September 3, 2024

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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 <u>sos.mo.gov/adrules/pubsched</u>.

HOW TO CITE RULES AND RSMO

RULES

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

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

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

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

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

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

Code and *Register* on the Internet

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

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

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

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

EMERGENCY RULES

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

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

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

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES Division 70 – MO HealthNet Division Chapter 15 – Hospital Program

EMERGENCY AMENDMENT

13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Methodology The division is amending sections (2), (6), (8), and (12).

PURPOSE: This emergency amendment updates the incorporation by reference and the definition of a safety net hospital. It also updates the Acuity Adjustment Payment and Stop Loss Payment methodologies.

EMERGENCY STATEMENT: The Department of Social Services (DSS), MO HealthNet Division (MHD) finds that this emergency amendment is necessary to preserve a compelling governmental interest as it allows the State Medicaid Agency to continue to pay hospitals supplemental payments to cover the costs of Medicaid services provided to Missouri participants and to adequately reimburse safety net hospitals. As a result, the MHD finds a compelling governmental interest in providing these payments to hospitals by July 1, 2024, which requires an early effective date. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the **Missouri** and **United States Constitutions**. The MHD believes this emergency amendment to be fair to all interested parties under the circumstances. The emergency amendment was filed July 26, 2024, effective August 9, 2024, and expires February 27, 2025.

(2) Definitions.

(O) Incorporation by reference. This rule incorporates by reference the following:

1. The *Hospital [Provider] Manual* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at *[http://manuals.momed.com/manuals/, June 8, 2022]* https:// mydss.mo.gov/media/pdf/hospital-manual, June 27, 2024. This rule does not incorporate any subsequent amendments or additions;

2. [Medicare/Medicaid Cost Report CMS 2552-10,] Chapter 40 of The Provider Reimbursement Manual – Part 2, that includes the CMS 2552-10 cost report form and instructions, which is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services (CMS) at its website [http://www.cms.gov/ Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021935.html, June 8, 2022] https://www. cms.gov/Regulations-and-Guidance/Guidance/Manuals/ Paper-Based-Manuals-Items/CMS021935, February 21, 2024. This rule does not incorporate any subsequent amendments or additions; and

3. 42 CFR 413, which is incorporated by reference and made a part of this rule as published by the U.S. Government Publishing Office and available at https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-413?toc=1, June 8, 2022. This rule does not incorporate any subsequent amendments or additions. Only the cost principles from 42 CFR 413 are incorporated by reference.

(6) Acuity Adjustment Payment (AAP).

(A) Beginning with SFY 2023, hospitals that meet the requirements set forth below shall receive an AAP. A hospital that is designated as a long-term acute care hospital, free-standing psychiatric hospital, or a free-standing rehabilitation hospital does not qualify to receive an AAP. Ownership type of the hospital is determined based on the type of control reported on Schedule S-2, Part I, Line 21, Column 1 of the hospital's base year cost report. For purposes of this section, Medicaid payments received shall include the following payments:

1. The Medicaid *per diem* payments, AAP, PC payment, and SLP.

(B) Private ownership. A hospital shall receive an AAP if the hospital's MO HealthNet case mix index is greater than a threshold set annually by the division. The preliminary AAP is calculated by multiplying the hospital's MO HealthNet case mix index times the estimated Medicaid FFS claims payments for the coming SFY. If the hospital's estimated Medicaid FFS claims payments for the coming SFY plus the preliminary AAP exceeds the hospital's *[prior]* SFY **2023** Medicaid FFS payments received increased by a stop-gain percentage, the preliminary AAP will be reduced so the estimated Medicaid FFS claims payments for the coming SFY plus the final AAP is equal to the stop-gain percent of the hospital's *[prior]* SFY **2023** Medicaid FFS payments received. If no reduction is necessary, the preliminary AAP shall be considered final.

(C) Non-state government owned or operated (NSGO) ownership. A hospital shall receive an AAP if the hospital's MO HealthNet case mix index is greater than a threshold set annually by the division. The preliminary AAP is calculated by multiplying the hospital's MO HealthNet case mix index times the estimated Medicaid FFS claims payments for the coming SFY. If the hospital's estimated Medicaid FFS claims payments for the coming SFY plus the preliminary AAP exceeds the hospital's *[prior]* SFY **2023** Medicaid FFS payments received increased by a stop-gain percentage, the preliminary AAP will be reduced so the estimated Medicaid FFS claims payments for the coming SFY plus the final AAP is equal to the stop-gain percent of the hospital's *[prior]* SFY **2023** Medicaid FFS payments received. If no reduction is necessary, the preliminary AAP shall be considered final.

(D) The annual final AAP will be calculated for each hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(8) Stop Loss Payment (SLP).

(A) Beginning with SFY 2023 hospitals that meet the requirements set forth below shall receive an SLP. Ownership type of the hospital is determined based on the type of control reported on Schedule S-2, Part I, Line 21, Column 1 of the hospital's base year cost report. For purposes of this section, Medicaid payments received shall include the following payments:

1. The Medicaid *per diem* payments, AAP, PC payment, and SLP.

(B) Private ownership. Total estimated Medicaid FFS payments for the coming SFY for each hospital shall include estimated Medicaid FFS claims payments, and any final AAP and PC payment. The total estimated Medicaid FFS payments for each hospital shall be subtracted from the hospital's *[prior]* SFY **2023** Medicaid FFS payments received then summed to calculate a total increase or decrease in payments for the entire private ownership group. A positive result represents a decrease in payments. If the result is a decrease in total payments to the private ownership group, this amount shall represent the total stop loss amount.

1. SLP will be made if a total stop loss amount was calculated in subsection (8)(B). Each hospital that shows a decrease in Medicaid payments shall receive a SLP in the amount of the decrease in payments unless the sum of each hospital's SLP is greater than the total stop loss amount. If the sum is greater than the total stop loss amount, each hospital's SLP shall be calculated by multiplying the total stop loss amount times the ratio of the hospital's decrease in Medicaid payments to the total decrease in payments for the entire private ownership group.

2. Privately owned free-standing psychiatric hospitals. Total estimated Medicaid FFS payments for the coming SFY for each hospital shall include estimated Medicaid FFS claims payments, and any final AAP and PC payment. The total estimated Medicaid FFS payments for each hospital shall be subtracted from the hospital's *[prior]* SFY **2023** Medicaid FFS payments received then summed to calculate a total increase or decrease in payments for the entire privately owned freestanding psychiatric hospital ownership group. A positive result represents a decrease in payments and a negative amount represents an increase in payments.

A. If a hospital has a decrease in payments as calculated in paragraph (8)(B)2, the hospital will receive a payment equal to the amount of payment decrease. If the hospital has an increase in payments as calculated in paragraph (8)(B)2, the hospital will not receive any additional payments.

(C) NSGO ownership. Total estimated Medicaid FFS payments for the coming SFY for each hospital shall include estimated Medicaid FFS claims payments, and any final AAP and PC payment. The total estimated Medicaid FFS payments for each hospital shall be subtracted from the hospital's *[prior]* SFY **2023** Medicaid FFS payments received then summed to calculate a total increase or decrease in payments for the entire NSGO ownership group. A positive result represents a decrease in payments and a negative amount represents an increase in payments. If the result is a decrease in total payments to the NSGO ownership group, this amount shall represent the total stop loss amount.

1. SLP will be made if a total stop loss amount was calculated in subsection (8)(C). Each hospital that shows a decrease in Medicaid payments shall receive a SLP in the amount of the decrease in payments unless the sum of each hospital's SLP is greater than the total stop loss amount. If the sum is greater than the total stop loss amount, each hospital's SLP shall be calculated by multiplying the total stop loss amount times the ratio of the hospital's decrease in Medicaid payments to the total decrease in payments for the entire NSGO ownership group.

(D) The annual SLP will be calculated for each hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(12) Safety Net Hospitals.

(A) *[Inpatient]* A hospital *[providers]* may qualify as a safety net hospital based on the following criteria. Hospitals shall qualify for a period of only one (1) SFY and must requalify at the beginning of each SFY to continue their safety net hospital designation.

1. [If the facility offered non-emergency obstetric services as of December 21, 1987, there must be at least two (2) obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to those services under the Missouri Medicaid plan. In the case of a hospital located in a rural area (area outside of a metropolitan statistical area, as defined by the federal executive Office of Management and Budget), the term obstetrician includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures. This section does not apply to hospitals either with inpatients predominantly under eighteen (18) years of age or which did not offer non-emergency obstetric services as of December 21, 1987;] The hospital must meet the specific obstetric requirements set forth in 13 CSR 70-15.220(1)(B)1; and

A. A Medicaid inpatient utilization rate (MIUR) at least one (1) standard deviation above the state's mean MIUR for all Missouri hospitals. The MIUR will be expressed as the ratio of total Medicaid days (TMD) (including such patients who receive benefits through a managed care entity) provided under a state plan divided by the provider's total number of inpatient days (TNID). The state's mean MIUR will be expressed as the ratio of the sum of the total number of Medicaid days for all Missouri hospitals divided by the sum of the total patient days for the same Missouri hospitals. Data for hospitals no longer participating in the program will be excluded;

MIUR = TMD / TNID

or

B. A low-income utilization rate in excess of twenty-five percent (25%).

(I) The low-income utilization rate (LIUR) shall be the sum (expressed as a percentage) of the fractions, calculated as

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follows:

(a) Total Medicaid patient revenues (TMPR) paid to the hospital for patient services under a state plan (regardless of whether the services were furnished on a fee-for-service basis or through a managed care entity) plus the amount of the cash subsidies (CS) directly received from state and local governments, divided by the total net revenues (TNR) (charges minus contractual allowances, discounts, etc.) for patient services plus the cash subsidies; and

(b) The total amount of the hospital's charges for patient services attributable to charity care (CC) less cash subsidies directly received from state and local governments in the same period, divided by the total amount of the hospital's charges (THC) for patient services. The total patient charges attributed to charity care shall not include any contractual allowances and discounts other than for indigent patients not eligible for medical assistance under a state plan.

LIUR = ((TMPR + CS) / (TNR + CS)) + ((CC - CS) / THC)

3. As determined from the audited base year cost report/-/:

[A. The acute care hospital has an unsponsored care ratio of at least sixty-five percent (65%) and is licensed for less than fifty (50) inpatient beds; or

B. The acute care hospital has an unsponsored care ratio of at least sixty-five percent (65%) and is licensed for fifty (50) inpatient beds or more and has an occupancy rate of more than forty percent (40%); or]

*[C.]***A.** A public non-state governmental acute care hospital with an LIUR of at least *[forty percent (40%)]* twenty **percent (20%)** and an MIUR greater than one (1) standard deviation from the mean, and is licensed for fifty (50) inpatient beds or more and has an occupancy rate of at least forty percent (40%); or

[D.]**B.** The hospital is owned or operated by the Board of Curators as defined in Chapter 172, RSMo; or

[E.]C. The hospital is a public hospital operated by the Department of Mental Health primarily for the care and treatment of mental disorders.

AUTHORITY: sections 208.153, 208.201, and 660.017, RSMo 2016, and section 208.152, RSMo Supp. 2023. This rule was previously filed as 13 CSR 40-81.050. Original rule filed Feb. 13, 1969, effective Feb. 23, 1969. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed July 26, 2024, effective Aug. 9, 2024, expired Feb. 27, 2025.

PUBLIC COST: This emergency amendment is estimated to cost state agencies one hundred fifteen million (\$115 million) in the aggregate for the six (6) months of SFY 2025 that this amendment is effective. This emergency amendment is estimated to cost public hospitals sixty-nine thousand one hundred thirty-one dollars (\$69,131) in the aggregate for six (6) months of SFY 2025 that this amendment is effective.

PRIVATE COST: This emergency amendment is estimated to cost private hospitals three million six hundred thousand (\$3.6 million) in the aggregate for the six (6) months of SFY 2025 that this amendment is effective.

FISCAL NOTE PUBLIC COST

I. Department Title: 13 Social Services Division Title: 70 MO HealthNet Division Chapter Title: 15 Hospital Program

Rule Number and	13 CSR 70-15.010 Inpatient Hospital Services Reimbursement	
Title:	Methodology	
Type of Rulemaking:	Emergency Amendment	

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Other Government (Public) Hospitals enrolled in MO HealthNet - 15	Net Estimated Increase in Payments for 6 months of SFY 2025: \$15.2 million
Other Government (Public) Hospitals	Net Estimated Cost for 6 months of SFY 2025:
enrolled in MO HealthNet - 3	\$69 thousand
Department of Social Services, MO	Net Estimated Cost for 6 months of SFY 2025:
HealthNet Division	\$115 million

III. WORKSHEET

Other Government (Public) Hospitals Impact Estimated Impact for 6 months of SFY 2025	
·	Total
In-State Public Hospitals Gain	\$15,166,011
In-State Public Hospitals (Cost)	(\$69,131)
Total Impact	\$15,096,880
SFY 2025 Blended FMAP	34.5%
State Share	\$5,208,424

Department of Social Services, MO HealthNet Division Impact		
Estimated Impact for 6 months of SFY 2025		
Estimated Cost	\$115,037,653	
Times SFY 2025 Blended FMAP	34.5%	
Estimated State Share	\$39,687,990	

IV. ASSUMPTIONS

FISCAL NOTE PRIVATE COST

Department Title:	13 Social Services
Division Title:	70 MO HealthNet Division
Chapter Title:	15 Hospital Program
	Division Title:

Rule Number and	13 CSR 70-15.010 Inpatient Hospital Services Reimbursement	
Title:	Methodology	
Type of Rulemaking:	Emergency Amendment	

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:
In-state Hospitals – 69	In-state Private Hospitals enrolled in MO HealthNet	Net Estimated Increase in Payments for 6 months of SFY 2025: \$103.6 million
In-state Hospitals – 7	Private Hospitals enrolled in MO HealthNet	Net Estimated Cost for 6 months of SFY 2025: \$3.6 million

III. WORKSHEET

Private Hospitals Impact Estimated Impact for 6 months of SFY 2025		
· · · · · ·	Total	
In-State Private Hospitals Gain	\$103,563,413	
In-State Private Hospitals (Cost)	(\$3,622,640)	
Total Impact	\$99,940,773	
SFY 2025 Blended FMAP	34.5%	
State Share	\$34,479,567	

IV. ASSUMPTIONS

EMERGENCY RULES

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES Division 70 – MO HealthNet Division Chapter 15 – Hospital Program

EMERGENCY AMENDMENT

13 CSR 70-15.110 Federal Reimbursement Allowance (FRA). The division is amending section (1), deleting section (2), renumbering sections (3) and (4), and adding section (5).

PURPOSE: This emergency amendment provides for the trend factor to be applied to the inpatient and outpatient adjusted net revenues to determine the inpatient and outpatient net revenues subject to the FRA assessment for SFY 2025. It also establishes the percentage of FRA that is taxed to Missouri hospitals for SFY 2025.

EMERGENCY STATEMENT: This emergency amendment informs Missouri hospitals what FRA rate they will be assessed starting on July 1, 2024. The Department of Social Services (DSS), MO HealthNet Division (MHD) finds that this emergency amendment is necessary to preserve a compelling governmental interest of collecting state revenue in order to provide health care to individuals eligible for the MO HealthNet program and for the uninsured. Missouri Partnership Plan (MPP) between the Centers for Medicare & Medicaid Services (CMS) and the DSS, which establishes a process whereby CMS and DSS determine the permissibility of the funding source used by Missouri to fund its share of the MO HealthNet program, is based on a state fiscal year. In order to determine the trends for State Fiscal Year (SFY) 2025, all relevant information from the necessary sources must be available to MHD. The division uses the best information available when it starts calculating the assessment so it uses the trend published in the Fourth Ouarter Healthcare Cost Review publication, which is generally not available until January. The division must also analyze hospital revenue data, which is not complete until near the end of the SFY, in conjunction with the trend and hospital FRA funded payments to determine the appropriate level of assessment. Without this information, the trends cannot be determined. Therefore, due to timing of the receipt of this information and the necessary July 1, 2024 effective date, an emergency regulation is necessary. A proposed amendment, which covers the same material, will be published in the **Missouri Register**. The scope of the emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The MHD believes this emergency amendment to be fair to all interested parties under the circumstances. The emergency amendment was filed July 26, 2024, becomes effective August 9, 2024, and expires February 27, 2025.

(1) Federal Reimbursement Allowance (FRA). FRA shall be assessed as described in this section.

(A) Definitions.

1. Bad debts – Amounts considered to be uncollectible from accounts and notes receivable that were created or acquired in providing services. Allowable bad debts include the costs of caring for patients who have insurance, but their insurance does not cover the particular service procedures or treatment rendered.

2. Base year cost report – Audited Medicaid cost report from the third prior calendar year. If a hospital has more than one (1) cost report with periods ending in the third prior calendar year, the cost report covering a full twelve- (12-) month period will be used. If none of the cost reports covers a full twelve (12) months, the cost report with the latest period will be used. If a hospital's base year cost report is less than or greater than a twelve- (12-) month period, the data shall be adjusted, based on the number of days reflected in the base year cost report, to a twelve- (12-) month period. Any changes to the base year cost report after the division issues a final decision on assessment will not be included in the calculations.

3. Charity care – Those charges written off by a hospital based on the hospital's policy to provide health care services free of charge or at a reduced charge because of the indigence or medical indigence of the patient.

4. Contractual allowances – Difference between established rates for covered services and the amount paid by third-party payers under contractual agreements. The Federal Reimbursement Allowance (FRA) is a cost to the hospital, regardless of how the FRA is remitted to the MO HealthNet Division, and shall not be included in contractual allowances for determining revenues. Any redistributions of MO HealthNet payments by private entities acting at the request of participating health care providers shall not be included in contractual allowances or determining revenues or cost of patient care.

5. Department – Department of Social Services.

Director – Director of the Department of Social Services.
 Division – MO HealthNet Division, Department of Social Services.

8. Engaging in the business of providing inpatient health care – Accepting payment for inpatient services rendered.

9. Federal Reimbursement Allowance (FRA) – The fee assessed to hospitals for the privilege of engaging in the business of providing inpatient health care in Missouri. The FRA is an allowable cost to the hospital.

10. Fiscal period – Twelve- (12-) month reporting period determined by each hospital.

11. Gross hospital service charges – Total charges made by the hospital for inpatient and outpatient hospital services that are covered under 13 CSR 70-15.010.

12. Hospital – A place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment, or care for not fewer than twenty-four (24) hours in any week of three (3) or more nonrelated individuals suffering from illness, disease, injury, deformity, or other abnormal physical conditions; or a place devoted primarily to provide, for not fewer than twenty-four (24) hours in any week, medical or nursing care for three (3) or more nonrelated individuals. The term hospital does not include convalescent, nursing, shelter, or boarding homes as defined in Chapter 198, RSMo.

13. Hospital revenues subject to FRA assessment effective July 1, 2008 – Each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues subject to the FRA assessment will be determined as follows:

A. Obtain "Gross Total Charges" from Worksheet G-2, Line 25, Column 3 from CMS 2552-96, or Worksheet G-2, Line 28, Column 3 from CMS 2552-10, of the third prior year cost report (i.e., FRA fiscal year cost report) for the hospital. Charges shall exclude revenues for physician services. Charges related to activities subject to the Missouri taxes assessed for outpatient retail pharmacies and nursing facility services shall also be excluded. "Gross Total Charges" will be reduced by the following:

(I) "Nursing Facility Charges" from Worksheet C, Part I, Line 35, Column 6 from CMS 2552-96, or Worksheet C, Part I, Line 45, Column 6 from CMS 2552-10;

(II) "Swing Bed Nursing Facility Charges" from Worksheet G-2, Line 5, Column 1 from CMS 2552-96, or Worksheet G-2, Line 6, Column 1 from CMS 2552-10;

(III) "Nursing Facility Ancillary Charges" as

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determined from the Department of Social Services, MO HealthNet Division, nursing home cost report. (Note: To the extent that the gross hospital charges, as specified in subparagraph (1)(A)13.A. above, include long-term care charges, the charges to be excluded through this step shall include all long-term care ancillary charges including skilled nursing facility, nursing facility, and other long-term care providers based at the hospital that are subject to the state's provider tax on nursing facility services.);

(IV) "Distinct Part Ambulatory Surgical Center Charges" from Worksheet G-2, Line 22, Column 2 from CMS 2552-96, or Worksheet G-2, Line 25, Column 2 from CMS 2552-10;

(V) "Ambulance Charges" from Worksheet C, Part I, Line 65, Column 7 from CMS 2552-96, or Worksheet C, Part I, Line 95, Column 7 from CMS 2552-10;

(VI) "Home Health Charges" from Worksheet G-2, Line 19, Column 2 from CMS 2552-96, or Worksheet G-2, Line 22, Column 2 from CMS 2552-10;

(VII) "Total Rural Health Clinic Charges" from Worksheet C, Part I, Column 7, Lines 63.50–63.59 from CMS 2552-96, or Worksheet C, Part I, Column 7, Line 88 and subsets from CMS 2552-10; and

(VIII) "Other Non-Hospital Component Charges" from Worksheet G-2, Lines 6, 8, 21, 21.02, 23, and 24 from CMS 2552-96, or Worksheet G-2, Lines 5, 7, 9, 21, 24, 26, and 27 from CMS 2552-10;

B. Obtain "Net Revenue" from Worksheet G-3, Line 3, Column 1. The state will ensure this amount is net of bad debts and other uncollectible charges by survey methodology;

C. "Adjusted Gross Total Charges" (the result of the computations in subparagraph (1)(A)13.A.) will then be further adjusted by a hospital-specific collection-to-charge ratio determined as follows:

(I) Divide "Net Revenue" by "Gross Total Charges"; and

(II) "Adjusted Gross Total Charges" will be multiplied by the result of part (1)(A)13.C.(I) to yield "Adjusted Net Revenue";

D. Obtain "Gross Inpatient Charges" from Worksheet G-2, Line 25, Column 1 from CMS 2552-96, or Worksheet G-2, Line 28, Column 1 from CMS 2552-10, of the most recent cost report that is available for a hospital;

E. Obtain "Gross Outpatient Charges" from Worksheet G-2, Line 25, Column 2 from CMS 2552-96, or Worksheet G-2, Line 28, Column 2 from CMS 2552-10, of the most recent cost report that is available for a hospital;

F. Total "Adjusted Net Revenue" will be allocated between "Net Inpatient Revenue" and "Net Outpatient Revenue" as follows:

(I) "Gross Inpatient Charges" will be divided by "Gross Total Charges";

(II) "Adjusted Net Revenue" will then be multiplied by the result to yield "Net Inpatient Revenue"; and

(III) The remainder will be allocated to "Net Outpatient Revenue"; and

G. The trend indices, if greater than 0%, will be determined based on the Health Care Costs index as published in *Healthcare Cost Review* by Institute of Health Systems (IHS), or equivalent publication, regardless of any changes in the name of the publication or publisher, for each state fiscal year (SFY). The trend indices listed below will be applied to the apportioned inpatient adjusted net revenue and outpatient adjusted net revenue in order to inflate or trend forward the adjusted net revenues from the FRA fiscal year cost report to the current state fiscal year to determine the inpatient and outpatient adjusted net revenues subject to the FRA assessment.

[(I) SFY 2021 =

(a) Inpatient Adjusted Net Revenues—3.2%

(b) Outpatient Adjusted Net Revenues—0%]

[(//)](I) SFY 2022 =

(a) Inpatient Adjusted Net Revenues – 4.2%

(b) Outpatient Adjusted Net Revenues – 0% [(///)](II) SFY 2023 =

(a) Inpatient Adjusted Net Revenues – 3.8%

(b) Outpatient Adjusted Net Revenues – 0%

[(/V)](III) SFY 2024 =

(a) Inpatient Adjusted Net Revenues – 0%

(b) Outpatient Adjusted Net Revenues – 0%

(IV) SFY 2025 =

(a) Inpatient Adjusted Net Revenues – 0%
(b) Outpatient Adjusted Net Revenues – 0%

(B) Each hospital engaging in the business of providing *[inpatient]* health care in Missouri shall pay an FRA. The FRA shall be calculated by the Department of Social Services.

1. The FRA shall be as described beginning with section (2) and going forward.

2. If a hospital does not have a third prior year cost report on which to determine the hospital revenues subject to FRA assessment as set forth in paragraph (1)(A)13., inpatient and outpatient adjusted net revenues shall be based upon the projections included with its Certificate of Need (CON) application on the "Service-Specific Revenues and Expenses" form (CON projections) required in a full CON review as described in 19 CSR 60-50.470. If the hospital did not go through a full CON review, it must submit a completed "Service-Specific Revenues and Expenses" form that has been verified by an independent auditor.

A. The hospital must provide the division with the breakdown of the inpatient and outpatient revenues that tie to the CON projections.

B. The CON projections and the breakdown of the inpatient and outpatient revenues are subject to review and validation by the division.

C. Once the facility has a third prior year cost report, the assessment shall be based on the actual inpatient and outpatient adjusted net revenues from such cost report.

3. The FRA assessment for hospitals that merge operation under one (1) Medicare and MO HealthNet provider number shall be determined as follows:

A. The previously determined FRA assessment for each hospital shall be combined under the active MO HealthNet provider number for the remainder of the state fiscal year after the division receives official notification of the merger; and

B. The FRA assessment for subsequent fiscal years shall be based on the combined data for both facilities.

4. A hospital which either voluntarily or involuntarily terminates its license and which becomes relicensed will be assessed the same inpatient and outpatient assessment as the previous hospital owner/operator if the hospital becomes relicensed during the same state fiscal year. If the hospital does not become relicensed during the same state fiscal year, the inpatient and outpatient assessment will be determined based on the applicable base year data (i.e., third prior year). If the hospital does not have the applicable base year data, the inpatient and outpatient assessment will be based on the most recent cost report data available and will include annual trend factor adjustments from the year subsequent to the cost report period through the state fiscal year for which the assessments are being determined.

(C) The division shall prepare a confirmation schedule of

the information from each hospital's third prior year cost report and provide each hospital with this schedule. Each hospital required to pay the FRA shall review the confirmation schedule and confirm the information is correct or provide correct information within fifteen (15) days of receiving the confirmation schedule. If the hospital fails to submit the corrected data within the fifteen- (15-) day time period, the hospital shall be barred from submitting corrected data later to have its FRA assessment or the additional payments from 13 CSR 70-15.010, 13 CSR 70-15.015, 13 CSR 70-15.220, and 13 CSR 70-15.230 adjusted.

1. The FRA will be offset against any Missouri Medicaid payment due the hospital. The FRA assessments shall be allocated and deducted over the applicable period.

2. A letter will be sent to the hospital indicating the FRA balance due after offset, if any, at the end of each state fiscal quarter. The FRA balance due shall be remitted by the hospital to the MO HealthNet Division as stated in the letter.

[(2) Beginning July 1, 2020, the FRA assessment shall be determined at a rate of five and seventy-five hundredths percent (5.75%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1) (A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.]

[(3)](2) Beginning July 1, 2021, the FRA assessment shall be determined at a rate of five and forty-eight hundredths percent (5.48%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1) (A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.

[(4)](3) Beginning July 1, 2022, the FRA assessment shall be determined at a rate of five and four-tenths percent (5.40%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1) (A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.

[(5)](4) Beginning July 1, 2023, the FRA assessment shall be determined at a rate of four and eight-tenths percent (4.80%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1) (A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.

(5) Beginning July 1, 2024, the FRA assessment shall be determined at a rate of four and two-tenths percent (4.20%) of each hospital's inpatient adjusted net revenues

and outpatient adjusted net revenues as set forth in paragraph (1)(A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.

AUTHORITY: sections 208.201, 208.453, 208.455, and 660.017, RSMo 2016. Emergency rule filed Sept. 21, 1992, effective Oct. 1, 1992, expired Jan. 28, 1993. Emergency rule filed Jan. 15, 1993, effective Jan. 25, 1993, expired May 24, 1993. Original rule filed Sept. 21, 1992, effective June 7, 1993. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed July 26, 2024, effective Aug. 9, 2024, expired Feb. 27, 2025. A proposed amendment covering the same material is published in this issue of the **Missouri Register**.

PUBLIC COST: For the six (6) months of SFY 2025 that this emergency amendment is effective, this emergency amendment will result in FRA Assessment reduction to public entities of approximately \$4.8 million.

PRIVATE COST: For the six (6) months of SFY 2025 that this emergency amendment is effective, this emergency amendment will result in FRA Assessment reduction to private entities of approximately \$55.6 million.

FISCAL NOTE PUBLIC COST

I.	Department Title:	Title 13 - Department of Social Services
	Division Title:	Division 70 - MO HealthNet Division
	Chapter Title:	Chapter 15 – Hospital Program
_		
	Rule Number and	13 CSR 70-15.110 Federal Reimbursement Allowance (FR

Rule Number and Title:	13 CSR 70-15.110 Federal Reimbursement Allowance (FRA)
Type of Rulemaking:	Emergency Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Other Government (Public) & State	Estimated reduction in FRA Assessment for 6
Hospitals – 39	months of SFY 2025 - \$4.8 million

III. WORKSHEET

Estimated Assessment at 4.20% for SFY 2025:

	No. of Facilities	Inpatient Revenues	Outpatient Revenues	Total
Public Hospitals Revenues (2024)	38	\$892,603,793	\$1,093,939,563	\$1,986,543,356
FRA Assessment Rate		<u>4.80%</u>	<u>4.80%</u>	<u>4.80%</u>
Total Assessment with Trend		\$42,844,981	\$52,509,099	\$95,354,080
Public Hospitals Revenues (2025) Revenue Trend for SFY 2025	39	\$885,048,604 0.00%	\$1,269,886,808 0.00%	\$2,154,935,412
Total Revenues Trended (2025)		\$885,048,604	\$1,269,886,808	\$2,154,935,412
FRA Assessment Rate		<u>4.20%</u>	4.20%	<u>4.20%</u>
Total Assessment with Trend		\$37,172,042	\$53,335,246	\$90,507,288

Impact of FRA Assessment Rate

(\$4,846,792)

IV. ASSUMPTIONS

This fiscal note reflects the total FRA Assessment of 4.20% for July 1, 2024 through June 30, 2025. The fiscal note is based on establishing the FRA Assessment rate as noted above and a trend of 0% on inpatient revenues and 0% on outpatient revenues beginning July 1, 2024. The FRA Assessment rate is levied upon Missouri hospitals' trended inpatient and outpatient net adjusted revenues. There is a decrease in the amount of FRA that will be raised compared to SFY 2024. This is attributable to the increase in taxable revenue and decrease in the tax rate.

FISCAL NOTE PRIVATE COST

I. Department Title: Title 13 - Department of Social Services Division Title: Division 70 - MO HealthNet Division Chapter Title: Chapter 15 - Hospital Program

Rule Number and Title:	13 CSR 70-15.110 Federal Reimbursement Allowance (FRA)
Type of Rulemaking:	Emergency Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed 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:
96	Hospitals	Estimated reduction in FRA Assessment for 6 months of SFY 2025 - \$55.6 million

III. WORKSHEET

Estimated Assessment at 4.20% for SFY 2025:

	No. of Facilities	Inpatient Revenues	Outpatient Revenues	Total
Private Hospitals Revenues (2024) FRA Assessment Rate Total Assessment with Trend	97	\$5,337,643,015 <u>4.80%</u> \$256,206,866	\$5,391,775,779 <u>4.80%</u> \$258,805,239	\$10,729,418,794 <u>4.80%</u> \$515,012,105
Private Hospitals Revenues (2025) Revenue Trend for SFY 2025	96	\$5,311,580,032 0.00%	\$5,627,747,573 0.00%	\$10,939,327,605
Total Revenues Trended (2025) FRA Assessment Rate Total Assessment with Trend		\$5,311,580,032 4.20% \$223,086,362	\$5,627,747,573 4.20% \$236,365,398	\$10,939,327,605 <u>4.20%</u> \$459,451,760
Impact of FRA Assessment Rate				(\$55,560,345)

IV. ASSUMPTIONS

This fiscal note reflects the total FRA Assessment of 4.20% for July 1, 2024 through June 30, 2025. The fiscal note is based on establishing the FRA Assessment rate as noted above and a trend of 0% on inpatient revenues and 0% on outpatient revenues beginning July 1, 2024. The FRA Assessment rate is levied upon Missouri hospitals' trended inpatient and outpatient net adjusted revenues. There is a decrease in the amount of FRA that will be raised compared to SFY 2024. This is attributable to the increase in taxable revenue and decrease in the tax rate.

EMERGENCY RULES

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES Division 70 – MO HealthNet Division Chapter 15 – Hospital Program

EMERGENCY AMENDMENT

13 CSR 70-15.230 Upper Payment Limit (UPL) Payment Methodology The division is amending section (2) and the purpose statement.

PURPOSE: This emergency amendment is updating the UPL payment methodology.

EMERGENCY STATEMENT: The Department of Social Services (DSS), MO HealthNet Division (MHD) finds that this emergency amendment is necessary to preserve a compelling governmental interest as it allows the State Medicaid Agency to continue to pay State Government owned hospitals a supplemental payment to cover the costs of Medicaid services provided to Missouri participants. As a result, the MHD finds a compelling governmental interest in providing these payments to state government-owned hospitals by July 1, 2024, which requires an early effective date. A proposed amendment, which covers the same material, will be published in an upcoming issue of the Missouri Register. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The MHD believes this emergency amendment to be fair to all interested parties under the circumstances. The emergency amendment was filed July 26, 2024, effective August 9, 2024, and expires February 27, 2025.

PURPOSE: This rule establishes a methodology for determining Upper Payment Limit (UPL) payments provided to **state government-owned** hospitals beginning July 1, [2011] **2022**. [The regulation also establishes an additional UPL supplemental payment for hospitals with a Low Income and Needy Care Collaboration Agreement.]

(2) Beginning with SFY 2023, state government-owned hospitals will be paid a semi-monthly payment up to the inpatient (IP) UPL gap.

(A) Prior to each SFY, the division shall calculate the estimated Medicaid payments for the coming SFY for each hospital. The total estimated Medicaid payments for each hospital shall be subtracted from the hospital's IP UPL calculated in accordance to the methodology set forth below then summed to calculate the IP UPL gap. The IP UPL gap is reduced by the estimated inpatient fee-for-service Graduate Medical Education (GME) payments for the coming SFY for each hospital to calculate the total amount of funding available. [previous] SFY['s] 2023 payments are compared to current SFY's estimated claims based payments and when the estimated current year payments is less than [prior year] SFY 2023 payments, that hospital is eligible for a UPL payment. The available IP UPL gap is distributed to each eligible hospital based on the percent to total of the available room in the [prior year] SFY 2023 and current year comparison. The available gap under the IP UPL for each eligible hospital will be aggregated to create the supplemental payment amount. The total calculated supplemental payment amount will be paid to eligible hospitals.

1. The IP UPL will be determined based on the hospital's Medicaid inpatient costs using Medicare cost reporting principles. All Medicare cost report worksheet, column, or line references are based upon the Medicare Cost Report (MCR) CMS 2552-10 and should be adjusted for any CMS-approved successor MCR. The amount that Medicare would pay shall be calculated as follows:

A. Using Medicare cost report data within the previous two (2) years of the IP UPL demonstration dates in accordance with IP UPL guidelines set by CMS, Total Medicare Costs shall be derived from the reported Inpatient Hospital Cost on the following cost report variable locations:

(I) Worksheet D-1, Hospital/IPF/IRF Components, Column 1, Line 49;

(II) Plus Organ Acquisitions Cost from all applicable Worksheets D-4, Column 1, Line 69;

(III) Plus GME Aggregated Approved Amount from Worksheet E-4, Column 1, Line 49;

B. Total Medicare Patient Days shall be derived from Worksheet S-3, Part I, Column 6, Lines 14, 16, and 17 of the same cost report as the Total Medicare Costs;

C. A calculated Medicare Cost *Per Diem* shall be calculated by dividing the Total Medicare Costs by the hospital's Total Medicare Patient Days;

D. The calculated Medicare Cost *Per Diem* shall be multiplied by the total Medicaid Patient Days from a twelve-(12-) month data set from the prior two (2) years of the IP UPL demonstration dates in accordance with the IP UPL guidelines set by CMS to derive the hospital's IP UPL.

(I) The data source for the Medicaid Patient Days and Total Medicaid Payments shall be from the state's Medicaid Management Information System (MMIS) claims data;

E. The calculated IP UPL shall be inflated from the midpoint of the hospital's cost report period to the midpoint of the IP UPL demonstration period using the CMS Prospective Payment System (PPS) hospital market basket index; and

F. If payments in this section would result in payments to any category of hospitals in excess of the IP UPL calculation required by 42 CFR 447.272, payments for each eligible hospital receiving payments under this section will be reduced proportionately to ensure compliance with the IP UPL.

AUTHORITY: sections 208.153, 208.201, and 660.017, RSMo 2016, and section 208.152, RSMo Supp. [2022] 2023. Emergency rule filed May 20, 2011, effective July 1, 2011, expired Dec. 28, 2011. Original rule filed May 20, 2011, effective Jan. 30, 2012. Emergency amendment filed June 14, 2022, effective July 1, 2022, expired Feb. 23, 2023. Amended: Filed June 14, 2022, effective Jan. 30, 2023. The emergency amendment was filed July 26, 2024, effective Aug. 9, 2024, and expires Feb.27, 2025. A proposed amendment covering the same material will is published in this issue of the Missouri Register.

PUBLIC COST: This emergency amendment will cost state agencies and political subdivisions \$2 million in time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private hospitals more than five hundred dollars (\$500) in the aggregate for the six (6) months of SFY 2025 that this amendment is effective.

FISCAL NOTE PUBLIC COST

I.	Department Title:	13 Social Services
	Division Title:	70 MO HealthNet Division
	Chapter Title:	15 Hospital Program

Rule Number and	13 CSR 70-15.230 Upper Payment Limit (UPL) Payment	
Title:	Methodology	
Type of Rulemaking:	Emergency Amendment	

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
State Hospitals enrolled in MO	Estimated Cost for 6 months of SFY 2025:
HealthNet - 1	\$2 million
Department of Mental Health Hospitals enrolled in MO HealthNet – 2	Estimated Increase in Payments for 6 months of SFY 2025: \$2 million
Department of Social Services, MO	Estimated cost for 6 months of SFY 2025:
HealthNet Division	\$0

III. WORKSHEET

State Hospitals Impact		
Estimated Impact for SFY 2025		
	Total	
State Hospitals (Cost)	(\$1,957,641)	
SFY 2025 Blended FMAP	34.5%	
State Share	(\$675,386)	
Federal Share	(\$1,282,255)	

Department of Mental Health Hospitals Impact		
Estimated Impact for SFY 2025		
	Total	
DMH Hospitals Gain	\$1,957,641	
SFY 2025 Blended FMAP	34.5%	
State Share	\$675 <i>,</i> 386	
Federal Share	\$1,282,255	

IV. ASSUMPTIONS

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

EXECUTIVE ORDER 24-10

WHEREAS, there are currently no safety standards, packaging requirements, or other regulations related to the safety of consuming unregulated psychoactive cannabis products in Missouri; and

WHEREAS, unregulated psychoactive cannabis products include delta-8 tetrahydrocannabinol (THC), delta-10 THC, hexahydrocannabinol (HHC), tetrahydrocannabinol (THC-O), tetrahydrocannabiphoral (THCP), tetrahydrocannabivarin (THCV), and other similar compounds; and

WHEREAS, numerous Missourians have been negatively impacted by the consumption of foods with unregulated psychoactive cannabis products added to them; and

WHEREAS, Missouri children, and children across the nation, have been hospitalized due to consuming unregulated psychoactive cannabis products; and

WHEREAS, additional actions must be taken to protect consumers, including children, from the sale of foods that include unregulated psychoactive cannabis products; and

WHEREAS, the Missouri Department of Health and Senior Services (DHSS) is tasked with ensuring the protection of the public when it comes to food under Chapter 196, RSMo; and

WHEREAS, the DHSS is tasked with promulgating regulations that conform, insofar as practicable, with those promulgated under federal acts under Section 196.045, RSMo; and

WHEREAS, state law currently prohibits the sale of foods that are adulterated or misbranded under Section 196.015, RSMo; and

WHEREAS, the DHSS has promulgated rules and a Food Code under Section 196.045, RSMo, which align with the United States Food and Drug Administration (FDA); and

WHEREAS, the FDA and the Missouri Food Code require that all food come from approved sources; and

WHEREAS, the FDA and the Missouri Food Code require that food that is not from an approved source shall be discarded; and

WHEREAS, the FDA and the Missouri Food Code require that food additives must be approved food additives or come from approved food sources; and

WHEREAS, there is no unregulated psychoactive cannabis product that has been approved by the FDA as a food additive; and

cannabis products are deleterious, poisonous, and adulterated under Sections 196.070, RSMo, and 196.085, RSMo, and to take the necessary steps in accordance with statute and regulation to embargo and condemn any food containing unregulated psychoactive cannabis products. These provisions do not apply to products under the control or purview of the Division of Cannabis Regulation under Article XIV of the Missouri Constitution as long as all psychoactive cannabinoids in those products are sourced from establishments licensed under Article XIV of the Missouri Constitution.

I further direct the DHSS to produce and distribute information regarding how the DHSS will regulate products consistent with this Executive Order.

I further direct the Missouri Division of Alcohol and Tobacco Control to amend its regulations such that unregulated psychoactive cannabis products are prohibited from being sold on the premises of a liquor-licensed facility.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 1st day of August, 2024.

MICHAEL L. PARSON GOVERNOR

ATTEST:

UOHN R. ASHCROFT SECRETARY OF STATE

PROPOSED RULES

MISSOURI REGISTER

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.

A n 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.

I f 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*.

A n agency may hold a public hearing on a rule 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 11 – DEPARTMENT OF PUBLIC SAFETY Division 70 – Division of Alcohol and Tobacco Control Chapter 2 – Rules and Regulations

PROPOSED AMENDMENT

11 CSR 70-2.010 Definitions. The Division of Alcohol and Tobacco Control is amending section (24) and adding a new section (30).

PURPOSE: This amendment clarifies the division's longstanding practice of treating legal entities the same way corporations are treated in evaluating their qualifications for licensure and permanently codifies previous emergency regulation. Further, the division wanted to simplify the definition of "two (2) cases of wine" as it is used in section 311.185, RSMo, as it has caused confusion in recent litigation. (24) [A case of wine, for the purposes of wine direct shipments, is a box, crate, or other container that holds twelve (12) standard bottles of wine in the manufacturer's original package, each containing seven hundred fifty milliliters (750 ml), or holds one (1) or more containers of wine in the manufacturer's original package with an aggregate total of no more than nine (9) liters or two and thirty-eight hundredths (2.38) gallons of wine.] Two (2) cases of wine, as it is referred to in section 311.185, RSMo, shall mean the equivalent volume of four and seventy-six hundredths (4.76) gallons shipped in a calendar month.

(30) Association, as it is used in section 311.030, RSMo, includes limited liability companies and all business entities not otherwise described in Chapter 311, RSMo, as a person.

AUTHORITY: section 311.660, RSMo Supp. 2023. This version of rule filed Feb. 8, 1973, effective Feb. 18, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Aug. 1, 2024.

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 Division of Alcohol and Tobacco Control Central Office, 1738 E. Elm, Lower Level, Jefferson City, MO 65101, by facsimile at (573) 526-4369, or via email at Kristen.Cole@dps.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 11 – DEPARTMENT OF PUBLIC SAFETY Division 70 – Division of Alcohol and Tobacco Control Chapter 2 – Rules and Regulations

PROPOSED AMENDMENT

11 CSR 70-2.020 Application for License. The Division of Alcohol and Tobacco Control is adding sections (18), (19), and (20).

PURPOSE: This amendment clarifies that the division treats all business entities equally in evaluating qualifications for a license and that no individual under twenty-one (21) years of age is qualified to hold, or have a financial interest in, a liquor license. Further, this amendment codifies how the division treats trusts upon application.

(18) When evaluating the qualifications for licensure of any business entity not specifically named in section 311.060, RSMo, the division shall use the standards set forth in this section.

(A) No entity shall be granted a liquor license if any of its owners, members, natural persons holding a financial interest in the business sought to be licensed, officers, or managing officer have held any such a position with a revoked license, subject to the limitations described in section 311.060.7, RSMo, or if such individual shall not be a person of good moral character. As used in this subsection,

PROPOSED RULES

"members" shall refer to natural persons holding a share of control of the business sought to be licensed.

(B) When a business seeking to be licensed has shares of control held by a separate business entity or trust, all natural persons associated with the ownership or control of the shareholding business entity shall be evaluated consistent with subsection (18)(A) as though the natural persons associated with the shareholding business were members of the business sought to be licensed.

(C) Subsections (A) and (B) of this section shall not apply to the beneficiaries of a trust.

(D) The supervisor may decline to issue a license where there is cause to believe an unqualified individual has created one (1) or more business entities or trusts to avoid the qualifications of this section.

(19) Beginning on the effective date of this regulation, no person, partnership, or business entity shall be qualified for a liquor license if such person, partnership, or business entity shall have any ownership by, or who shall designate a managing officer that is, a person who has not attained the age of twenty-one (21) years. This section shall not apply to a beneficiary of a trust who holds a financial interest in the applicant business. The supervisor of alcohol and tobacco control shall not use this section as a reason to deny the renewal of any active license existing on the effective date of this regulation.

(20) Where a trust holds a financial interest in an applicant business, the trust must disclose the trustee as though the trustee was an owner. The trust need not disclose the beneficiaries of the trust until the financial interest is realized or if the supervisor of alcohol and tobacco control has cause to believe that a beneficiary of the trust is disqualified from having a financial interest in the applicant business or where the trust merely acts as subterfuge. Applicants who have a trust holding a financial interest shall –

(A) Complete a mandatory attestation form created by the division;

(B) Provide a certification of trust with the application; and

(C) Furnish to the division a copy of the trust instrument upon request.

AUTHORITY: section 311.660, RSMo Supp. 2023. This version of rule filed Feb. 8, 1973, effective Feb. 18, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Aug. 1, 2024.

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 Division of Alcohol and Tobacco Control Central Office, 1738 E. Elm, Lower Level, Jefferson City, MO 65101, by facsimile at (573) 526-4369, or via email at Kristen.Cole@dps.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 11 – DEPARTMENT OF PUBLIC SAFETY Division 70 – Division of Alcohol and Tobacco Control

Chapter 2 – Rules and Regulations

PROPOSED AMENDMENT

11 CSR 70-2.050 Wholesalers' Conduct of Business. The division adding new section (9).

PURPOSE: This amendment expands wholesalers' ability to conduct business on a retailer's premise in addition to the rights explicitly contemplated by section 311.070.12, RSMo.

(9) In addition to the rights described in section 311.070.12, RSMo, whenever a wholesaler's employee or agent appears on the premise of a licensed retailer, the wholesaler's employee or agent may count inventory of supplied product, prepare templates for retailer orders, and make recommendations on future purchases by the retailer. Any such proposed orders or recommendations must be signed for, or otherwise approved of, by the retailer. Under no circumstances may the wholesaler's employee or agent sign for, or otherwise approve, wholesaler product absent the express consent of the retailer. Any service provided by the wholesaler to one (1) licensee must be available upon request to all licensees, free of cost, unless such service or cost is permitted by Chapter 311, RSMo.

AUTHORITY: section 311.660, RSMo Supp. [2021]2023. This version of rule filed Feb. 8, 1973, effective Feb. 18, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Aug. 1, 2024.

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 Division of Alcohol and Tobacco Control Central Office, 1738 E. Elm, Lower Level, Jefferson City, MO 65101, by facsimile at (573) 526-4369, or via email at Kristen.Cole@dps.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 11 – DEPARTMENT OF PUBLIC SAFETY Division 70 – Division of Alcohol and Tobacco Control Chapter 2 – Rules and Regulations

PROPOSED AMENDMENT

11 CSR 70-2.060 Manufacturers. The Division of Alcohol and Tobacco Control is amending section (2).

PURPOSE: This amendment clarifies that the Division of Alcohol and Tobacco Control is incorporating the federal regulations associated with 27 U.S.C. Chapter 8 (Federal Alcohol Administration Act).

(2) The Federal Alcohol Administration Act is hereby incorporated by reference (published by the United States House, dated January 1, 2022, and available at[:] https:// uscode.house.gov/view.xhtml?path=/prelim@title27/ chapter8&edition=prelim) and all federal regulations adopted thereunder as of January 1, 2022. This rule does not include any later amendments or additions. [These] This regulation[s apply] applies to distilled spirits, wine, and malt beverages packaged purely for interstate shipment insofar as the regulations are not contrary to or inconsistent with the laws of Missouri. In addition to the regulations, the label of every container of spirituous liquor, wine, or malt liquor, unless already required by the regulations, shall set forth the name and address of the manufacturer, brewer, distiller, rectifier, or producer of the spirituous liquor, wine, or malt liquor as the case may be[;], provided that if the name of the brewer or manufacturer of malt liquor which appears on the label is not the owner of the facility where the malt liquor was brewed or manufactured, then the name, owner, and address of the facility shall also be set forth on the label.

AUTHORITY: section 311.660, RSMo Supp. [2021] 2023. This version of rule filed Feb. 8, 1973, effective Feb. 18, 1973. For intervening history, please consult the Code of State Regulations. Amended: Filed Aug. 1, 2024.

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 Division of Alcohol and Tobacco Control Central Office, 1738 E. Elm, Lower Level, Jefferson City, MO 65101, by facsimile at (573) 526-4369, or via email at Kristen.Cole@dps.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 11 – DEPARTMENT OF PUBLIC SAFETY Division 70 – Division of Alcohol and Tobacco Control

Chapter 2 – Rules and Regulations

PROPOSED AMENDMENT

11 CSR 70-2.140 All Licensees. The division is amending section (6).

PURPOSE: This amendment clarifies the duty of licensees to maintain records when they are aware of a pending investigation.

(6) All licensees shall keep complete and accurate records pertaining to their businesses. Such records include a complete and accurate record of all purchases and of all sales of intoxicating liquor made by them. These records are to include the names and addresses of all persons from whom the liquor is purchased, the dates, kinds, and quantities of the purchases and the dates and amounts of payments on account. They also should include the daily gross returns from sales.

(D) If a licensee maintains additional records not required by this section, such as audio, video, telephonic, written, or otherwise transcribed records, the licensee shall maintain complete and accurate records relevant to any illegal activity until those records are turned over to the supervisor of alcohol and tobacco control or other law enforcement agency with competent jurisdiction. The duty to maintain such records begins when the licensee knows or has reason to believe that illegal activity has occurred on the licensed premise or has been notified by the supervisor of alcohol and tobacco control, or any other law enforcement agency, that there is a pending investigation regarding the licensee's conduct.

AUTHORITY: section 311.660, RSMo Supp. 2023. This version of rule filed Feb. 8, 1973, effective Feb. 18, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Aug. 1, 2024.

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 Division of Alcohol and Tobacco Control Central Office, 1738 E. Elm, Lower Level, Jefferson City, MO 65101, by facsimile at (573) 526-4369, or via email at Kristen.Cole@dps.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 11 – DEPARTMENT OF PUBLIC SAFETY Division 70 – Division of Alcohol and Tobacco Control Chapter 2 – Rules and Regulations

PROPOSED AMENDMENT

11 CSR 70-2.240 Advertising of Intoxicating Liquor. The division is amending sections (1) and (5), removing sections (7), (17), and (18), and amending and renumbering the remaining sections as necessary.

PURPOSE: This amendment adjusts ATC regulations to be consistent with the Eighth Circuit's holding in Missouri Broadcasters Association v. Supervisor of Alcohol and Tobacco Control.

(1) No person engaged in business as a producer, manufacturer, brewer, bottler, importer, wholesaler, or retailer of intoxicating liquor, directly or indirectly, may publish or disseminate or cause to be published or disseminated any advertisement of intoxicating liquor[,] unless the advertisement is in conformity with [the regulations] this regulation.

[(A) These provisions do not apply to the publisher of any newspaper, magazine, or similar publication, unless the publisher is engaged in business as a producer, manufacturer,

PROPOSED RULES

brewer, bottler, importer, wholesaler, or retailer of intoxicating liquor, directly or indirectly.]

(5) No advertisements of intoxicating liquor may contain -

(A) Any statement, design, device, or representation that is false or misleading *[in any material particular]* including any false or misleading statement that creates an impression about the effects of alcohol consumption on health, and any false or misleading statement that explicitly or implicitly disparages a competitor's product. This does not prevent truthful and accurate comparisons between products or statements of opinion;

[(B) Any statement that is disparaging of a competitor's products;]

(B) Any statement, design, or device representing that the use of any intoxicating liquor has curative or therapeutic effects or tending to create an impression that it has curative or therapeutic effects;

(C) Any statement, design, device, or representation which is obscene, indecent, *[in poor taste,]* or conveys a derogatory connotation;

[(D) Any statement design, device, or representation of or relating to analyses, standards, or tests, irrespective of falsity, which is likely to mislead the consumer;

(E) Any statement, design, device, or representation of or relating to any guarantee, irrespective of falsity, which is likely to mislead the consumer. Nothing in this subsection prevents the use of any enforceable guarantee in substantially the following form: "We will refund the purchase price to the purchaser if s/he is in any manner dissatisfied with the contents of this package";]

[(F)](D) Any statement that the product is produced, blended, brewed, made, bottled, packaged, sold under or in accordance with any authorization, law, or regulation of any municipality, county, state, federal or foreign government unless the statement is necessary or specifically authorized by the laws or regulations of the government[:] and, if a municipality, county, state, or federal permit number is stated, the permit number shall not be accompanied by an additional statement relating to it;

[(G) Any statement offering any coupon, premium, prize, rebate, sales price below cost, or discount as an inducement to purchase intoxicating liquor except, manufacturers of intoxicating liquor other than beer or wine shall be permitted to offer and advertise consumer cash rebate coupons and all manufacturers of intoxicating liquor may offer and advertise coupons for nonalcoholic merchandise in accordance with section 311.355, RSMo;

(H) Any statement offering free delivery or credit terms to consumers, as an inducement to purchase intoxicating liquor; and

(I) A price that is below the retailer's actual cost.]

[(7) No advertisement may contain any statement, design, or device representing that the use of any intoxicating liquor has curative or therapeutic effects or tending to create an impression that it has curative or therapeutic effects.]

[(8)](7) No advertisement may contain any statement, design, device, or pictorial representation of or relating to, or capable of being construed as relating to the armed forces of the United States or of the American flag, any state flag, or of any emblem, seal, insignia, or decoration associated with any such flag or the armed forces of the United States; nor may any advertisement containing any statement device, design, or pictorial representation of or concerning any flag, seal, coat of arms, crest, or other insignia, likely to falsely lead the consumer to believe that the product has been endorsed, made or used by, or produced for or under the supervision of or in accordance with the specifications of the government, organization, family, or individual with whom the flag, seal, coat of arms, crest, or insignia is associated.

[(9)](8) No advertisement for distilled spirits may contain -

(A) The words bond, bottled in bond, aged in bond, or phrases containing these or synonymous terms[,] unless these words or phrases appear upon the labels of the distilled spirits advertised and are stated in the advertisement in the manner and form in which they appear upon the label;

(B) Any statement, design, or device, directly or by implication concerning age or maturity of any brand or lot of distilled spirits unless a statement of age appears on the labels of the advertised product. When any statement, design, or device concerning age or maturity is contained in any advertisement, it shall include (in direct conjunction with the advertisement and with substantially equal conspicuousness) all parts of the statement concerning age and percentages, if any, which appear on the label. However, an advertisement for any whiskey or brandy[, which] that does not bear a statement of age on the label or an advertisement for rum which is four (4) years or more old[,] may contain general inconspicuous age, maturity or other similar representations, for example aged in wood, mellowed in fine oak cask; and

[(C) A representation that intoxicating liquor was manufactured in or imported from a place or country other than of its actual origin or was produced or processed by one who was not in fact the actual producer or processor.]

[(10)](9) No [A]advertisement for wine may contain –

(A) Any statement of bonded winecellar or bonded winery numbers unless stated in direct conjunction with the name and address of the person operating the winery or storeroom. Statement of bonded *[wineceller]winecellar* and bonded winery numbers may be made in the following form: "Bonded Winecellar No...," "Bonded Winery No...," "B.W.C. No...," or "B.W. No...*[,].*" No additional reference to numbers shall be made, or any use be made of a statement that may convey the impression that the wine has been made or matured under United States government or any state government supervision or in accordance with United States government or any state government specifications or standards; and

(B) Any statement, design, device, or representation which relates to alcoholic content or which tends to create the impression that a wine is unfortified or has been fortified or has intoxicating qualities or contains distilled spirits except for a reference to distilled spirits in a statement of composition where the statement is required by these regulations to appear as a part of the designation of the product.

[(11)](10) No statement of age or representation relative to age (including words or devices in any brand name or mark) may be made, except that –

(A) In the case of vintage wine, the year of vintage may be stated if it appears on the label; and

(B) Truthful references of a general and informative nature relating to methods of production involving storage or aging, for example "This wine has been mellowed in oak casks," "Stored in small barrels," or "Matured at regulated temperatures in our cellars," may be made.

[(12)](11) The statement of any bottling date is not deemed to be a representation relative to age, if the statement appears without undue emphasis in the following form: "bottled in

[,]" (inserting the year in which the wine was bottled).

[(13)](12) No date, except as provided in this section and section [(12)](11) of this rule with respect to statement of vintage year and bottling date, may be stated unless, in addition to the year and date[,] and in direct conjunction with the year and date, in the same size and kind of printing an explanation of the significance of the date is stated. If any date refers to the date of establishment of any business, this date is to be stated without undue emphasis and in direct conjunction with the name of the person to whom it refers.

[(14)](13) No advertisement may represent that the wine was manufactured in, or imported from, a place or country other than that of the actual origin or produced or processed by one who was not in fact the actual producer or processor.

[(15)](14) No retail licensee may advertise for sale any brand of intoxicating liquor unless s/he has the particular brand and size of container or package of intoxicating liquor in his/her licensed premises for sale.

[(16)](15) No wholesale licensee may allow any sign owned by him/ her or advertising his/her product to be placed or allowed to remain on or upon any building unless the building has an occupant holding a license issued by the supervisor.

[(17) No wholesale or retail licensee may use any loudspeaker or public address system to advertise intoxicating liquor.

(18) No producer, manufacturer, brewer, bottler, importer, or wholesaler of intoxicating liquor may advertise the retail price or suggested retail price of intoxicating liquor.]

AUTHORITY: section 311.660, RSMo [2016] Supp. 2023. This version of rule filed Feb. 8, 1973, effective Feb. 18, 1973. For intervening history, please consult the Code of State Regulations. Amended: Filed Aug. 1, 2024.

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 Division of Alcohol and Tobacco Control Central Office, 1738 E. Elm, Lower Level, Jefferson City, MO 65101, by facsimile at (573) 526-4369, or via email at Kristen.Cole@dps.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 11 – DEPARTMENT OF PUBLIC SAFETY Division 70 – Division of Alcohol and Tobacco Control Chapter 2 – Rules and Regulations

PROPOSED AMENDMENT

11 CSR 70-2.270 Transfer and Registration of Lines or Brands of Spirituous Liquor and Wine. The division is amending section (4).

PURPOSE: This amendment clarifies who must register lines and brands with ATC.

(4) All *[wholesalers]* suppliers are to register with the supervisor of Alcohol and Tobacco Control the lines, brands, or both of alcoholic beverages which they handle and distribute in this state, as well as each wholesaler assigned to the supplier's distribution. No *[wholesaler]* supplier may add an additional line, *[or]* brand, or wholesaler without first filing a statement under oath with the supervisor and with every other wholesaler affected. The statement shall contain the following:

AUTHORITY: section 311.660, RSMo [2016] Supp. 2023. This version of rule filed April 16, 1975, effective April 26, 1975. Amended: Filed Oct. 10, 2018, effective May 30, 2019. Amended: Filed Aug. 1, 2024.

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 Division of Alcohol and Tobacco Control Central Office, 1738 E. Elm, Lower Level, Jefferson City, MO 65101, by facsimile at (573) 526-4369, or via email at Kristen.Cole@dps.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES Division 70 – MO HealthNet Division Chapter 15 – Hospital Program

PROPOSED AMENDMENT

13 CSR 70-15.110 Federal Reimbursement Allowance (FRA). The division is amending section (1), deleting section (2), adding section (5), and renumbering as necessary.

PURPOSE: This proposed amendment provides for the trend factor to be applied to inpatient and outpatient adjusted net revenues to determine the inpatient and outpatient net revenues subject to the FRA assessment for SFY 2025, and also establishes the percentage of FRA that is taxed to Missouri hospitals for SFY 2025.

(1) Federal Reimbursement Allowance (FRA). FRA shall be assessed as described in this section.

(A) Definitions.

1. Bad debts – Amounts considered to be uncollectible from accounts and notes receivable that were created or acquired in providing services. Allowable bad debts include the costs of caring for patients who have insurance, but their insurance does not cover the particular service procedures or treatment rendered.

2. Base year cost report – Audited Medicaid cost report from the third prior calendar year. If a hospital has more than one (1) cost report with periods ending in the third prior

calendar year, the cost report covering a full twelve- (12-) month period will be used. If none of the cost reports covers a full twelve (12) months, the cost report with the latest period will be used. If a hospital's base year cost report is less than or greater than a twelve- (12-) month period, the data shall be adjusted, based on the number of days reflected in the base year cost report, to a twelve- (12-) month period. Any changes to the base year cost report after the division issues a final decision on assessment will not be included in the calculations.

3. Charity care – Those charges written off by a hospital based on the hospital's policy to provide health care services free of charge or at a reduced charge because of the indigence or medical indigence of the patient.

4. Contractual allowances – Difference between established rates for covered services and the amount paid by third-party payers under contractual agreements. The Federal Reimbursement Allowance (FRA) is a cost to the hospital, regardless of how the FRA is remitted to the MO HealthNet Division, and shall not be included in contractual allowances for determining revenues. Any redistributions of MO HealthNet payments by private entities acting at the request of participating health care providers shall not be included in contractual allowances or determining revenues or cost of patient care.

5. Department – Department of Social Services.

6. Director – Director of the Department of Social Services. 7. Division – MO HealthNet Division, Department of Social Services.

8. Engaging in the business of providing inpatient health care – Accepting payment for inpatient services rendered.

9. Federal Reimbursement Allowance (FRA) – The fee assessed to hospitals for the privilege of engaging in the business of providing inpatient health care in Missouri. The FRA is an allowable cost to the hospital.

10. Fiscal period – Twelve- (12-) month reporting period determined by each hospital.

11. Gross hospital service charges – Total charges made by the hospital for inpatient and outpatient hospital services that are covered under 13 CSR 70-15.010.

12. Hospital – A place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment, or care for not fewer than twenty-four (24) hours in any week of three (3) or more nonrelated individuals suffering from illness, disease, injury, deformity, or other abnormal physical conditions; or a place devoted primarily to provide, for not fewer than twenty-four (24) hours in any week, medical or nursing care for three (3) or more nonrelated individuals. The term hospital does not include convalescent, nursing, shelter, or boarding homes as defined in Chapter 198, RSMo.

13. Hospital revenues subject to FRA assessment effective July 1, 2008 – Each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues subject to the FRA assessment will be determined as follows:

A. Obtain "Gross Total Charges" from Worksheet G-2, Line 25, Column 3 from CMS 2552-96, or Worksheet G-2, Line 28, Column 3 from CMS 2552-10, of the third prior year cost report (i.e., FRA fiscal year cost report) for the hospital. Charges shall exclude revenues for physician services. Charges related to activities subject to the Missouri taxes assessed for outpatient retail pharmacies and nursing facility services shall also be excluded. "Gross Total Charges" will be reduced by the following:

(I) "Nursing Facility Charges" from Worksheet C, Part I, Line 35, Column 6 from CMS 2552-96, or Worksheet C, Part I, Line 45, Column 6 from CMS 2552-10; (II) "Swing Bed Nursing Facility Charges" from Worksheet G-2, Line 5, Column 1 from CMS 2552-96, or Worksheet G-2, Line 6, Column 1 from CMS 2552-10;

(III) "Nursing Facility Ancillary Charges" as determined from the Department of Social Services, MO HealthNet Division, nursing home cost report. (Note: To the extent that the gross hospital charges, as specified in subparagraph (1)(A)13.A. above, include long-term care charges, the charges to be excluded through this step shall include all long-term care ancillary charges including skilled nursing facility, nursing facility, and other long-term care providers based at the hospital that are subject to the state's provider tax on nursing facility services.);

(IV) "Distinct Part Ambulatory Surgical Center Charges" from Worksheet G-2, Line 22, Column 2 from CMS 2552-96, or Worksheet G-2, Line 25, Column 2 from CMS 2552-10;

(V) "Ambulance Charges" from Worksheet C, Part I, Line 65, Column 7 from CMS 2552-96, or Worksheet C, Part I, Line 95, Column 7 from CMS 2552-10;

(VI) "Home Health Charges" from Worksheet G-2, Line 19, Column 2 from CMS 2552-96, or Worksheet G-2, Line 22, Column 2 from CMS 2552-10;

(VII) "Total Rural Health Clinic Charges" from Worksheet C, Part I, Column 7, Lines 63.50–63.59 from CMS 2552-96, or Worksheet C, Part I, Column 7, Line 88 and subsets from CMS 2552-10; and

(VIII) "Other Non-Hospital Component Charges" from Worksheet G-2, Lines 6, 8, 21, 21.02, 23, and 24 from CMS 2552-96, or Worksheet G-2, Lines 5, 7, 9, 21, 24, 26, and 27 from CMS 2552-10;

B. Obtain "Net Revenue" from Worksheet G-3, Line 3, Column 1. The state will ensure this amount is net of bad debts and other uncollectible charges by survey methodology;

C. "Adjusted Gross Total Charges" (the result of the computations in subparagraph (1)(A)13.A.) will then be further adjusted by a hospital-specific collection-to-charge ratio determined as follows:

(I) Divide "Net Revenue" by "Gross Total Charges"; and

(II) "Adjusted Gross Total Charges" will be multiplied by the result of part (1)(A)13.C.(I) to yield "Adjusted Net Revenue";

D. Obtain "Gross Inpatient Charges" from Worksheet G-2, Line 25, Column 1 from CMS 2552-96, or Worksheet G-2, Line 28, Column 1 from CMS 2552-10, of the most recent cost report that is available for a hospital;

E. Obtain "Gross Outpatient Charges" from Worksheet G-2, Line 25, Column 2 from CMS 2552-96, or Worksheet G-2, Line 28, Column 2 from CMS 2552-10, of the most recent cost report that is available for a hospital;

F. Total "Adjusted Net Revenue" will be allocated between "Net Inpatient Revenue" and "Net Outpatient Revenue" as follows:

(I) "Gross Inpatient Charges" will be divided by "Gross Total Charges";

(II) "Adjusted Net Revenue" will then be multiplied by the result to yield "Net Inpatient Revenue"; and

(III) The remainder will be allocated to "Net Outpatient Revenue"; and

G. The trend indices, if greater than 0%, will be determined based on the Health Care Costs index as published in *Healthcare Cost Review* by Institute of Health Systems (IHS), or equivalent publication, regardless of any changes in the name of the publication or publisher, for each state fiscal year (SFY). The trend indices listed below will be applied to the apportioned inpatient adjusted net revenue and outpatient adjusted net revenue in order to inflate or trend forward the adjusted net revenues from the FRA fiscal year cost report to the current state fiscal year to determine the inpatient and outpatient adjusted net revenues subject to the FRA assessment.

[(I) SFY 2021 =

(a) Inpatient Adjusted Net Revenues—3.2%(b) Outpatient Adjusted Net Revenues—0%]

[(11)](I) SFY 2022 =

(a) Inpatient Adjusted Net Revenues – 4.2%
(b) Outpatient Adjusted Net Revenues – 0%
[(///)](II) SFY 2023 =

(a) Inpatient Adjusted Net Revenues – 3.8%
(b) Outpatient Adjusted Net Revenues – 0%

[(/V)](III) SFY 2024 =

(a) Inpatient Adjusted Net Revenues – 0%

(b) Outpatient Adjusted Net Revenues – 0%

(IV) SFY 2025 =

(a) Inpatient Adjusted Net Revenues – 0%
(b) Outpatient Adjusted Net Revenues – 0%

(B) Each hospital engaging in the business of providing *[inpatient]* health care in Missouri shall pay an FRA. The FRA shall be calculated by the Department of Social Services.

1. The FRA shall be as described beginning with section (2) and going forward.

2. If a hospital does not have a third prior year cost report on which to determine the hospital revenues subject to FRA assessment as set forth in paragraph (1)(A)13., inpatient and outpatient adjusted net revenues shall be based upon the projections included with its Certificate of Need (CON) application on the "Service-Specific Revenues and Expenses" form (CON projections) required in a full CON review as described in 19 CSR 60-50.470. If the hospital did not go through a full CON review, it must submit a completed "Service-Specific Revenues and Expenses" form that has been verified by an independent auditor.

A. The hospital must provide the division with the breakdown of the inpatient and outpatient revenues that tie to the CON projections.

B. The CON projections and the breakdown of the inpatient and outpatient revenues are subject to review and validation by the division.

C. Once the facility has a third prior year cost report, the assessment shall be based on the actual inpatient and outpatient adjusted net revenues from such cost report.

3. The FRA assessment for hospitals that merge operation under one (1) Medicare and MO HealthNet provider number shall be determined as follows:

A. The previously determined FRA assessment for each hospital shall be combined under the active MO HealthNet provider number for the remainder of the state fiscal year after the division receives official notification of the merger; and

B. The FRA assessment for subsequent fiscal years shall be based on the combined data for both facilities.

4. A hospital which either voluntarily or involuntarily terminates its license and which becomes relicensed will be assessed the same inpatient and outpatient assessment as the previous hospital owner/operator if the hospital becomes relicensed during the same state fiscal year. If the hospital does not become relicensed during the same state fiscal year, the inpatient and outpatient assessment will be determined based on the applicable base year data (i.e., third prior year). If the hospital does not have the applicable base year data, the inpatient and outpatient assessment will be based on the most recent cost report data available and will include annual trend factor adjustments from the year subsequent to the cost report period through the state fiscal year for which the assessments are being determined.

[(2) Beginning July 1, 2020, the FRA assessment shall be determined at a rate of five and seventy-five hundredths percent (5.75%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1)(A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.]

[(3)](2) Beginning July 1, 2021, the FRA assessment shall be determined at a rate of five and forty-eight hundredths percent (5.48%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1) (A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.

[(4)](3) Beginning July 1, 2022, the FRA assessment shall be determined at a rate of five and four-tenths percent (5.40%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1)(A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.

[(5)](4) Beginning July 1, 2023, the FRA assessment shall be determined at a rate of four and eight-tenths percent (4.80%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1) (A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.

(5) Beginning July 1, 2024, the FRA assessment shall be determined at a rate of four and two-tenths percent (4.20%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1)(A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.

AUTHORITY: sections 208.201, 208.453, 208.455, and 660.017, RSMo 2016. Emergency rule filed Sept. 21, 1992, effective Oct. 1, 1992, expired Jan. 28, 1993. Emergency rule filed Jan. 15, 1993, effective Jan. 25, 1993, expired May 24, 1993. Original rule filed Sept. 21, 1992, effective June 7, 1993. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed July 26, 2024, effective Aug. 9, 2024, expired Feb. 27, 2025. Amended: Filed July 26, 2024.

PUBLIC COST: For SFY 2025, this proposed amendment will result in FRA assessment reduction to state agencies or political subdivisions of approximately \$9.7 million.

PRIVATE COST: For SFY 2025, this proposed amendment will result in FRA assessment reduction to private entities of approximately \$111.1 million.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

FISCAL NOTE PUBLIC COST

I.	Department Title:	Title 13 - Department of Social Services
	Division Title:	Division 70 - MO HealthNet Division
	Chapter Title:	Chapter 15 – Hospital Program

Rule Number and Title:	13 CSR 70-15.110 Federal Reimbursement Allowance (FRA)
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Other Government (Public) & State	Estimated reduction in FRA Assessment for
Hospitals - 39	SFY 2025 - \$9.7 million

III. WORKSHEET

Estimated Assessment at 4.20% for SFY 2025:

	No. of Facilities	Inpatient Revenues	Outpatient Revenues	Total
Public Hospitals Revenues (2024)	38	\$1,785,207,585	\$2,187,879,126	\$3,973,086,711
FRA Assessment Rate		<u>4.80%</u>	<u>4.80%</u>	<u>4.80%</u>
Total Assessment with Trend		\$85,689,962	\$105,018,197	\$190,708,159
Public Hospitals Revenues (2025)	39	\$1,770,097,207	\$2,539,773,615	\$4,309,870,822
Revenue Trend for SFY 2025		0.00%	0.00%	0.00%
Total Revenues Trended (2025)		\$1,770,097,207	\$2,539,773,615	\$4,309,870,822
FRA Assessment Rate		<u>4.20%</u>	<u>4.20%</u>	4.20%
Total Assessment with Trend		\$74,344,083	\$106,670,492	\$181,014,575

Impact of FRA Assessment Rate

(\$9,693,584)

IV. ASSUMPTIONS

This fiscal note reflects the total FRA Assessment of 4.20% for July 1, 2024 through June 30, 2025. The fiscal note is based on establishing the FRA Assessment rate as noted above and a trend of 0% on inpatient revenues and 0% on outpatient revenues beginning July 1, 2024. The FRA Assessment rate is levied upon Missouri hospitals' trended inpatient and outpatient net adjusted revenues. There is a decrease in the amount of FRA that will be raised compared to SFY 2024. This is attributable to the increase in taxable revenue and decrease in the tax rate.

FISCAL NOTE PRIVATE COST

I.	Department Title:	Title 13 - Department of Social Services
	Division Title:	Division 70 - MO HealthNet Division
	Chapter Title:	Chapter 15 – Hospital Program

Rule Number and Title:	13 CSR 70-15.110 Federal Reimbursement Allowance (FRA)
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed 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:
96	Hospitals	Estimated reduction in FRA Assessment for SFY 2025 - \$111.1 million

III. WORKSHEET

Estimated Assessment at 4.20% for SFY 2025:

	No. of Facilities	Inpatient Revenues	Outpatient Revenues	Total
Private Hospitals Revenues (2024)	97	\$10,675,286,030	\$10,783,551,558	\$21,458,837,588
FRA Assessment Rate		<u>4.80%</u>	4.80%	4.80%
Total Assessment with Trend		\$512,413,732	\$517,610,477	\$1,030,024,209
Private Hospitals Revenues (2025)	96	\$10,623,160,063	\$11,255,495,146	\$21,878,655,209
Revenue Trend for SFY 2025		0.00%	0.00%	0.00%
Total Revenues Trended (2025)		\$10,623,160,063	\$11,255,495,146	\$21,878,655,209
FRA Assessment Rate		4.20%	4.20%	4.20%
Total Assessment with Trend		\$446,172,723	\$472,730,796	\$918,903,519

Impact of FRA Assessment Rate

(\$111,120,690)

IV. ASSUMPTIONS

This fiscal note reflects the total FRA Assessment of 4.20% for July 1, 2024 through June 30, 2025. The fiscal note is based on establishing the FRA Assessment rate as noted above and a trend of 0% on inpatient revenues and 0% on outpatient revenues beginning July 1, 2024. The FRA Assessment rate is levied upon Missouri hospitals' trended inpatient and outpatient net adjusted revenues. There is a decrease in the amount of FRA that will be raised compared to SFY 2024. This is attributable to the increase in taxable revenue and decrease in the tax rate.

MISSOURI REGISTER

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES Division 70 – MO HealthNet Division Chapter 15 – Hospital Program

PROPOSED AMENDMENT

13 CSR 70-15.230 Upper Payment Limit (UPL) Payment Methodology. The division is amending section (2) and the purpose statement.

PURPOSE: This proposed amendment updates the UPL payment methodology.

PURPOSE: This rule establishes a methodology for determining Upper Payment Limit (UPL) payments provided to **state government-owned** hospitals beginning July 1, [2011] 2022. [The regulation also establishes an additional UPL supplemental payment for hospitals with a Low Income and Needy Care Collaboration Agreement.]

(2) Beginning with SFY 2023, state government-owned hospitals will be paid a semi-monthly payment up to the inpatient (IP) UPL gap.

(A) Prior to each SFY, the division shall calculate the estimated Medicaid payments for the coming SFY for each hospital. The total estimated Medicaid payments for each hospital shall be subtracted from the hospital's IP UPL calculated in accordance to the methodology set forth below, then summed to calculate the IP UPL gap. The IP UPL gap is reduced by the estimated inpatient fee-for-service Graduate Medical Education (GME) payments for the coming SFY for each hospital to calculate the total amount of funding available. [The previous] SFY['s] 2023 payments are compared to current SFY's estimated claims based payments and when the estimated current year payments is less than [prior year] SFY 2023 payments, that hospital is eligible for a UPL payment. The available IP UPL gap is distributed to each eligible hospital based on the percent to total of the available room in the *prior* year] SFY 2023 and current year comparison. The available gap under the IP UPL for each eligible hospital will be aggregated to create the supplemental payment amount. The total calculated supplemental payment amount will be paid to eligible hospitals.

1. The IP UPL will be determined based on the hospital's Medicaid inpatient costs using Medicare cost reporting principles. All Medicare cost report worksheet, column, or line references are based upon the Medicare Cost Report (MCR) CMS 2552-10 and should be adjusted for any CMS-approved successor MCR. The amount that Medicare would pay shall be calculated as follows:

A. Using Medicare cost report data within the previous two (2) years of the IP UPL demonstration dates in accordance with IP UPL guidelines set by CMS, Total Medicare Costs shall be derived from the reported Inpatient Hospital Cost on the following cost report variable locations:

(I) Worksheet D-1, Hospital/IPF/IRF Components, Column 1, Line 49;

(II) Plus Organ Acquisitions Cost from all applicable Worksheets D-4, Column 1, Line 69; **and**

(III) Plus GME Aggregated Approved Amount from Worksheet E-4, Column 1, Line 49;

B. Total Medicare Patient Days shall be derived from Worksheet S-3, Part I, Column 6, Lines 14, 16, and 17 of the same cost report as the Total Medicare Costs;

C. A calculated Medicare Cost *Per Diem* shall be calculated by dividing the Total Medicare Costs by the hospital's

Total Medicare Patient Days;

D. The calculated Medicare Cost Per Diem shall be multiplied by the total Medicaid Patient Days from a twelve-(12-) month data set from the prior two (2) years of the IP UPL demonstration dates in accordance with the IP UPL guidelines set by CMS to derive the hospital's IP UPL.

(I) The data source for the Medicaid Patient Days and Total Medicaid Payments shall be from the state's Medicaid Management Information System (MMIS) claims data;

E. The calculated IP UPL shall be inflated from the midpoint of the hospital's cost report period to the midpoint of the IP UPL demonstration period using the CMS Prospective Payment System (PPS) hospital market basket index; and

F. If payments in this section would result in payments to any category of hospitals in excess of the IP UPL calculation required by 42 CFR 447.272, payments for each eligible hospital receiving payments under this section will be reduced proportionately to ensure compliance with the IP UPL.

AUTHORITY: sections 208.153, 208.201, and 660.017, RSMo 2016, and section 208.152, RSMo Supp. [2022] **2023**. Emergency rule filed May 20, 2011, effective July 1, 2011, expired Dec. 28, 2011. Original rule filed May 20, 2011, effective Jan. 30, 2012. Emergency amendment filed June 14, 2022, effective July 1, 2022, expired Feb. 23, 2023. Amended: Filed June 14, 2022, effective Jan. 30, 2023. Emergency amendment filed July 26, 2024, effective Aug. 9, 2024, and expired Feb. 27, 2025. Amended: Filed July 26, 2024.

PUBLIC COST: This proposed amendment is estimated to cost state agencies or political subdivisions \$4 million for SFY 2025.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) for SFY 2025.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. A public hearing will not be scheduled.

FISCAL NOTE PUBLIC COST

I.	Department Title:	13 Social Services
	Division Title:	70 MO HealthNet Division
	Chapter Title:	15 Hospital Program

Rule Number and	13 CSR 70-15.230 Upper Payment Limit (UPL) Payment	
Title:	Methodology	
Type of Rulemaking:	Proposed Amendment	

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate	
State Hospitals enrolled in MO	Estimated Cost for SFY 2025:	
HealthNet - 1	\$4 million	
Department of Mental Health Hospitals	Estimated Increase in Payments for SFY 2025:	
enrolled in MO HealthNet – 2	\$4 million	
Department of Social Services, MO	Estimated cost for SFY 2025:	
HealthNet Division	\$0	

III. WORKSHEET

State Hospitals Impact			
Estimated Impact for SFY 2025			
	Total		
State Hospitals (Cost)	(\$3,915,281)		
SFY 2025 Blended FMAP	34.5%		
State Share	(\$1,350,772)		

Department of Mental Health Hospitals Impact			
Estimated Impact for SFY 2025			
	Total		
DMH Hospitals Gain	\$3,915,281		
SFY 2025 Blended FMAP	34.5%		
State Share	\$1,350,772		

IV. ASSUMPTIONS

MISSOURI REGISTER

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TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE Division 4240 – Public Service Commission Chapter 3 – Filing and Reporting Requirements

PROPOSED AMENDMENT

20 CSR 4240-3.190 Reporting Requirements for Electric Utilities and Rural Electric Cooperatives. The commission is amending sections (1) - (6) and (8), removing section (5), and renumbering as necessary.

PURPOSE: This amendment updates the requirements and procedures for the reporting of certain events by electric utilities to the commission, the monthly reporting requirements regarding generation and load, and the electrical facilities accident and event reporting requirements for rural electric cooperatives.

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) [Commencing on September 1, 1991, e]Every electric utility shall accumulate at least the following information and submit it [to the manager of the Energy Department of the commission, or his/her designee, no later than] monthly in the commission's electronic filing and information system (EFIS) by the last [business] day of the month following the month to be reported [and after that on a monthly basis]:

[(A) All generating unit outages and derates, excluding hydroelectric generating units and units whose capacity comprises less than one and one-half percent (1 1/2%) of the electric utilities accredited capacity;]

[(B)](A) Monthly as-burned fuel report for each carbonbased fuel generating unit, including the amount of each type of fuel consumed, the British thermal unit (Btu) value of each fuel consumed, and the blending percentages (if applicable);

[(C) Net system input for the electric utility;

(D) Net hourly generation for each generating unit;

(E) Megawatt amount and delivery prices of hourly purchases and sales of electricity from or to other electrical services providers, independent power producers, or cogenerators, including the parties to purchases and sales, and the terms of purchases and sales.

1. If adjustments are made to the price of hourly purchases after the purchase is made, provide the amount of the adjustment and the time period over which the adjustment was made;]

[(F)](B) Capacity purchases of longer than seven (7) days' duration;

[(G)](C) Schedule of [P]planned outages of power production facilities[, as they are scheduled or rescheduled. Changes from the planned outage schedule must be reported by telephone or electronic transmission to the manager of the Energy Department of the commission or his/her designee prior to the initiation of the outage, if the changes result in the planned outage schedule being different from the schedule in the most recently submitted monthly report];

[(H)](D) Schedule of [P]planned fuel test burns, unit heatrate tests provided as a heat-rate curve, and accreditation runs [as they are scheduled or rescheduled. Changes from previously planned fuel test burns, unit heat-rate tests, and accreditation runs must be reported by telephone or electronic transmission to the manager of the Energy Department of the commission or his/her designee prior to their initiation, if these changes result in the schedule for fuel test burns, unit heat-rate tests, and accreditation runs being different from the schedule in the most recently submitted monthly report] with documentation of the results of all tests and runs;

[(I)](E) Citations or notices of violation and copies of the electric utility response, or a statement that no such citations or notices were received, related to power production facilities received from any state or federal utility regulatory agency or environmental agency including[,] but not limited to[,] the Federal Energy Regulatory Commission (FERC), the North American Electric Reliability Corporation (NERC), the Nuclear Regulatory Commission (NRC), the Environmental Protection Agency (EPA), the Department of Natural Resources (DNR), and the Department of Energy (DOE);

[(J)](F) The terms of new contracts or existing contracts which will be booked to Accounts 310–346 or Accounts 502–546 of the FERC's Uniform System of Accounts requiring the expenditure by the electric utility of more than two hundred thousand dollars (\$200,000) including[,] but not limited to[,] contracts for engineering, consulting, repairs, and modifications or additions to an electric plant; **and**

[(K) Copies of all written reports on forced generating unit outages of longer than three (3) days, test burns of fuel, heatrate tests, accreditation runs, and responses to state or federal utility regulatory agencies or environmental agencies including, but not limited to, the FERC, the NRC, the EPA, the DNR, and the DOE, concerning any alleged infractions, deviations, or noncompliance with those agencies' rules or standards related to power production facilities.]

(G) If a utility provides notice of a generating unit retirement to a regional transmission organization or an independent system operator, notice shall be provided to the commission in the applicable reporting month.

(2) [The information required in subsections (1)(A) through (I) of this rule shall be provided [to the manager of the Energy Department of the commission or his/her designee in an electronic format from which the data can be easily extracted for analyses in spreadsheet or database software. All the information required in section (1) may be submitted through the commission's Electronic Filing and Information System (EFIS)] Monthly Reporting of Hourly Data.

(A) Every electric utility shall accumulate the information described below and submit it monthly in EFIS on the last day of the month following the month to be reported:

1. All generating unit outages and derates for all units regardless of size, fuel type, or ownership share;

2. Net system input for the electric utility;

3. Hourly generation for each generating unit both including and excluding hourly station use;

4. Hourly day-ahead cleared generation, hourly realtime generation, and ancillary services for each generating unit;

5. Hourly day-ahead load and real-time load at each load node;

6. Total load for each hour by –

A. Wholesale load;

B. Sale for resale load; and

C. Retail load by -

(I) Rate code if customers taking service on a rate code are metered at a consistent voltage; or

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(II) Rate schedule for each voltage of service offered within each rate schedule; and

7. Megawatt amount and delivery prices of hourly purchases and sales of electricity from or to other electrical services providers, independent power producers, or cogenerators and small power producers, including any party to the purchase or sale, and the terms of the purchase or sale.

A. If adjustments are made to the price of hourly purchases after the purchase is made, provide the amount of the adjustment and the time period over which the adjustment was made.

(B) The information in this section shall be provided in an electronic format from which the data can be easily extracted for analysis in spreadsheet or database software using the templates provided by the commission.

(3) Incident Reporting.

(A) Every electric utility shall report [to the manager of the Energy Department of the commission or his/her designee by telephone or] through EFIS by the end of the first business day following discovery[,] of an incident the information described [in subsections (3)(A)–(E)] below[. The electric utility shall submit, either by mail or through EFIS within five (5) business days following the discovery, an update of the incident and any details not available at the time of the initial report]:

[(A)]1. Details of any accident or event at a power plant involving serious physical injury or death or property damage in excess of two hundred thousand dollars (\$200,000)[.];

[A detailed investigative report of the accident or event shall be submitted within ninety (90) days, or if the investigation will take longer than ninety (90) days, a draft of the plan for the investigation shall be submitted within ninety (90) days;]

[(B)]2. Forced outages of any nuclear generating unit(s) that could reasonably be anticipated to last longer than three (3) days;

[(C)]3. Forced outages of any fossil-fuel fired generating unit(s) with an accredited capacity of greater than one hundred (100) megawatts that reasonably could be anticipated to last longer than three (3) days, when the unit(s) is forced out due to a common **or unforeseen** occurrence;

4. Forced outages of wind and solar generating plants when there is a loss of at least thirty percent (30%) of total installed capacity that reasonably could be anticipated to last longer than three (3) days, when the cause is due to a common or unforeseen occurrence;

[(D)]5. Reductions of coal inventory below a thirty- (30-)[-] day supply and reductions of oil inventory below fifty percent (50%) of normal oil inventory; and

[(E)]6. Loss of transmission capability that could limit the output of a generating plant or the transfer capability into or out of the electric utility's system.

(B) The electric utility shall submit, through EFIS within five (5) business days following the discovery, an update of the incident including any details not available at the time of the initial report.

(C) Incidents under paragraph (3)(A)1. require a detailed investigative report, which shall be submitted through EFIS within one hundred twenty (120) days.

(4) Electrical Contact Reporting.

(A) Every electric utility and rural electric cooperative shall notify designated commission personnel by telephone [of an accident or event] or in writing by the end of the first business day following the discovery [of any accident or event,] of any electrical contact, provided the utility or rural electric cooperative first has received proper notice or has actual knowledge of the [accident or event. Accidents or events that shall be reported shall be those resulting from—] electrical contact, as described below:

[(A)]1. Electrical contact, arc, or flash with its energized electrical supply facilities or at locations it supplies power that results in admission to a hospital or the fatality of [an employee or other person;] any person even when the source of the electric current is believed to have originated on the customer's side of the meter; or

[(B) Human contact with electric current of significant voltage at locations where it supplies power or operates energized electrical supply facilities that results in admission to a hospital or the fatality of an employee or other person, even when the source of the electric current is believed to have originated on the customer's side of the meter; or]

[(C)]2. Courtesy notifications may be provided regarding [A]any other electrical contact, arc, or flash considered significant by the **electric** utility or rural electric cooperative.

(B) The electric utility or rural electric cooperative shall submit to designated commission personnel within ten (10) business days following the initial notification a written report consisting of any details not available at the time of the initial notification including information relevant to the circumstances of the incident. Relevant information may include the number of persons injured, type and extent of injuries, cause (if known), extent of any resulting outages, identification of the physical equipment of such electric utility or cooperative, a description of work being performed at the location, weather conditions, and the land use surrounding the scene of the incident.

(C) Electrical contact reporting may be made through EFIS or using the Missouri Public Service Commission Electrical Contact Reporting Form, incorporated by reference, as published by the commission, July 17, 2023, and provided on the commission website at psc.mo.gov.

(D) Contact information for designated commission personnel is included on the Missouri Public Service Commission Electrical Contact Reporting Form, incorporated by reference, as published by the commission, July 17, 2023, and provided on the commission website at psc.mo.gov.

(E) Neither the initial notification or written report nor the public availability of either shall be deemed to be an admission or waiver of any privilege of the notifying or reporting electric utility or rural electric cooperative.

[(5) The electric utility or rural electric cooperative shall submit to designated commission personnel within ten (10) business days following the discovery a written report consisting of an update of the accident or event and any details not available at the time of the initial telephone notification. Neither the notification required by section (4), the submission of the written report required by this section, nor the public availability of either shall be deemed to be an admission or waiver of any privilege of the notifying or reporting electric utility or rural electric cooperative.]

[(6)](5) All reports and information submitted by electric utilities and rural electric cooperatives pursuant to this rule shall be subscribed by **[the president, treasurer, general** *manager, receiver, or other]* **an** authorized representative of the electric utility or rural electric cooperative having knowledge of the subject matter and shall be stated to be accurate and complete, and contain no material misrepresentations or

omissions, based upon facts of which the person subscribing the report or information has knowledge, information, or belief.

[(7)](6) The reporting requirements prescribed by this rule shall be in addition to all other reporting requirements prescribed by law.

[(8)](7) The information contained in the reports filed pursuant to this rule shall be subject to the provisions of section 386.480, RSMo, and the use of that information in any proceeding before the commission shall be governed by the terms of [4 *CSR 240-2.135*] 20 CSR 4240-2.135 and any protective order issued by the commission in the proceeding, if a protective order has been issued.

[(9)](8) The receipt by the commission or commission staff of reports prescribed by this rule shall not bind the commission or commission staff to the approval or acceptance of, or agreement with, any matter contained in the reports for the purpose of fixing rates or in determining any other issue that may come before the commission.

[(10)](9) Upon proper application and after notice and an opportunity for hearing, the commission, in its discretion, may waive any provision of this rule for good cause shown.

AUTHORITY: sections 386.250 and 394.160, RSMo [2000] 2016. This rule originally filed as 4 CSR 240-3.190. Original rule filed Aug. 16, 2002, effective April 30, 2003. For intervening history, please consult the Code of State Regulations. Amended: Filed July 31, 2024.

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 forty thousand dollars (\$40,000) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file comments in support of or in opposition to this proposed amendment with the Missouri Public Service Commission, Nancy Dippell, Secretary of the Commission, PO Box 360, Jefferson City, MO 65102. To be considered, comments must be received at the commission's offices on or before Oct. 3, 2024, and should include a reference to Commission Case No. EX-2025-0034. Comments may also be submitted via a filing using the commission's electronic filing and information system at http://www.psc.mo.gov/efis.asp. A public hearing regarding this proposed amedment is scheduled for Oct. 11, 2024, at 10 a.m., in Room 305 of the Governor's Office Building, 200 Madison St., Jefferson City, MO. Interested persons may appear at this hearing to submit additional comments and/or testimony in support or in opposition to this proposed amendment, and may be asked to respond to commission questions. Any persons with special needs as addressed by the Americans with Disabilities Act should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

FISCAL NOTE PRIVATE COST

I. Department Title: Title 20--DEPARTMENT OF COMMERCE AND INSURANCE Division Title: Division 4240—Public Service Commission Chapter Title: Chapter 3—Filing and Reporting Requirements

Rule Number and	20 CSR 4240-3.190 Reporting Requirements for Electric Utilities and
Title:	Rural Electric Cooperatives
Type of Rulemaking:	Proposed Amendment

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:
4	Investor-Owned Electrical	\$40,000
	Corporations	
40	Rural Electric Cooperatives	\$0
	-	

III. WORKSHEET

The rule amendments will apply to four (4) electrical corporations (investor-owned electric utilities). Only the parts of the amendments applicable to the four (4) electrical corporations will have a fiscal impact.

The cost of compliance in the aggregate as follows:

- Initial cost of programming/automating processes to use a standardized template and related to leveraging metering infrastructure investment: \$10,000 per utility
- Ongoing costs are expected to be de minimis.

\$40,000 possible cost in the aggregate for the 10-year life of the rule.

The benefit of compliance to the commission:

- 56 hours saved * 8 rate cases * \$33.80/hour = \$15,142
- 56 hours saved * 20 rate cases * \$33.80/hour = \$37,856

Savings to the commission for the 10-year life of the rule between: \$15,142 - \$37,856.

IV. ASSUMPTIONS

As proposed, Section (2) requires each electrical corporation to utilize a standard template when reporting. Section (2)(E) requires reporting of certain data that leverages metering infrastructure investment.

The Commission Staff received information from Evergy Metro, Evergy Missouri West, Ameren Missouri, and Liberty-Empire.

For purposes of estimating aggregate costs of compliance, the Commission made the following assumptions:

- Ongoing costs are expected to be minimal as the amendment maintains the frequency and granularity of data reported as currently contained in the rule. Additionally, none of the electrical corporations reported a need for additional FTE as a result of the amendments.
- Initial costs are related to programming/automating reporting by the electrical corporations.
- Utility reported cost estimates varied greatly from one (1) utilities reporting \$0-\$305,000 and three (3) of the four (4) utilities reporting \$0-\$10,000. Higher cost estimates were based on concerns that the effective date of the rule would accelerate improvements to leverage advanced metering infrastructure investments. However, utilities may request a variance from the rule for good cause shown. Therefore, the Commission is assuming \$10,000 per utility.

For purposes of estimating benefits of compliance, the Commission made the following assumptions:

- The life of the rule is ten (10) years.
- Electric rate cases occur every two (2) to four (4) years per utility. Eight (8) to twenty (20) electric rate cases are expected to occur over the life of the rule.
- At least 56 hours of Commission Staff time per rate case will be saved as a result of the amendment.
- Hourly rate assumed to be \$33.80/hour.

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PROPOSED RULES

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE Division 4240 – Public Service Commission Chapter 10 – Utilities

PROPOSED RESCISSION

20 CSR 4240-10.095 Environmental Improvement Contingency Fund. This rule provided parameters and procedures for small water and/or sewer utilities to request a special fund to collect revenue from customers to make improvements necessitated by environmental regulations.

PURPOSE: This rule is being rescinded as it is not currently utilized by any small water or sewer utilities. Over the life of the rule, only one (1) utility has utilized an Environmental Improvement Contingency Fund, and that utility no longer uses it.

AUTHORITY: sections 386.040, 386.250, 393.140, and 393.270, RSMo 2016. This rule originally filed as 4 CSR 240-10.095. Original rule filed May 30, 2018, effective Jan. 30, 2019. Moved to 20 CSR 4240-10.095, effective Aug. 28, 2019. Rescinded: Filed July 31, 2024.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file comments in support of or in opposition to this proposed rescission with the Missouri Public Service Commission, Nancy Dippell, Secretary of the Commission, PO Box 360, Jefferson City, MO 65102. To be considered, comments must be received at the commission's offices on or before October 3, 2024, and should include a reference to Commission Case No. WX-2025-0033. Comments may also be submitted via a filing using the commission's electronic filing and information system at http://www.psc.mo.gov/efis.asp. A public hearing regarding this proposed rescission is scheduled for Oct. 8, 2024, at 10 a.m., in Room 305 of the Governor's Office Building, 200 Madison St., Jefferson City, MO. Interested persons may appear at this hearing to submit additional comments and/or testimony in support or in opposition to this proposed rescission, and may be asked to respond to commission questions. Any persons with special needs as addressed by the Americans with Disabilities Act should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE Division 4240 – Public Service Commission Chapter 50 – Water Utilities

PROPOSED RESCISSION

20 CSR 4240-50.050 Environmental Cost Adjustment Mechanism. This rule allowed the establishment of an Environmental Cost Adjustment Mechanism (ECAM), which allowed periodic rate adjustments to reflect net increases or decreases in a water utility's prudently incurred costs directly related to compliance with federal, state, or local environmental law, regulation, or rules.

PURPOSE: This rule is being rescinded as no utilities have utilized this rule.

AUTHORITY: sections 386.250 and 393.140, RSMo 2000, and section 386.266, RSMo Supp. 2013. This rule originally filed as 4 CSR 240-50.050. Original rule filed Aug. 15, 2013, effective Feb. 28, 2014. Moved to 20 CSR 4240-50.050, effective Aug. 28, 2019. Rescinded: Filed July 31, 2024.

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

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

NOTICE TO SUBMIT COMMENTS AND NOTICE OF PUBLIC HEARING: Anyone may file comments in support of or in opposition to this proposed rescission with the Missouri Public Service Commission, Nancy Dippell, Secretary of the Commission, PO Box 360, Jefferson City, MO 65102. To be considered, comments must be received at the commission's offices on or before October 3. 2024. and should include a reference to Commission Case No. WX-2025-0032. Comments may also be submitted via a filing using the commission's electronic filing and information system at http://www.psc.mo.gov/efis.asp. A public hearing regarding this proposed rescission is scheduled for October 8, 2024, at 10 a.m., in Room 310 of the Governor's Office Building, 200 Madison St., Jefferson City, MO. Interested persons may appear at this hearing to submit additional comments and/or testimony in support or in opposition to this proposed rescission, and may be asked to respond to commission questions. Any persons with special needs as addressed by the Americans with Disabilities Act should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

ORDERS OF RULEMAKING

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 agency is also required to make a biter submitted in 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 5 – DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION Division 20 – Division of Learning Services Chapter 400 – Office of Educator Quality

ORDER OF RULEMAKING

By the authority vested in the State Board of Education (board) under sections 161.092 and 168.400, RSMo 2016, and section 168.021, RSMo Supp. 2023, the board amends a rule as follows:

5 CSR 20-400.385 Beginning Teacher Assistance Program is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 15, 2024 (49 MoReg 539-540). 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: The department received four (4) comments on the proposed amendment.

COMMENT #1: Megan Owens, Missouri Teacher Development System Specialist, stated that she supported the changes that will extend new teacher support from one (1) year to two (2) years with a minimum of eight (8) total sessions distributed throughout.

RESPONSE: This comment is in favor of the rule change. No changes have been made to the rule as a result of this comment.

COMMENT #2: Christina Melly, Missouri 2024 Teacher of the Year, stated that she supported the changes with one suggestion for the amendment. She is suggesting that all teachers seeking to upgrade their teaching certificate at any level must complete a beginning teacher assistance program (BTAP).

RESPONSE: This comment is in favor of the rule change. Current BTAP guidelines already allow any early career teacher seeking an upgrade on a teaching certificate of any type to complete a BTAP. No changes have been made to the rule as a result of this comment.

COMMENT #3: Kathryn Nicolaus, Missouri Teacher Development System Specialist, stated that she supported the changes. Providing these requirements for a district to provide this support to their teachers is of utmost importance. She wants to keep our new teachers in this important profession, so we must give them the opportunities to continue to learn from experts, receive non-evaluative feedback and advice, and share their experiences.

RESPONSE: This comment is in favor of the rule change. No changes have been made to the rule as a result of this comment.

COMMENT #4: Phil Murray, President of Missouri NEA, stated that he supported the changes because they are essential to providing early career teachers with the foundational support they need to thrive in their profession and contribute positively to our education system.

RESPONSE: This comment is in favor of the rule change. No changes have been made to the rule as a result of this comment.

TITLE 5 – DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION Division 20 – Division of Learning Services Chapter 400 – Office of Educator Quality

ORDER OF RULEMAKING

By the authority vested in the State Board of Education (board) under sections 161.092, 168.011, 168.071, 168.081, 168.400, 168.405, and 168.409, RSMo 2016, and section 168.021, RSMo Supp. 2023, the board amends a rule as follows:

5 CSR 20-400.540 Certification Requirements for Teacher of Secondary Education (Grades 9–12) **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 15, 2024 (49 MoReg 540). 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 6 – DEPARTMENT OF HIGHER EDUCATION AND WORKFORCE DEVELOPMENT Division 10 – Commissioner of Higher Education Chapter 1 – Departmental Organization

ORDERS OF RULEMAKING

ORDER OF RULEMAKING

By the authority vested in the Department of Higher Education and Workforce Development under section 536.023.3, RSMo 2016, the department amends a rule as follows:

6 CSR 10-1.010 Departmental Organization is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2024 (49 MoReg 735-736). 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 20 – DEPARTMENT OF COMMERCE AND INSURANCE Division 2030 – Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects Chapter 14 – Definitions

ORDER OF RULEMAKING

By the authority vested in the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects under section 327.041, RSMo 2016, the board amends a rule as follows:

20 CSR 2030-14.020 Definition of Baccalaureate Degree From Approved Curriculum as Used in Section 327.314.2(1)(a), RSMo is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2024 (49 MoReg 739-740). 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 20 – DEPARTMENT OF COMMERCE AND INSURANCE Division 2030 – Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects Chapter 14 – Definitions

ORDER OF RULEMAKING

By the authority vested in the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects under section 327.041, RSMo 2016, the board amends a rule as follows:

20 CSR 2030-14.030 Definition of Sixty Semester Hours from Approved Curriculum as Used in Section 327.314.2(1)(b), RSMo is amended. A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2024 (49 MoReg 740). 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 20 – DEPARTMENT OF COMMERCE AND INSURANCE Division 2030 – Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects Chapter 14 – Definitions

ORDER OF RULEMAKING

By the authority vested in the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects under section 327.041, RSMo 2016, the board amends a rule as follows:

20 CSR 2030-14.040 Definition of Fifteen Semester Hours of Approved Surveying Course Work as Used in Section 327.314.2(1)(c), RSMo **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2024 (49 MoReg 740-741). 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 20 – DEPARTMENT OF COMMERCE AND INSURANCE

Division 2040 – Office of Athletics Chapter 5 – Rules for Professional Boxing, Professional Wrestling, Professional and Amateur Kickboxing, and Professional Full-Contact Karate

ORDER OF RULEMAKING

By the authority vested in the Office of Athletics under section 317.006, RSMo Supp. 2023, the office amends a rule as follows:

20 CSR 2040-5.040 Rules for Professional Boxing is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2024 (49 MoReg 741). 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 20 – DEPARTMENT OF COMMERCE AND INSURANCE Division 2220 – State Board of Pharmacy

Chapter 4 – Fees Charged by the Board of Pharmacy

ORDER OF RULEMAKING

By the authority vested in the State Board of Pharmacy under section 338.140, RSMo Supp. 2023, and section 338.280, RSMo 2016, the board amends a rule as follows:

20 CSR 2220-4.010 General Fees is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 1, 2024 (49 MoReg 647-650). 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 20 – DEPARTMENT OF COMMERCE AND INSURANCE Division 2263 – State Committee for Social Workers Chapter 2 – Licensure Requirements

ORDER OF RULEMAKING

By the authority vested in the State Committee for Social Workers under section 337.627, RSMo Supp. 2023, the committee amends a rule as follows:

20 CSR 2263-2.085 Restoration of License is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2024 (49 MoReg 741-742). 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 may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs, and other items required to be published in the *Missouri Register* by law.

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

NOTIFICATION OF REVIEW: APPLICATION REVIEW SCHEDULE

The Missouri Health Facilities Review Committee has initiated review of the CON applications listed below. A decision is tentatively scheduled for September 19, 2024. These applications are available for public inspection at the address shown below.

Date Filed

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

8/7/2024

#6130 HT: North Kansas City Hospital North Kansas City (Clay County) \$1,709,090, Replace MRI unit

8/8/2024

#6131 HT: Mercy Hospital – Springfield Springfield (Greene County) \$2,051,269, Replace MRI unit

#6132 NT: Fountainbleau Lodge Cape Girardeau (Cape Girardeau County) \$1,195,427, Renovation and modernization of the SNF

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 September 8, 2024. All written requests and comments should be sent to:

Chairman Missouri Health Facilities Review Committee c/o Certificate of Need Program 920 Wildwood Dr. PO Box 570 Jefferson City, MO 65102

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

September 3, 2024 Vol. 49, No. 17

DISSOLUTIONS

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 AND DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST HEDASH, LLC

On July 16, 2024 HEDASH, LLC, a Missouri Limited Liability Company, filed its Notice of Winding Up for Limited Liability Company with the office of the Missouri Secretary of State. You are hereby notified that if you believe you have a claim against HEDASH, LLC, you must submit a summary in writing of the circumstances and facts surrounding your claim to:

Alice Huenefeldt 402 NW 500 Clinton, MO 64735

The summary must include the following information:

1) The name, address and telephone number of the claimant;

2) The amount of the claim;

3) Basis of the claim;

4) The date on which the claim arose; and

5) Documentation supporting the claim.

All claims against HEDASH, LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after publication of this notice.

NOTICE OF DISSOLUTION BY VOLUNTARY ACTION TO ALL CREDITORS OF AND ALL CLAIMANTS AGAINST LACY HERITAGE, INC.

The name of the Corporation is Lacy Heritage, Inc. The Articles of Incorporation for Lacy Heritage, Inc. were filed with the Missouri Secretary of State on December 3, 1984, and amended on February 11, 1987, May 13, 1988, and June 6, 2022. On July 17, 2024, Lacy Heritage, Inc. filed Articles of Dissolution by Voluntary Action with the Secretary of State of Missouri. Persons with claims against Lacy Heritage, Inc. should present them to:

Legacy Legal Group, LLC c/o Sherry A. Snyder 16401 Swingley Ridge Road, Suite 330 Chesterfield, Missouri 63017

In order to file a claim with Lacy Heritage, Inc., you must furnish the following:

1) Amount of the claim;

2) Basis for the claim; and

3) Documentation of the claim.

A claim against Lacy Heritage, Inc. will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE OF WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST HOHLER ENTERPRISES, LLC

NOTICE IS HEREBY GIVEN that Hohler Enterprises, LLC, a Missouri limited liability company (hereinafter the "Company") filed its Notice of Winding Up with the Missouri Secretary of State on July 17, 2024. You are hereby notified that if you believe you have a claim against the Company, you must submit in writing to:

> David E. Hohler, 2105 Woodland Hills Dr., Cape Girardeau, Missouri 63701

Your claim shall include the following information:

- 1) The name, address and phone number of the claimant;
- 2) The amount claimed;

3) The date on which the claim arose;

3) The basis for the claim; and

4) Any documentation for the claim.

All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this Notice.

NOTICE OF DISSOLUTION OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST BURTON COMMUNICATIONS LLC

On May 16, 2024 Burton Communications LLC a Missouri limited liability company (hereinafter the "Company"), filed its Notice of Winding Up for a Limited Liability Company with the Missouri Secretary of State. Any claims against the Company may be sent to:

Daniel L. Fowler 7501 Tiffany Springs Parkway, Suite 200 Kansas City, Missouri 64153

Each claim must include the following information:

1) Name, address and phone number of the claimant;

2) Amount claimed;

3) Date on which the claim arose;

4) Basis for the claim; and

5) Documentation in support of the claim.

All claims against the Company will be barred unless the proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE OF DISSOLUTION AND WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST AGBOTANICA, LLC

On July 19, 2024, Agbotanica, LLC, filed its Notice of Winding Up for Limited Liability Company and its Articles of Termination with the Missouri Secretary of State. The dissolution was effective July 19, 2024. You are hereby notified that if you believe you have a claim against Agbotanica, LLC, you must submit a summary in writing of the circumstances surrounding your claim to the corporation at the following address:

Agbotanica, LLC c/o Casey E. Elliott Van Matre Law Firm, PC 1103 East Broadway Columbia, MO 65201

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 Agbotanica, LLC, will be barred unless the proceeding to enforce the claim commences within two years after the publication of this notice.

NOTICE OF WINDING UP TO ALL CREDITORS AND CLAIMANTS OF BURKEMPER LAW FIRM, LLC

You are hereby notified that Burkemper Law Firm, LLC, a Missouri limited liability company (the "Company"), filed a Notice of Winding Up for Limited Liability Company with the Secretary of the State of Missouri on the 15th day of July, 2024. The claim must be mailed to:

Burkemper Law Firm, LLC c/o Ben Burkemper PO Box 209 260 Main Street Troy, Missouri 63379

In order to file a claim with the Company, you must furnish:

1) The name and address of the claimant;

- 2) Amount of claim;
- 3) Basis for the claim;
- 4) Documentation of the claim; and

5) The date(s) on which the event (s) on which the claim is based occurred.

A claim against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication date of this notice.

NOTICE OF WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST AJ ADHESIVES PLUS-MAP LLC

On July 25, 2024, AJ Adhesives Plus-Map LLC, filed its Notice of Winding Up for AJ Adhesives Plus-Map LLC with the Missouri Secretary of State, with an effective date of July 25, 2024. AJ Adhesives Plus-Map LLC requests that all persons and organizations who have claims against it present them immediately by letter to:

Danna McKitrick, P.C. Ruth A. Binger, Esq. 7701 Forsyth Blvd., Suite 1200 St. Louis, MO 63105

All claims must include the following information:

1) The name and address of the claimant,

- 2) The amount claimed,
- 3) The date on which the claim arose,
- 4) The basis for the claim and documentation thereof, and
- 5) Whether or not the claim was secured and, if so, the collateral used as security.

All claims against AJ Adhesives Plus-Map LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the date of publication of this notice.

NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST PAP PROPERTIES, LLC

PAP Properties, LLC, a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State on August 1, 2024. Any and all claims against PAP Properties, LLC may be sent to:

Carmody MacDonald P.C. Attn: Mark Mulchek 120 S. Central Ave., Suite 1800 St. Louis, MO 63105

Each claim must include:

1) the name, address, and telephone number of the claimant;

2) amount of the claim;

3) basis for the claim; and

4) documentation of the claim.

A claim against PAP Properties, LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

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DISSOLUTIONS

NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST POTTER CREATIONS, LLC

Potter Creations, LLC, a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State on August 1, 2024. Any and all claims against Potter Creations, LLC may be sent to:

Carmody MacDonald P.C., Attn: Mark, Mulchek 120 S. Central Ave., Suite 1800 St. Louis, MO 63105

Each claim must include:

1) the name, address, and telephone number of the claimant;

2) amount of the claim;

3) basis for the claim; and

4) documentation of the claim.

A claim against Potter Creations, LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

September 3, 2024 Vol. 49, No. 17 **RULE CHANGES SINCE UPDATE TO CODE OF STATE REGULATIONS**

MISSOURI REGISTER

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 – 48 (2023) and 49 (2024). 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 OFFICE OF ADMINISTRATION	EMERGENCY	Proposed	Order	IN ADDITION
1 CSR 10	State Officials' Salary Compensation Schedule				47 MoReg 1457
	DEPARTMENT OF AGRICULTURE				
2 CSR 30-10.010	Animal Health	49 MoReg 395	49 MoReg 397	49 MoReg 1153	
2 CSR 70-25.005	Plant Industries		49 MoReg 848		
2 CSR 70-25.010	Plant Industries		49 MoReg 848		
2 CSR 70-25.020	Plant Industries		49 MoReg 850		
2 CSR 70-25.030	Plant Industries		49 MoReg 851		
2 CSR 70-25.050 2 CSR 70-25.060	Plant Industries Plant Industries		49 MoReg 851 49 MoReg 852		
2 CSR 70-25.000	Plant Industries		49 MoReg 852		
2 CSR 70-25.080	Plant Industries		49 MoReg 854		
2 CSR 70-25.090	Plant Industries		49 MoReg 854		
2 CSR 70-25.100	Plant Industries		49 MoReg 855		
2 CSR 70-25.110	Plant Industries		49 MoReg 857		
2 CSR 70-25.120	Plant Industries		49 MoReg 864		
2 CSR 70-25.130	Plant Industries		49 MoReg 865		
2 CSR 70-25.140	Plant Industries		49 MoReg 866		
2 CSR 70-25.150	Plant Industries		49 MoReg 866		
2 CSR 70-25.153	Plant Industries		49 MoReg 870		
2 CSR 70-25.156	Plant Industries		49 MoReg 871		
2 CSR 70-25.160	Plant Industries		49 MoReg 873R		
2 CSR 70-25.170 2 CSR 70-25.180	Plant Industries		49 MoReg 873		
2 CSR 70-25.180 2 CSR 90	Plant Industries Weights, Measures and Consumer Protection		49 MoReg 873		49 MoReg 1194
2 CSR 90 2 CSR 90-10.011	Weights, Measures and Consumer Protection		49 MoReg 874		49 MOKey 1194
2 CSR 90-10.011	Weights, Measures and Consumer Protection		49 MoReg 874		
2 CSR 90-10.020	Weights, Measures and Consumer Protection		49 MoReg 875		
2 CSR 90-10.040	Weights, Measures and Consumer Protection		49 MoReg 876		
2 CSR 90-36.005	Weights, Measures and Consumer Protection		49 MoReg 603		
2 CSR 90-36.010	Weights, Measures and Consumer Protection		49 MoReg 604		
2 CSR 90-36.015	Weights, Measures and Consumer Protection		49 MoReg 605		
	DEPARTMENT OF CONSERVATION				
3 CSR 10-4.113	Conservation Commission		49 MoReg 448	49 MoReg 1008	
3 CSR 10-4.117	Conservation Commission		49 MoReg 452	49 MoReg 1008	
3 CSR 10-5.205	Conservation Commission		49 MoReg 452	49 MoReg 1008	
3 CSR 10-5.210	Conservation Commission		49 MoReg 731	49 MoReg 1305	
3 CSR 10-5.215	Conservation Commission		49 MoReg 452	49 MoReg 1009	
3 CSR 10-5.430	Conservation Commission		49 MoReg 955		
3 CSR 10-5.435	Conservation Commission		49 MoReg 957		
3 CSR 10-5.440	Conservation Commission		49 MoReg 959		
<u>3 CSR 10-5.445</u> 3 CSR 10-5.540	Conservation Commission Conservation Commission		49 MoReg 961 49 MoReg 963		
3 CSR 10-5.545	Conservation Commission		49 MoReg 965		
3 CSR 10-5.551	Conservation Commission		49 MoReg 967		
3 CSR 10-5.552	Conservation Commission		49 MoReg 969		
3 CSR 10-5.554	Conservation Commission		49 MoReg 971		
3 CSR 10-5.559	Conservation Commission		49 MoReg 973		
3 CSR 10-5.560	Conservation Commission		49 MoReg 973		
3 CSR 10-5.565	Conservation Commission		49 MoReg 975		
3 CSR 10-5.567	Conservation Commission		49 MoReg 977		
3 CSR 10-5.570	Conservation Commission		49 MoReg 979		
3 CSR 10-5.576	Conservation Commission		49 MoReg 981		
3 CSR 10-5.579	Conservation Commission		49 MoReg 983		
3 CSR 10-5.580	Conservation Commission		49 MoReg 985		
3 CSR 10-5.605	Conservation Commission		49 MoReg 987	40 MoD 1000	
3 CSR 10-5.800 3 CSR 10-5.805	Conservation Commission		49 MoReg 453 49 MoReg 455	49 MoReg 1009	
3 CSR 10-5.805 3 CSR 10-6.415	Conservation Commission Conservation Commission		49 MoReg 455 49 MoReg 457	49 MoReg 1009 49 MoReg 1009	
3 CSR 10-6.415 3 CSR 10-7.410	Conservation Commission		49 MoReg 457 49 MoReg 457	49 MoReg 1009	
3 CSR 10-7.410 3 CSR 10-7.431	Conservation Commission		49 MoReg 457	49 MoReg 1009 49 MoReg 1010	
3 CSR 10-7.431	Conservation Commission		-13 MUNCY 430	49 MoReg 1010	
3 CSR 10-7.435	Conservation Commission			49 MoReg 1010	
3 CSR 10-7.437	Conservation Commission			49 MoReg 1011	
3 CSR 10-7.700	Conservation Commission		49 MoReg 458	49 MoReg 1012	
3 CSR 10-7.900	Conservation Commission		49 MoReg 793	49 MoReg 1305	
3 CSR 10-10.705	Conservation Commission		49 MoReg 459	49 MoReg 1012	
3 CSR 10-10.707	Conservation Commission		49 MoReg 459	49 MoReg 1012	
3 CSR 10-10.708	Conservation Commission		49 MoReg 462	49 MoReg 1012	
3 CSR 10-10.800	Conservation Commission		49 MoReg 464	49 MoReg 1012	
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