48 MoReg 1235		
3 CSR 10-5.565	Conservation Commission		48 MoReg 1237		
3 CSR 10-5.567	Conservation Commission		48 MoReg 1239		
3 CSR 10-5.570	Conservation Commission		48 MoReg 1241		
3 CSR 10-5.576	Conservation Commission		48 MoReg 1243		
3 CSR 10-5.579	Conservation Commission		48 MoReg 1245		
3 CSR 10-5.580	Conservation Commission		48 MoReg 1247		
3 CSR 10-5.600	Conservation Commission		48 MoReg 1249		
3 CSR 10-5.605	Conservation Commission		48 MoReg 1249		
3 CSR 10-6.405	Conservation Commission		48 MoReg 1249		
3 CSR 10-6.535	Conservation Commission		48 MoReg 1250		
3 CSR 10-7.700	Conservation Commission		48 MoReg 919	48 MoReg 1553	
3 CSR 10-7.900	Conservation Commission		48 MoReg 919	48 MoReg 1554	
3 CSR 10-9.350	Conservation Commission		48 MoReg 1250		

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
3 CSR 10-9.351	Conservation Commission		48 MoReg 1252		
3 CSR 10-9.352	Conservation Commission		48 MoReg 1252		
3 CSR 10-9.370	Conservation Commission		48 MoReg 1252		
3 CSR 10-9.420	Conservation Commission		48 MoReg 1253		
3 CSR 10-9.425	Conservation Commission		48 MoReg 1253		
3 CSR 10-9.440	Conservation Commission		48 MoReg 1255		
3 CSR 10-9.560	Conservation Commission		48 MoReg 1255		
3 CSR 10-9.565	Conservation Commission		48 MoReg 1257		
3 CSR 10-9.570	Conservation Commission		48 MoReg 1259		
3 CSR 10-9.575	Conservation Commission		48 MoReg 1260		
3 CSR 10-9.625	Conservation Commission		48 MoReg 1260		
3 CSR 10-9.627	Conservation Commission		48 MoReg 1263		
3 CSR 10-9.640	Conservation Commission		48 MoReg 1265		
3 CSR 10-10.707	Conservation Commission		48 MoReg 1265		
3 CSR 10-10.708	Conservation Commission		48 MoReg 1267		
3 CSR 10-10.720	Conservation Commission		48 MoReg 1269		
3 CSR 10-10.722	Conservation Commission		48 MoReg 1272		
3 CSR 10-10.724	Conservation Commission		48 MoReg 1272		
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3 CSR 10-10.767	Conservation Commission		48 MoReg 1275		
3 CSR 10-10.788	Conservation Commission		48 MoReg 1277		
3 CSR 10-11.130	Conservation Commission				48 MoReg 1572
3 CSR 10-12.150	Conservation Commission		48 MoReg 1277		
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4 CSR 85-5.020	Division of Business and Community Solutions		48 MoReg 1599		
4 CSR 85-5.030	Division of Business and Community Solutions		48 MoReg 1601		
4 CSR 85-5.040	Division of Business and Community Solutions		48 MoReg 1602		
4 CSR 85-5.050	Division of Business and Community Solutions		48 MoReg 1602		
4 CSR 85-5.060	Division of Business and Community Solutions		48 MoReg 1603		
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4 CSR 85-5.100	Division of Business and Community Solutions		48 MoReg 1605		
4 CSR 85-5.110	Division of Business and Community Solutions		48 MoReg 1606		
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5 CSR 20-100.105	Division of Learning Service		48 MoReg 1364R		
5 CSR 20-100.130	Division of Learning Services		48 MoReg 574	48 MoReg 1451	
5 CSR 20-100.185	Division of Learning Service		48 MoReg 1364		
5 CSR 20-100.230	Division of Learning Services		48 MoReg 307		
5 CSR 20-100.255	Division of Learning Services		48 MoReg 1367R		
5 CSR 20-200.275	Division of Learning Services		48 MoReg 955		
5 CSR 20-400.440	Division of Learning Services		48 MoReg 574	48 MoReg 1451	
5 CSR 20-400.510	Division of Learning Services		48 MoReg 574	48 MoReg 1455	
5 CSR 20-400.520	Division of Learning Services		48 MoReg 578	48 MoReg 1455	
5 CSR 20-400.530	Division of Learning Services		48 MoReg 581	48 MoReg 1455	
5 CSR 20-400.540	Division of Learning Services		48 MoReg 584	48 MoReg 1456	
5 CSR 20-400.560	Division of Learning Services		48 MoReg 587	48 MoReg 1456	
5 CSR 20-500.210	Division of Learning Services		48 MoReg 1367		
5 CSR 20-500.220	Division of Learning Services		48 MoReg 1372		
5 CSR 20-500.230	Division of Learning Services		48 MoReg 590	48 MoReg 1554	
5 CSR 20-500.240	Division of Learning Services		48 MoReg 1372		
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5 CSR 20-500.270	Division of Learning Services		This Issue		
5 CSR 20-500.280	Division of Learning Services		This Issue		
5 CSR 25-100.120	Office of Childhood		48 MoReg 1277		
5 CSR 25-500.010	Office of Childhood		48 MoReg 1373		
5 CSR 25-500.102	Office of Childhood		48 MoReg 1374		
5 CSR 25-500.112	Office of Childhood		48 MoReg 1375		
5 CSR 25-500.182	Office of Childhood		48 MoReg 1379		
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6 CSR 10-2.080	Commissioner of Higher Education		48 MoReg 1010		
6 CSR 10-9.020	Commissioner of Higher Education		48 MoReg 955		
6 CSR 250-3.010	University of Missouri		48 MoReg 729R	48 MoReg 1456R	
6 CSR 250-3.020	University of Missouri		48 MoReg 729R	48 MoReg 1456R	
6 CSR 250-4.010	University of Missouri		48 MoReg 729R	48 MoReg 1457R	
6 CSR 250-4.020	University of Missouri		48 MoReg 730R	48 MoReg 1457R	
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6 CSR 250-5.010	University of Missouri		48 MoReg 730R	48 MoReg 1457R	
6 CSR 250-5.020	University of Missouri		48 MoReg 730R	48 MoReg 1457R	
6 CSR 250-6.010	University of Missouri		48 MoReg 731R	48 MoReg 1457R	
6 CSR 250-6.020	University of Missouri		48 MoReg 731R	48 MoReg 1458R	
6 CSR 250-6.030	University of Missouri		48 MoReg 731R	48 MoReg 1458R	
6 CSR 250-6.040	University of Missouri		48 MoReg 731R	48 MoReg 1458R	
6 CSR 250-7.010	University of Missouri		48 MoReg 1013R	48 MoReg 1646R	
6 CSR 250-7.020	University of Missouri		48 MoReg 1013R	48 MoReg 1646R	
6 CSR 250-7.030	University of Missouri		48 MoReg 1013R	48 MoReg 1646R	
6 CSR 250-7.040	University of Missouri		48 MoReg 1014R	48 MoReg 1646R	
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9 CSR 10-7.035	Director, Department of Mental Health		48 MoReg 1380		

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9 CSR 10-7.130	Director, Department of Mental Health		48 MoReg 919	48 MoReg 1647	
9 CSR 30-3.134	Certification Standards		48 MoReg 1424		
9 CSR 30-3.150	Certification Standards		48 MoReg 1685		
9 CSR 30-3.151	Certification Standards		48 MoReg 1686		
9 CSR 30-3.152	Certification Standards		48 MoReg 1688		
9 CSR 30-3.155	Certification Standards		48 MoReg 1700		
9 CSR 30-3.201	Certification Standards		48 MoReg 1424		
9 CSR 30-3.206	Certification Standards		48 MoReg 1425		
9 CSR 30-6.010	Certification Standards		48 MoReg 1382		
9 CSR 30-7.020	Certification Standards		48 MoReg 798	48 MoReg 1554	
9 CSR 45-5.010	Certification Standards		48 MoReg 1701R 48 MoReg 1701		
9 CSR 45-5.060	Division of Developmental Disabilities		48 MoReg 1426R 48 MoReg 1426		
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10 CSR 10-6.161	Director's Office		48 MoReg 1430		
10 CSR 10-6.200	Director's Office		48 MoReg 1431		
10 CSR 20-7.015	Clean Water Commission		48 MoReg 692	48 MoReg 1717	
10 CSR 140-8.010	Division of Energy		48 MoReg 1705		
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11 CSR 30-1.010	Office of the Director		48 MoReg 201		
11 CSR 30-8.010	Office of the Director		48 MoReg 202R		
11 CSR 30-8.020	Office of the Director		48 MoReg 202R		
11 CSR 30-8.030	Office of the Director		48 MoReg 202R		
11 CSR 30-8.040	Office of the Director		48 MoReg 202R		
11 CSR 30-9.010	Office of the Director		48 MoReg 203R		
11 CSR 30-9.020	Office of the Director		48 MoReg 203R		
11 CSR 30-9.030	Office of the Director		48 MoReg 203R		
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11 CSR 45-5.053	Missouri Gaming Commission		48 MoReg 1432		
11 CSR 45-5.056	Missouri Gaming Commission		48 MoReg 1433		
11 CSR 45-5.060	Missouri Gaming Commission		48 MoReg 1435		
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11 CSR 45-5.120	Missouri Gaming Commission		48 MoReg 1436		
11 CSR 45-5.130	Missouri Gaming Commission		48 MoReg 1437		
11 CSR 45-5.140	Missouri Gaming Commission		This Issue		
11 CSR 45-5.150	Missouri Gaming Commission		This Issue		
11 CSR 45-5.160	Missouri Gaming Commission		48 MoReg 1437		
11 CSR 45-5.180	Missouri Gaming Commission		48 MoReg 1438		
11 CSR 45-5.190	Missouri Gaming Commission		48 MoReg 1438		
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11 CSR 45-10.150	Missouri Gaming Commission		48 MoReg 956R		
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12 CSR 10-1.010	Director of Revenue		48 MoReg 802	48 MoReg 1647	
12 CSR 10-2.010	Director of Revenue		48 MoReg 1536		
12 CSR 10-2.017	Director of Revenue		48 MoReg 1537		
12 CSR 10-2.019	Director of Revenue		48 MoReg 920R	48 MoReg 1721R	
12 CSR 10-2.052	Director of Revenue		48 MoReg 1540R		
12 CSR 10-2.080	Director of Revenue		48 MoReg 1540		
12 CSR 10-2.105	Director of Revenue		48 MoReg 1014		
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12 CSR 10-2.720	Director of Revenue		48 MoReg 1541R		
12 CSR 10-3.050	Director of Revenue <i>moved to 12 CSR 10-103.050</i>				48 MoReg 1461
12 CSR 10-3.404	Director of Revenue <i>moved to 12 CSR 10-110.404</i>				48 MoReg 1461
12 CSR 10-3.552	Director of Revenue <i>moved to 12 CSR 10-102.110</i>		48 MoReg 1707		
12 CSR 10-3.554	Director of Revenue <i>moved to 12 CSR 10-102.554</i>				48 MoReg 1461
12 CSR 10-3.846	Director of Revenue <i>moved to 12 CSR 110-10.846</i>				48 MoReg 1461
12 CSR 10-4.015	Director of Revenue		48 MoReg 1606R		
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12 CSR 10-4.160	Director of Revenue <i>moved to 12 CSR 10-102.160</i>				48 MoReg 1461
12 CSR 10-4.170	Director of Revenue <i>moved to 12 CSR 10-103.170</i>		48 MoReg 1607		
12 CSR 10-4.180	Director of Revenue <i>moved to 12 CSR 10-103.180</i>				48 MoReg 1461
12 CSR 10-4.185	Director of Revenue <i>moved to 12 CSR 10-103.185</i>				48 MoReg 1461
12 CSR 10-4.230	Director of Revenue		48 MoReg 1708R		
12 CSR 10-4.280	Director of Revenue		48 MoReg 1708R		
12 CSR 10-4.310	Director of Revenue <i>moved to 12 CSR 10-103.310</i>				48 MoReg 1461
12 CSR 10-4.600	Director of Revenue <i>moved to 12 CSR 10-103.630</i>				48 MoReg 1461
12 CSR 10-4.610	Director of Revenue <i>moved to 12 CSR 10-103.640</i>				48 MoReg 1461
12 CSR 10-4.622	Director of Revenue		48 MoReg 1607R		
12 CSR 10-6.020	Director of Revenue		48 MoReg 1541		
12 CSR 10-6.030	Director of Revenue		48 MoReg 1015		
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12 CSR 10-7.190	Director of Revenue		48 MoReg 1607R		
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12 CSR 10-9.280	Director of Revenue		48 MoReg 1279R		
12 CSR 10-9.290	Director of Revenue		48 MoReg 1280R		
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12 CSR 10-10.030	Director of Revenue		48 MoReg 1608R		
12 CSR 10-10.100	Director of Revenue		48 MoReg 1280R		
12 CSR 10-10.125	Director of Revenue		48 MoReg 1280R		
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12 CSR 10-102.110	Director of Revenue <i>formerly 12 CSR 10-3.552</i>		48 MoReg 1707		
12 CSR 10-102.160	Director of Revenue <i>formerly 12 CSR 10-4.160</i>				48 MoReg 1461
12 CSR 10-102.554	Director of Revenue <i>formerly 12 CSR 10-3.554</i>				48 MoReg 1461
12 CSR 10-103.050	Director of Revenue <i>formerly 12 CSR 10-3.050</i>				48 MoReg 1461
12 CSR 10-103.170	Director of Revenue <i>formerly 12 CSR 10-4.170</i>		48 MoReg 1607		
12 CSR 10-103.180	Director of Revenue <i>formerly 12 CSR 10-4.180</i>				48 MoReg 1461
12 CSR 10-103.185	Director of Revenue <i>formerly 12 CSR 10-4.185</i>				48 MoReg 1461
12 CSR 10-103.310	Director of Revenue <i>formerly 12 CSR 10-4.310</i>				48 MoReg 1461
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12 CSR 10-103.630	Director of Revenue <i>formerly 12 CSR 10-4.600</i>				48 MoReg 1461
12 CSR 10-103.640	Director of Revenue <i>formerly 12 CSR 10-4.610</i>				48 MoReg 1461
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12 CSR 10-110.404	Director of Revenue <i>formerly 12 CSR 10-3.404</i>				48 MoReg 1461
12 CSR 10-110.846	Director of Revenue <i>formerly 12 CSR 10-3.846</i>				48 MoReg 1461
12 CSR 10-111.010	Director of Revenue		48 MoReg 1611		
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13 CSR 35-60.010	Children's Division	48 MoReg 1673			
13 CSR 35-60.040	Children's Division	48 MoReg 1673			
13 CSR 35-60.050	Children's Division	48 MoReg 1674			
13 CSR 35-71.015	Children's Division	48 MoReg 1149	48 MoReg 1281		
13 CSR 35-71.020	Children's Division	48 MoReg 1675			
13 CSR 35-71.045	Children's Division	48 MoReg 1676			
13 CSR 35-71.070	Children's Division	48 MoReg 1677			
13 CSR 70-3.180	MO HealthNet Division		48 MoReg 1614		
13 CSR 70-4.120	MO HealthNet Division		48 MoReg 921		
13 CSR 70-10.015	MO HealthNet Division				48 MoReg 1724
13 CSR 70-10.020	MO HealthNet Division	48 MoReg 1150	48 MoReg 1282		
13 CSR 70-10.030	MO HealthNet Division	48 MoReg 791	48 MoReg 804	48 MoReg 1647	
13 CSR 70-15.070	MO HealthNet Division		48 MoReg 1306		
13 CSR 70-15.110	MO HealthNet Division	48 MoReg 1349	48 MoReg 1441		
13 CSR 70-15.160	MO HealthNet Division	48 MoReg 1357	48 MoReg 1546		
13 CSR 70-20.320	MO HealthNet Division		48 MoReg 734	48 MoReg 1647	
13 CSR 70-70.010	MO HealthNet Division		48 MoReg 734	48 MoReg 1721	
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15 CSR 40-3.030	State Auditor		48 MoReg 1306		
15 CSR 50-3.095	Treasurer		48 MoReg 1449		
15 CSR 60-17.010	Attorney General	48 MoReg 905 48 MoReg 1177T			
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19 CSR 30-20.125	Division of Regulation and Licensure	48 MoReg 1177	48 MoReg 1307		
19 CSR 30-105.010	Division of Regulation and Licensure		48 MoReg 618	48 MoReg 1554	
19 CSR 30-105.020	Division of Regulation and Licensure		48 MoReg 619	48 MoReg 1556	
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19 CSR 73-2.025	Missouri Board of Nursing Home Administrators		48 MoReg 956	This Issue	
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20 CSR	Non-Economic Damages in Medical Malpractice Cap				48 MoReg 326
20 CSR	Sovereign Immunity Limits				47 MoReg 1801
20 CSR	State Legal Expense Fund Cap				48 MoReg 529
20 CSR 400-5.600	Life, Annuities and Health				48 MoReg 1649
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20 CSR 2115-2.040	State Committee of Dietitians		48 MoReg 317	48 MoReg 964	
20 CSR 2150-5.025	State Board of Registration for the Healing Arts	48 MoReg 1678	48 MoReg 1711		
20 CSR 2200-2.010	State Board of Nursing		48 MoReg 810	48 MoReg 1569	
20 CSR 2200-3.010	State Board of Nursing		48 MoReg 810	48 MoReg 1569	
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20 CSR 2200-8.010	State Board of Nursing		48 MoReg 813	48 MoReg 1570	
20 CSR 2220-2.400	State Board of Pharmacy		48 MoReg 740	48 MoReg 1570	
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20 CSR 2235-1.020	State Committee Psychologists		48 MoReg 922	48 MoReg 1648	
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20 CSR 2263-2.030	State Committee for Social Workers		48 MoReg 1449		
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20 CSR 4240-18.010	Public Service Commission		48 MoReg 926		
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1 CSR 10-11.010	State of Missouri Travel Regulations	48 MoReg 789	April 3, 2023. Jan. 10, 2024
Department of Public Safety			
Missouri 911 Service Board			
11 CSR 90-2.010	Definitions.	48 MoReg 1535	Aug. 28, 2023. Feb. 22, 2024
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13 CSR 35-60.010	Family Homes Offering Foster Care	48 MoReg 1673	Aug. 28, 2023. Feb. 23, 2024
13 CSR 35-60.040	Physical and Environmental Standards.	48 MoReg 1673	Aug. 28, 2023. Feb. 23, 2024
13 CSR 35-60.050	Care of Children	48 MoReg 1674.	Aug. 28, 2023. Feb. 23, 2024
13 CSR 35-71.015	Background Checks for Personnel of Residential Care Facilities and Child Placing Agencies	48 MoReg 1149.	June 13, 2023. Dec. 9, 2023
13 CSR 35-71.020	Basic Residential Treatment for Children and Youth Core Requirements (Applicable To All Agencies) – Basis for Licensure and Licensing Procedures	48 MoReg 1675	Aug. 28, 2023. Feb. 23, 2024
13 CSR 35-71.045	Personnel.	48 MoReg 1676	Aug. 28, 2023. Feb. 23, 2024
13 CSR 35-71.070	Protection and Care of the Child	48 MoReg 1677.	Aug. 28, 2023. Feb. 23, 2024
MO HealthNet Division			
13 CSR 70-10.020	Prospective Reimbursement Plan for Nursing Facility and HIV Nursing Facility Services	48 MoReg 1150.	May 31, 2023. Nov. 26, 2023
13 CSR 70-15.110	Federal Reimbursement Allowance (FRA)	48 MoReg 1349	June 30, 2023. Dec. 26, 2023
13 CSR 70-15.160	Outpatient Hospital Services Reimbursement Methodology.	48 MoReg 1357.	June 30, 2023. Dec. 26, 2023
Department of Health and Senior Services			
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19 CSR 10-3.050	Graduate Medical Education Grant Program.	This Issue	Sept. 18, 2023. March 15, 2024
Division of Regulation and Licensure			
19 CSR 30-20.125	Unlicensed Assistive Personnel Training Program	48 MoReg 1177.	June 6, 2023. Dec. 2, 2023
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State Board of Registration for the Healing Arts			
20 CSR 2150-5.025	Administration of Vaccines	48 MoReg 1678	Aug. 28, 2023. Feb. 23, 2024
State Board of Pharmacy			
20 CSR 2220-2.410	Class B Hospital Pharmacy Compounding for Drug Shortages.	48 MoReg 1421.	July 6, 2023. Jan. 1, 2024
20 CSR 2220-6.050	Administration of Vaccines	48 MoReg 1680	Aug. 28, 2023. Feb. 23, 2024

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

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
2023			
23-08	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe storm systems	August 5, 2023	48 MoReg 1684
23-07	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government	July 28, 2023	48 MoReg 1595
23-06	Rescinds Executive Order 17-20	June 29, 2023	48 MoReg 1423
23-05	Declares drought alerts for 60 Missouri counties in accordance with the Missouri Drought Mitigation and Response Plan	May 31, 2023	48 MoReg 1179
23-04	Designates members of the governor's staff as having supervisory authority over each department, division, or agency of state government	April 14, 2023	48 MoReg 911
23-03	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to severe storm systems	March 31, 2023	48 MoReg 795
23-02	Extends Executive Order 22-08, the State of Emergency, and waivers until February 28, 2023	January 24, 2023	48 MoReg 433
23-01	Orders the commencement of the Missourians Aging with Dignity Initiative, with directives to support all citizens as they age	January 19, 2023	48 MoReg 431
2022			
22-11	Extends Executive Order 22-08, the State of Emergency, and waivers until January 31, 2023	December 29, 2022	48 MoReg 193
22-10	Declares that the current State of Emergency shall permit certain vehicles be temporarily exempt from some hours of service requirements	December 21, 2022	48 MoReg 191
22-09	Declares a call and order into active service of the organized militia and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe winter storm systems	December 20, 2022	48 MoReg 189
22-08	Declares a State of Emergency and waives certain regulations to allow other registered entities to fill liquefied petroleum gas containers owned by Gygr-Gas	December 15, 2022	48 MoReg 117
22-07	Extends Executive Order 22-04 to address drought-response efforts until March 1, 2023	November 28, 2022	48 MoReg 39
22-06	Closes executive branch state offices for Friday, November 25, 2022	November 7, 2022	47 MoReg 1708
Proclamation	Convenes the One Hundred First General Assembly in the First Extraordinary Session of the Second Regular Session regarding extension of agricultural tax credits and to enact legislation amending Missouri income tax	August 22, 2022	47 MoReg 1420
22-05	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to severe storm systems	July 26, 2022	47 MoReg 1279
22-04	Declares a drought alert for 53 Missouri counties and orders the director of the Department of Natural Resources to activate and designate a chairperson for the Drought Assessment Committee	July 21, 2022	47 MoReg 1277
Proclamation	In accordance with <i>Dobbs</i> , Section 188.017, RSMo, is hereby effective as of the date of this order	June 24, 2022	47 MoReg 1075
22-03	Terminates the State of Emergency declared in Executive Order 22-02	February 7, 2022	47 MoReg 411

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22-02	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe winter storm systems	February 1, 2022	47 MoReg 304
22-01	Establishes and Designates the Missouri Early Childhood State Advisory Council	January 7, 2022	47 MoReg 222

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