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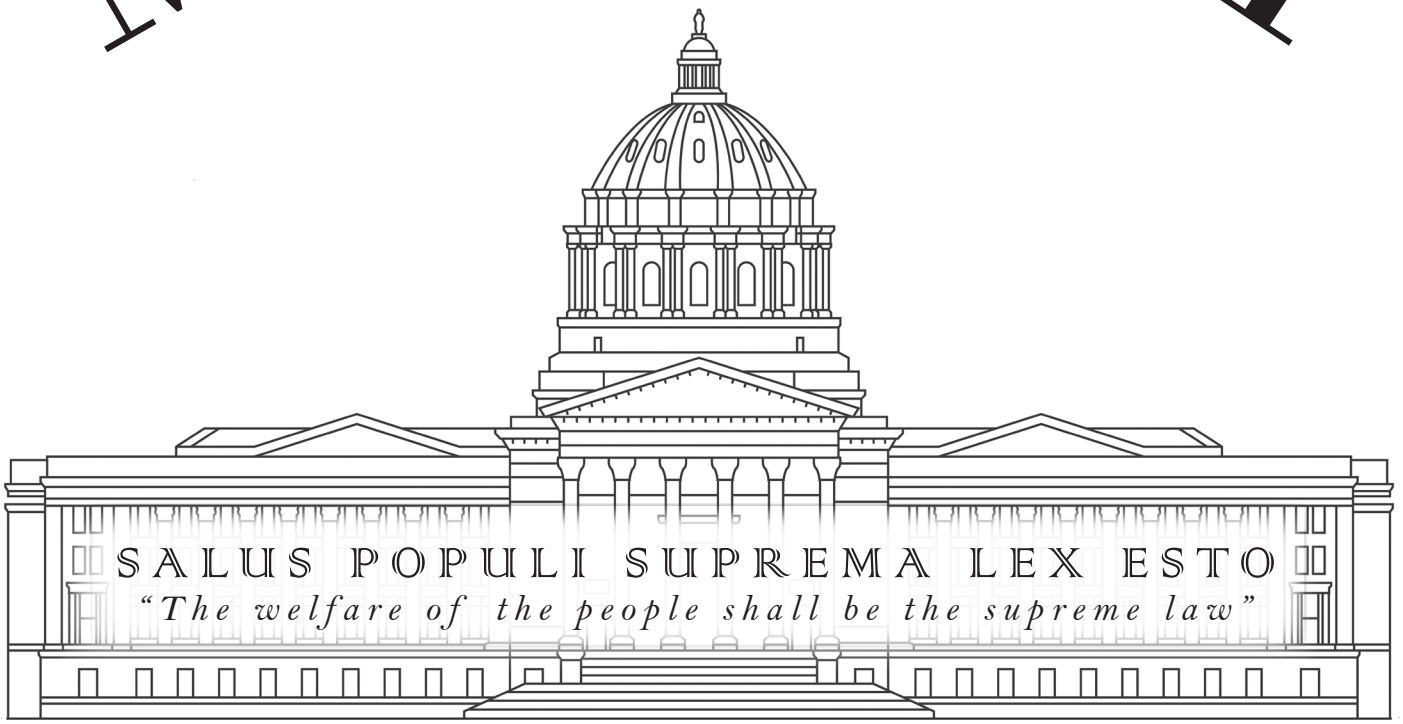
MISSOURI



REGISTER

Denny Hoskins Secretary of State

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MISSOURI REGISTER

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Register Filing Deadlines	Register Publication Date	Code Publication Date	Code Effective Date
September 1, 2026	**October 1, 2026**	October 31, 2026	November 30, 2026
September 15, 2026	**October 15, 2026**	October 31, 2026	November 30, 2026
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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please see the website at sos.mo.gov/adrules/pubsched.

HOW TO CITE RULES AND RSMO

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

Title	CSR	Division	Chapter	Rule
3	*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*.

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 3 – Conditions of Provider Participation, Reimbursement, and Procedure of General Applicability

EMERGENCY RESCISSION

13 CSR 70-3.300 Complementary Health and Alternative Therapies for Chronic Pain Management

PURPOSE: This rule is being rescinded as the program is no longer a covered MO HealthNet service.

*EMERGENCY STATEMENT: The Department of Social Services (DSS), MO HealthNet Division (MHD) finds that this emergency rescission is necessary to inform citizens that Complementary Health and Alternative Therapies for Chronic Pain Management is no longer a covered MO HealthNet service effective July 1, 2026. As a result, the MHD finds a compelling governmental interest, which requires this emergency action. A proposed recission, which covers the same material, will be published in the September 1, 2026, issue of the **Missouri Register**. The scope of this emergency rescission 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 rescission to be fair to all interested parties under the circumstances. The emergency rescission was filed July 27, 2026, effective Aug. 10, 2026, and expires Feb. 25, 2027.*

*AUTHORITY: sections 208.201 and 660.017, RSMo 2016, and section 208.152, RSMo Supp. 2018. Original rule filed Aug. 15, 2018, effective March 30, 2019. Emergency amendment filed July 27, 2026, effective Aug. 10, 2026, and expires Feb. 25, 2027. An emergency and proposed recission will be published in the September 1, 2026, issue of the **Missouri Register**.*

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

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

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

EMERGENCY RESCISSION

13 CSR 70-3.310 Chiropractic Services

PURPOSE: This rule is being rescinded as the program is no longer a covered MO HealthNet service.

*EMERGENCY STATEMENT: The Department of Social Services (DSS), MO HealthNet Division (MHD) finds that this emergency rescission is necessary to inform citizens that the chiropractic program is no longer a covered MO HealthNet service effective July 1, 2026. As a result, the MHD finds a compelling governmental interest, which requires this emergency action. A proposed rescission, which covers the same material, will be published in the September 1, 2026, issue of the **Missouri Register**. The scope of this emergency rescission 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 rescission to be fair to all interested parties under the circumstances. The emergency rescission was filed July 27, 2026, effective Aug. 10, 2026, and expires Feb. 25, 2027.*

*AUTHORITY: section 208.152, RSMo Supp 2019, and section 660.017, RSMo 2016. Original rule filed May 15, 2019, effective Nov. 30, 2019. Emergency amendment filed July 27, 2026, effective Aug. 10, 2026, and expires Feb. 25, 2027. An emergency and proposed rescission will be published in the September 1, 2026, issue of the **Missouri Register**.*

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

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

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

EMERGENCY AMENDMENT

13 CSR 70-15.015 Supplemental Payments. The division is amending sections (1), (7), (8), and (9).

PURPOSE: This amendment removes the definition for state-deemed critical access hospitals, and updates language related to the stop-loss payment, psych adjustment payment, and direct graduate medical education payment.

*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. These supplemental payments to Missouri hospitals are integral to sustaining hospital services to Medicaid participants. These supplemental payments support Critical Access Hospitals, safety net hospitals, and teaching hospitals, which provide necessary services to low-income, uninsured, and underserved populations. These Medicaid payments allow hospitals to provide sufficient medical care to Medicaid participants. Additionally, components of the payment methodology are calculated on an annual state fiscal year basis. This requires that the new payment system be in effect beginning July 1, 2026. Failure to do so would likely result in significant underpayment or overpayment to Missouri hospitals. As a result, the MHD finds a compelling governmental interest in providing these payments to hospitals by July 1, 2026, which requires an early effective date. A proposed amendment, which covers the same material, will be published in the September 1, 2026, 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 27, 2026, effective Aug. 10, 2026, and expires Feb. 25, 2027.*

(1) Definitions.

[(H) State-deemed critical access hospital (CAH). A public hospital located in a county in the Missouri Bootheel with no more than one hundred five (105) acute care inpatient beds.]

(7) Stop-Loss Payment (SLP) for Hospitals That Are Reimbursed Under the APR-DRG Reimbursement Methodology.

(A) Beginning with SFY 2026 hospitals that are paid under the APR-DRG and meet the requirements set forth below shall receive a SLP.

1. Total estimated Medicaid claims-based payments from the DRG base year are calculated. The DRG claims based system is calculated based on 13 CSR 70-15.010(6). The FFS supplemental payments for the most recent SFY are added to each hospital's estimated reimbursement.

2. The estimated DRG payments are then subtracted from the per diem repriced claims plus the FFS supplemental payments to get an estimated difference in reimbursement.

3. If the estimated DRG payment is greater than the per diem repriced claims plus the FFS supplemental payments, then no SLP will be calculated.

4. If the estimated DRG payment is less than the per diem repriced claims plus the FFS supplemental payments, then a SLP will be calculated to hold a hospital to a maximum *[of a one and seven thousand five hundred forty-five ten thousandths percent (1.7545%)]***percentage** estimated loss **set annually by the division**.

5. SLP special considerations.

A. If the following hospital types are eligible for a SLP, then their stop loss is held to zero percent (0%):

(I) Federally deemed CAHs; **and**

(II) Safety net hospitals as defined in subparagraph (13)(A)1.A.*[; and*

(III) State-deemed CAHs.]

6. The annual SLP will be calculated for each hospital at the beginning of each SFY. The annual amount will be processed over the number of financial cycles during the SFY.

7. The SLP calculations are based on a prospective estimate using historical claims data and will not be trued up with actual claims data at the end of the SFY.

(8) Psych Adjustment (PA) Payment.

(A) Beginning with SFY 2026, hospitals that have FFS psychiatric hospital days as identified in the MMIS shall receive a PA payment.

1. The PA payment is a set dollar amount appropriated by the General Assembly pursuant to section 11.780 of CCS SS SCS HCS HB *[11 (2025)]***2011 (2026) less any amount withheld by the Governor**, and distributed to eligible hospitals proportionately as follows:

A. The FFS psychiatric hospital days for each hospital will be divided by the total FFS psychiatric hospital days for all hospitals to determine a percentage for each hospital. This percentage will then be multiplied by the set dollar amount in paragraph (8)(A)1. to determine the PA payment. The FFS psychiatric hospital days are paid days from the second prior calendar year.

2. The annual final PA payment will be calculated for each eligible hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(9) Medicaid Direct Graduate Medical Education (GME) Payments. Beginning with SFY 2023, a GME payment calculated as the sum of the intern and resident based GME payment and the GME stop-loss payment shall be made to any *[acute care]* **in-state** hospital that provides graduate medical education.

*AUTHORITY: sections 208.201 and 660.017, RSMo 2016, and sections 208.152 and 208.153, RSMo Supp. 2025. This rule was previously filed as part of 13 CSR 70-15.010. Emergency rule filed April 30, 2020, effective May 15, 2020, expired Feb. 24, 2021. Original rule filed April 30, 2020, effective Nov. 30, 2020. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed July 27, 2026, effective Aug. 10, 2026, and expires Feb. 25, 2027. An emergency and proposed amendment will be published in the September 1, 2026, issue of the **Missouri Register**.*

PUBLIC COST: This emergency amendment will cost state agencies or political subdivisions approximately $1.3 million in the time the emergency is effective.

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

FISCAL NOTE
PUBLIC COST

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

Rule Number and Name:	13 CSR 70-15.015 Supplemental Payments
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 Hospitals enrolled in MO HealthNet - 37 **Department of Social Services, MO HealthNet Division**	**Estimated cost for 6 months of SFY 2027: $319 thousand** **Estimated cost for 6 months of SFY 2027: Total $1.3 million;**

III. WORKSHEET

Other Government (Public) Hospitals Impact	
Estimated Cost for 6 Months of SFY 2027	
	Total
Estimated Cost to Public Hospitals	$318,863
State Share Percentage	35.455%
State Share	$113,053

Department of Social Services, MO HealthNet Division Cost:	
Estimated Cost for 6 Months of SFY 2027:	
	Total
Estimated Cost to MHD	$1,280,438
State Share Percentage	35.455%
State Share	$453,979

IV. ASSUMPTIONS

The fiscal impact was calculated by taking the difference between the SFY 2026 payments and the SFY 2027 payments.

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

EMERGENCY AMENDMENT

13 CSR 70-15.160 Outpatient Hospital Services Reimbursement Methodology. The division is amending sections (1) and (2).

PURPOSE: This emergency amendment updates all documents incorporated by reference and used to create the outpatient simplified fee schedule. It also updates the language for the Outpatient Rate Adjustment.

EMERGENCY STATEMENT: The Department of Social Services, MO HealthNet Division (MHD) finds that this emergency amendment is necessary to preserve a compelling governmental interest as it allows MHD to continue to pay its hospital providers under a financially sustainable payment methodology. The Outpatient Simplified Fee Schedule (OSFS) payment methodology requires the most recent fee schedules published by Centers for Medicare & Medicaid Services (CMS) to be incorporated by reference to compute the OSFS fee schedule, which allows providers to be paid. Since the dates on which CMS updates its fee schedules vary throughout the year, an emergency amendment is necessary to maintain a correct fee schedule by July 1 of each year. This emergency amendment is necessary to incorporate the most recently published fee schedules into the methodology to comply with the regulation. Furthermore, this emergency amendment is necessary to secure a sustainable Medicaid program in Missouri and ensure that payments for outpatient services are in line with funds appropriated for that purpose. (See Beverly Enterprises-Missouri Inc. v. Dep't of Soc. Servs., Div. of Med. Servs., 349 S.W.3d 337, 350 (Mo. Ct. App. 2008)). As a result, MHD finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, will be published in the September 1, 2026, issue of the ***Missouri Register****. This emergency amendment limits its scope 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 27, 2026, effective Aug. 10, 2026, and expires Feb. 25, 2027.*

(1) *Outpatient Simplified Fee Schedule* (OSFS) Payment Methodology.

(A) Definitions. The following definitions will be used in administering section (1) of this rule:

1. Ambulatory Payment Classification (APC). Medicare's ambulatory payment classification assignment groups of Current Procedural Terminology (CPT) or Healthcare Common Procedures Coding System (HCPCS) codes. APCs classify and group clinically similar outpatient hospital services that can be expected to consume similar amounts of hospital resources. All services within an APC group have the same relative weight used to calculate the payment rates;

2. APC conversion factor. The unadjusted national conversion factor calculated by Medicare effective January 1 of each year, as published with the Medicare Outpatient Prospective Payment System (OPPS) Final Rule, and used to convert the APC relative weights into a dollar payment. The Medicare OPPS Final Rule is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, *[December 20, 2024]***November 25, 2025**. This rule does not incorporate any subsequent amendments or additions;

3. APC relative weight. The national relative weights calculated by Medicare for the Outpatient Prospective Payment System;

4. Current Procedural Terminology (CPT). A medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies, and accreditation organizations;

5. Dental procedure codes. The procedure codes found in the Code on Dental Procedures and Nomenclature (CDT), a national uniform coding method for dental procedures maintained by the American Dental Association;

6. Federally Deemed Critical Access Hospital. Hospitals that meet the federal definition found in 42 *Code of Federal Regulations* (CFR) 485.606(b), which is incorporated by reference in this rule as published by U.S. Government Publishing Office, U.S. Superintendent of Documents, Washington, DC 20402, October 1, 2023. This rule does not incorporate any subsequent amendments or additions;

7. HCPCS. The national uniform coding method maintained by the Centers for Medicare & Medicaid Services (CMS) that incorporates the American Medical Association (AMA) Physicians CPT and the three (3) HCPCS unique coding levels I, II, and III;

8. Medicare Inpatient Prospective Payment System (IPPS) wage index. The wage area index values are calculated annually by Medicare, published as part of the Medicare IPPS Final Rule;

9. Missouri conversion factor. The single, statewide conversion factor used by the MO HealthNet Division (MHD) to determine the APC-based fees, uses a formula based on Medicare OPPS. The formula consists of sixty percent (60%) of the APC conversion factor, as defined in paragraph (1)(A)2. multiplied by the St. Louis, MO, Medicare IPPS wage index value, plus the remaining forty percent (40%) of the APC conversion factor, with no wage index adjustment;

10. Nominal charge provider. A nominal charge provider is determined from the third prior year audited Medicaid cost report. The hospital must meet the following criteria:

A. A public non-state governmental acute care hospital with a low-income utilization rate (LIUR) of at least twenty percent (20%) and a Medicaid inpatient utilization rate (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%). The hospital must meet one (1) of the federally mandated Disproportionate Share qualifications; or

B. The hospital is a public hospital operated by the Department of Mental Health primarily for the care and treatment of mental disorders; and

C. A hospital physically located in the state of Missouri;

11. Outpatient Prospective Payment System (OPPS). Medicare's hospital outpatient prospective payment system mandated by the Balanced Budget Refinement Act of 1999 (BBRA) and the Medicare, Medicaid, and State Children's Health Insurance Program (SCHIP) Benefits Improvement and Protection Act of 2000 (BIPA); and

12. Payment level adjustment. The percentage applied to the Medicare fee to derive the OSFS fee.

(B) Effective for dates of service beginning July 20, 2021, outpatient hospital services shall be reimbursed on a predetermined fee-for-service basis using an OSFS based on the APC groups and fees under the Medicare Hospital OPPS. When service coverage and payment policy differences exist between Medicare OPPS and Medicaid, MHD policies and

fee schedules are used. The fee schedule will be updated as follows:

1. MHD will review and adjust the OSFS annually on July 1 based on the payment method described in subsection (1)(D); and

2. The OSFS 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, *[August 5, 2025]***July 1, 2026**. This rule does not incorporate any subsequent amendments or additions.

(C) Payment will be the lower of the provider's charge or the payment as calculated in subsection (1)(D).

(D) Fee schedule methodology. Fees for outpatient hospital services covered by the MO HealthNet program are determined by the HCPCS procedure code at the line level and the following hierarchy:

1. The APC relative weight or payment rate assigned to the procedure in the Medicare OPPS *Addendum B* is used to calculate the fee for the service, with the exception of the hospital observation per hour fee which is calculated based on the method described in subparagraph (1)(D)1.B. Fees derived from APC weights and payment rates are established using the Medicare OPPS *Addendum B* effective as of January 1 of each year as published by the CMS for Medicare OPPS. The Medicare OPPS *Addendum B* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, *[January 9, 2025]***January 28, 2026**. This rule does not incorporate any subsequent amendments or additions.

A. The fee is calculated using the APC relative weight times the Missouri conversion factor. The resulting amount is then multiplied by the payment level adjustment of ninety percent (90%) to derive the OSFS fee.

B. The hourly fee for observation is calculated based on the relative weight for the Medicare APC (using the Medicare OPPS Addendum A effective as of January 1 of each year as published by the CMS for Medicare OPPS), which corresponds with comprehensive observation services multiplied by the Missouri conversion factor divided by forty (40), the maximum payable hours by Medicare. The resulting amount is then multiplied by the payment level adjustment of ninety percent (90%) to derive the OSFS fee. The Medicare OPPS Addendum A is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, *[January 9, 2025]***January 28, 2026**. This rule does not incorporate any subsequent amendments or additions.

C. For those APCs with no assigned relative weight, ninety percent (90%) of the Medicare APC payment rate is used as the fee;

2. If there is no APC relative weight or APC payment rate established for a particular service in the Medicare OPPS *Addendum B*, then the MHD approved fee will be ninety percent (90%) of the rate listed on other Medicare fee schedules, effective as of January 1 of each year: Clinical Laboratory Fee Schedule; Physician Fee Schedule; and Durable Medical Equipment Prosthetics/Orthotics and Supplies Fee Schedule, applicable to the outpatient hospital service.

A. The Medicare *Clinical Laboratory Fee* Schedule is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, *[January 9, 2025]***January 6, 2026**. This rule does not incorporate any subsequent amendments or additions.

B. The Medicare *Physician Fee* Schedule is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, *[January 10, 2025]***January 6, 2026**. This rule does not incorporate any subsequent amendments or additions.

C. The Medicare *Durable Medical Equipment Prosthetics/Orthotics and Supplies Fee Schedule* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, *[December 17, 2024]***December 9, 2025**. This rule does not incorporate any subsequent amendments or additions;

3. Fees for dental procedure codes in the outpatient hospital setting are calculated based on thirty-eight and one-half percent (38.5%) of the fiftieth percentile fee for Missouri reflected in the 2026 *National Dental Advisory Service* (NDAS). The 2026 NDAS is incorporated by reference and made a part of this rule as published by Wasserman Medical & Dental, PO Box 510949, Milwaukee, WI 53203, *[January 2, 2025]***January 13, 2026**. This rule does not incorporate any subsequent amendments or additions;

4. If there is no APC relative weight, APC payment rate, other Medicare fee schedule rate, or NDAS rate established for a covered outpatient hospital service, then a MO HealthNet fee will be determined using the MHD *Dental, Medical, Other Medical or Independent Lab–Technical Component* fee schedules.

A. The *MHD Dental Fee* Schedule 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, *[May 5, 2025]* **May 12, 2026**. This rule does not incorporate any subsequent amendments or additions.

B. The MHD *Medical Fee Schedule* 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, *[May 5, 2025]* **May 12, 2026**. This rule does not incorporate any subsequent amendments or additions.

C. The MHD *Other Medical Fee Schedule* 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, *[May 5, 2025]* **May 12, 2026**. This rule does not incorporate any subsequent amendments or additions.

D. The MHD *Independent Lab–Technical Component Fee Schedule* 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, *[May 5, 2025]* **May 12, 2026**. This rule does not incorporate any subsequent amendments or additions;

5. In-state federally deemed critical access hospitals will receive an additional forty percent (40%) of the rate as determined in paragraph (1)(B)2. for each billed procedure code; and

6. Nominal charge providers will receive an additional forty percent (40%) of the rate as determined in paragraph (1)(B)2. for each billed procedure code.

(E) Packaged services. MHD adopts Medicare guidelines for procedure codes identified as "Items and Services Packaged into APC Rates" under Medicare OPPS *Addendum D1*. These procedures are designated as always packaged. Claim lines with packaged procedure codes will be considered paid but with a payment of zero (0). The Medicare OPPS *Addendum D1* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, *[November 24, 2024]***December 18, 2025**. This rule does not incorporate any

subsequent amendments or additions.

(F) Inpatient only services. MHD adopts Medicare guidelines for procedure codes identified as "Inpatient Procedures" under Medicare OPPS *Addendum D1*. These procedures are designated as inpatient only (referred to as the inpatient only (IPO) list). Claim lines with inpatient only procedures will not be paid under the OSFS.

(G) Multiple procedure discounting. Effective for dates of service beginning July 1, 2024, MHD applies multiple procedure discounting for those procedure codes identified as "Procedure or Service, Multiple Procedure Reduction Applies" under Medicare OPPS *Addendum D1*. These procedures are paid separately but are discounted when two (2) or more services are billed on the same date of service. Procedure codes considered for the multiple procedure reduction under the OSFS exclude dental procedures. The multiple procedure claim line with the highest allowed amount is priced at one hundred percent (100%) of the maximum allowed amount. The second and subsequent covered procedures are priced at fifty percent (50%) of the maximum allowed amount. The Medicare OPPS *Addendum D1* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, *[November 24, 2024]***December 18, 2025**. This rule does not incorporate any subsequent amendments or additions.

(H) Modifier 50 bilateral procedure pricing. Effective for dates of service beginning July 1, 2024, MHD applies bilateral procedure pricing for those procedure codes identified on the Medicare *National Physician Fee Schedule Relative Value File* with an indicator of one (1) under the BILAT SURG column. These procedures may be subject to a payment adjustment when billed with modifier 50 and performed bilaterally on both sides of the body at the same operative session. Claim lines appropriately billed with these bilateral procedures and modifier 50 are priced at one hundred fifty percent (150%) of the maximum allowed amount for a single code. The Medicare *National Physician Fee Schedule Relative Value* File is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, *[January 10, 2025]***January 5, 2026**. This rule does not incorporate any subsequent amendments or additions.

(I) Drugs. Effective for dates of service beginning April 1, 2019, outpatient drugs are reimbursed in accordance with the methodology described in 13 CSR 70-20.070.

(J) Payment for outpatient hospital services under this rule will be final, with no cost settlement.

(2) Outpatient Rate Adjustment.

(A) Rate Adjustment.

1. A rate adjustment may be requested by in-state federally deemed critical access hospitals **(CAH)** under this subsection for changes in outpatient allowable costs related to building a new replacement hospital. The effective date for any increase granted under this subsection shall be no earlier than the first day of the month following the division's final determination of the rate adjustment.

A. In-state federally deemed *[critical access hospitals]* **CAHs** that build a new replacement hospital and incur costs associated with the new hospital may request an outpatient rate adjustment. A rate adjustment request for projects requiring certificate of need (CON) review must include a copy of the CON program approval.

B. An in-state federally deemed *[critical access hospital]***CAH** will have six (6) months after the new hospital is completed and open to the public to submit a request for **an** outpatient rate adjustment, along with **the final CON Progress Report,** a budget of the project's costs**, depreciation schedules, and any other documentation related to the replacement hospital's costs**. The rate adjustment request*[, the project's budget, and any other documentation related to the replacement building's costs]***along with all submitted documentation** shall be provided to MHD **and will be subject to review**. Upon completion of MHD's review, the hospital's outpatient reimbursement rate may be adjusted, if indicated. Failure to submit a request for rate adjustment and *[project budget]***required documentation** within the six- (6-) month period shall disqualify the hospital from receiving a rate increase.

C. Rate adjustments due to building a new hospital will be determined as the increase in capital and operating costs **(i.e., the sum of annual depreciation, annualized interest expense amortization, and annual additional operating costs minus any disallowed cost overrun)** multiplied by the ratio of total Medicaid outpatient costs **from worksheet D, Part V, column 6, line 202** to total hospital costs **from worksheet B, column 26, line 202** as submitted on the most recent audited cost report as of the review date divided by the FFS Medicaid outpatient payments from the audited **Medicaid** cost report **as of the review date to determine the Medicaid outpatient cost increase**. **The fee-for-service (FFS) Medicaid outpatient payments are extracted from the cost report and reduced to remove the effect of the current forty percent (40%) CAH outpatient increase. The Medicaid outpatient cost increase is then divided by the adjusted FFS Medicaid outpatient payments to determine the Medicaid outpatient cost increase percentage.** This percentage increase will be multiplied by the current *[critical access hospital]***CAH** outpatient increase and the result added to the current **CAH** outpatient increase to determine the new increase to the fee schedule amounts. The increase will be limited to twenty-five percent (25%) *[of the critical access hospital outpatient increase]* and will be limited to thirty (30) years.

(I) Increase in allowable capital and operating costs is the difference in the new allowable capital and operating costs (i.e., the sum of annual depreciation, annualized interest expense amortization, and annual additional operating costs minus any disallowed cost overrun) minus the original allowable capital and operating costs from the most recent audited Medicaid cost report.

2. The request for a rate adjustment must be submitted in writing to the division and must specifically and clearly identify the project and the total dollar amount involved. The total dollar amount must be supported by generally accepted accounting principles. The hospital will be notified of the division's decision in writing within sixty (60) days of receipt of the hospital's written request or within sixty (60) days of receipt of any additional documentation or clarification which may be required, whichever is later. Failure to submit requested information within the sixty- (60-) day period, shall be grounds for denial of the request.

3. The rate adjustment will be reviewed annually.

AUTHORITY: sections 208.201 and 660.017, RSMo 2016, and sections 208.152 and 208.153, RSMo Supp. 2025. Emergency rule filed June 20, 2002, effective July 1, 2002, expired Feb. 27, 2003. Original rule filed June 14, 2002, effective Jan. 30, 2003. For intervening history, please consult the ***Code of State Regulations****. Emergency amendment filed July 27, 2026, effective Aug. 10, 2026, expired Feb. 25, 2027. An emergency and proposed amendment covering the same material will be published in the September 1, 2026, issue of the* ***Missouri Register.***

PUBLIC COST: This emergency amendment will cost state agencies or political subdivisions approximately eight million eight hundred thousand dollars ($8.8 million) during the time the emergency amendment is effective.

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

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 70-15.160 Outpatient Hospital Services Reimbursement 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) & State Hospitals enrolled in MO HealthNet - 31	**Net Estimated Cost for 6 months of SFY 2027: $0**
Department of Social Services, MO HealthNet Division	**Net Estimated Cost for 6 months of SFY 2027: $8.8 million**

III. WORKSHEET

Department of Social Services, MO HealthNet Division Savings:	
Estimated Cost for 6 Months of SFY 2027:	
Estimated Cost	$8,805,624
Times SFY 2027 Blended State Share Percentage	35.455%
Estimated State Share Cost	$3,122,034

IV. ASSUMPTIONS

The estimated cost to the state is due to Medicare increasing their rates for the following high-volume services: emergency department visits, clinic visits, and some laboratory services.

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 20 – Hospitals

EMERGENCY AMENDMENT

19 CSR 30-20.030 Construction Standards for New Hospitals The Department of Health and Senior Services is amending sections (2) and (3).

PURPOSE: This emergency amendment updates the rule regarding hospital construction to align with budgetary cuts that go into effect July 1, 2026. The emergency amendment removes the approval process previously provided by the Engineering Consulting Unit of the Department of Health and Senior Services and eliminates notification and plan submission requirements by hospital architects or professional engineers.

EMERGENCY STATEMENT: This emergency amendment eliminates the approval process currently conducted by the Engineering Consulting Unit of the Department of Health and Senior Services and eliminates the submission of hospital construction plans by hospital architects and processional engineers to the Department of Health and Senior Services for review and approval by its Engineering Consultation Unit (ECU). The Fiscal Year 2027 budget reduces funding for the department's Division of Regulation and Licensure. As a result, the department is reducing activities that are not statutorily required, including the review and approval of plans for certain types of healthcare facilities. The department's existing rules, which carry the force of law, currently mandate the ECU functions being eliminated. This creates an irresolvable legal conflict for both the department and its stakeholders operating under these rules because the review and approval process will no longer be conducted. This conflict becomes operative July 1, 2026 – a date certain. The standard rulemaking process under section 536.021, RSMo, cannot be completed before that date, leaving every healthcare facility with an active or planned construction project without a coherent, lawful regulatory framework. This emergency amendment satisfies both bases for emergency rulemaking under section 536.025, RSMo. First, leaving the existing rules intact after July 1, 2026, creates regulatory uncertainty for facilities, architects, engineers, and contractors operating under those rules – directly implicating public health and safety for facilities serving vulnerable patient populations. Second, there is a compelling governmental interest in maintaining a consistent regulatory framework that does not violate the department's own binding rules. This amendment does not alter substantive hospital facility obligations; it conforms the department's procedural role to its operational capacity. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, will be published in the September 1, 2026, issue of the ***Missouri Register****. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitutions****. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. Emergency amendment was filed July 23, 2026, becomes effective Aug. 6, 2026, and expires Feb. 1, 2027.*

(2) Planning and Construction Procedure.

(A) Plans and specifications shall be prepared for the construction of all new hospitals and additions to and modifications or reconstruction of existing hospitals. The plans and specifications shall be prepared by an architect or a professional engineer licensed to practice in Missouri.

[(B) Construction shall be in conformance with plans and specifications approved by the Engineering Consulting Unit of the Department of Health and Senior Services. The Department of Health and Senior Services shall be notified within five (5) days after construction begins. If construction of the project is not started within one (1) year after the date of approval of the plans and specifications, the plans and specifications shall be resubmitted to the Department of Health and Senior Services for its approval and shall be amended, if necessary, to comply with the then current rules before construction work commences.]

(3) Design and Construction Requirements.

(A) New hospitals or portions of hospitals constructed or remodeled after the effective date of this amendment shall be maintained so that the building and its various operating systems comply with the life safety code standards in 42 CFR Part 482 (2017) and 42 CFR Part 485 (2017), which are incorporated by reference in this rule. The *Code of Federal Regulations* is published by the U.S. Government and is available by calling toll-free (866) 512-1800 or going to http://bookstore.gpo.gov/. The address is: U.S. Government Publishing Office, U.S. Superintendent of Documents, Washington, DC 20402-0001. This rule incorporates later amendments and additions to 42 CFR Part 482 (2017) and 42 CFR Part 485 (2017). This rule does not incorporate the following chapters of National Fire Protection Association (NFPA) 99, 2012 edition: chapter 7 – Information Technology and Communications Systems for Heath Care Facilities; chapter 8 – Plumbing; chapter 12 – Emergency Management; and chapter 13 – Security Management. Existing hospital facilities constructed prior to the effective date of this amendment shall maintain and operate the building in compliance with the design and safety regulations in effect at the time of their construction.

(B) New hospitals or portions of hospitals constructed or remodeled after the effective date of this amendment must be constructed so that the building and its various operating systems comply with the standards contained in The Facility Guidelines Institute (FGI) Guidelines for the Design and Construction of Health Care Facilities (2010 edition) or the FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities (2014 edition), which are incorporated by reference in this rule and are published by the FGI at 350 N. Saint Paul Street, Ste. 100, Dallas TX 75201, or so that the building and its various operating systems comply with other standards and guidelines that provide equivalent design criteria. *[Prior to the department granting approval of the construction plans and specifications required in this rule, the architect or professional engineer submitting the plans shall identify the equivalent design criteria used.]* This rule does not incorporate any subsequent amendments or additions. This rule does not incorporate the following chapter of FGI, 2010 edition: 1.2-8 – Commissioning. This rule does not incorporate the following chapter of FGI, 2014 edition: 1.2-7 – Commissioning. Existing hospital facilities constructed prior to the effective date of this amendment shall maintain and operate the building in compliance with the design and construction regulations in effect at the time of their construction.

AUTHORITY: sections 192.006 and 197.065, RSMo 2016, and sections 197.080 and 197.100, RSMo Supp. 2025. This rule was previously filed as 13 CSR 50-20.031 and 19 CSR 10-20.031. Original rule filed June 2, 1982, effective Nov. 11, 1982. Amended: Filed June 14, 1988, effective Oct. 13, 1988. Rescinded and readopted: Filed March 20, 2019, effective Nov. 30, 2019. Emergency amendment

filed July 23, 2026, becomes effective Aug. 6, 2026, and expires Feb. 1, 2027. An emergency and proposed amendment covering the same material will be published in the September 1, 2026, issue of the ***Missouri Register.***

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

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

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 30 – Ambulatory Surgical Centers and Abortion Facilities

EMERGENCY AMENDMENT

19 CSR 30-30.030 General Design and Construction Standards for Ambulatory Surgical Centers The Department of Health and Senior Services is amending subsection (1)(B).

PURPOSE: This emergency amendment updates the planning and construction procedure utilized in the construction of ambulatory surgical centers. The emergency amendment removes the requirement that the plans submitted by the ambulatory surgical center operator or owner receive written approval.

EMERGENCY STATEMENT: This emergency amendment removes the requirement that the plans submitted by the ambulatory surgical center (ASC) operator or owner receive written approval. The Fiscal Year 2027 budget reduces funding for the department's Division of Regulation and Licensure (DHSS DRL). As a result, the department is reducing activities that are not statutorily required, including the review and approval of plans for certain types of healthcare facilities. The department's existing rules, which carry the force of law, mandate functions currently performed by the DHSS DRL's Engineering Consulting Unit, which are being eliminated, such as the approval of construction plans for ASCs. This creates an irresolvable legal conflict for both the department and its stakeholders operating under these rules because the review and approval process will no longer be conducted. This conflict becomes operative July 1, 2026 – a date certain. The standard rulemaking process under section 536.021, RSMo, cannot be completed before that date, leaving every healthcare facility with an active or planned construction project without a coherent, lawful regulatory framework. This emergency amendment satisfies both bases for emergency rulemaking under section 536.025, RSMo. First, leaving the existing rules intact after July 1, 2026, creates regulatory uncertainty for facilities, architects, engineers, and contractors operating under those rules – directly implicating public health and safety for facilities serving vulnerable patient populations. Second, there is a compelling governmental interest in maintaining a consistent regulatory framework that does not violate the department's own binding rules. This amendment does not alter substantive ASC facility obligations; it conforms the department's procedural role to its operational capacity. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, will be published in the September 1, 2026, issue of the ***Missouri Register****. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitutions****. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. Emergency amendment was filed July 23, 2026, becomes effective Aug. 6, 2026, and expires Feb. 1, 2027.*

(1) All new ambulatory surgical centers and additions to and remodeling of existing licensed ambulatory surgical centers shall be designed to provide all of the facilities required by this rule and fire-safety standards, arranged to accommodate with maximum convenience all of the functions required by this rule and arranged to provide comfortable, attractive, sanitary, fire-safe, secure and durable facilities for the patients. This rule is applicable to ambulatory surgical centers which began operation or construction or renovation of a building to operate an ambulatory surgical center on any date after April 12, 1990. Existing ambulatory surgical centers licensed by the Department of Health prior to April 12, 1990 shall be maintained in compliance with the rules under which they were initially licensed and are not required to comply with the construction requirements for new ambulatory surgical centers until they are remodeled or expanded. The Department of Health, within its discretion and for good reason, may grant exceptions to this rule. These exceptions shall be in writing and shall be made a part of the Department of Health records for the facility.

(B) Planning and Construction Procedure.

1. Plans and specifications complying with 19 CSR 30-30.040 shall be prepared for the construction of all ambulatory surgical centers and any additions to and remodeling of ambulatory surgical centers. Plans for ambulatory surgical centers which in addition to other surgical procedures will offer abortion services shall incorporate facilities for patient counseling as required for licensed abortion facilities in 19 CSR 30-30.070(2)(Z). The plans and specifications shall be prepared by an architect or a professional engineer licensed to practice in Missouri. The plans and specifications shall *[have received written approval of]* **be provided to** the Department of Health prior to the submission of an application for licensure of the new facility. The license for a new ambulatory surgical center will not be issued prior to the facility being inspected and found in substantial compliance with this rule.

2. The Department of Health shall be notified within five (5) days after construction begins. If construction of the project is not started within one (1) year *[after the date of approval of the plans and specifications]*, the plans and specifications shall be amended if necessary to comply with the then current regulations before construction work commences (see 19 CSR 30-30.040 Preparation of Plans and Specifications for Ambulatory Surgical Centers).

AUTHORITY: section 197.225, RSMo 1986. This rule was previously filed as 13 CSR 50-30.030. Original rule filed Dec. 2, 1975, effective Feb. 1, 1976. Amended: Filed Jan. 3, 1990, effective April 12, 1990. Emergency amendment filed July 23, 2026, effective Aug. 6, 2026, expires Feb. 1, 2027. An emergency and proposed amendment covering the same material will be published in the September 1, 2026, issue of the ***Missouri Register.***

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

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

emergency amendment is effective.

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 30 – Ambulatory Surgical Centers and Abortion Facilities

EMERGENCY AMENDMENT

19 CSR 30-30.040 Preparation of Plans and Specifications for Ambulatory Surgical Centers The Department of Health and Senior Services is amending subsection (1)(A).

PURPOSE: This emergency amendment updates the rule by eliminating the requirement that the department review and approve preliminary plans or sketches prior to the preparation of working drawings when ambulatory surgical center construction or renovation is contemplated.

*EMERGENCY STATEMENT: This emergency amendment eliminates the requirement that the department review and approve preliminary plans and sketches prior to the preparation of working drawings when Ambulatory Surgical Center (ASC) construction or renovation is contemplated. The Fiscal Year 2027 budget reduces funding for the department's Division of Regulation and Licensure (DHSS DRL). As a result, the department is reducing activities that are not statutorily required, including the review and approval of plans for certain types of healthcare facilities. The department's existing rules, which carry the force of law, mandate functions currently performed by the DHSS DRL's Engineering Consulting Unit, which are being eliminated, such as the approval of construction plans for ASCs. This creates an irresolvable legal conflict for both the department and its stakeholders operating under these rules because the review and approval process will no longer be conducted. This conflict becomes operative July 1, 2026 – a date certain. The standard rulemaking process under section 536.021, RSMo, cannot be completed before that date, leaving every healthcare facility with an active or planned construction project without a coherent, lawful regulatory framework. This emergency amendment satisfies both bases for emergency rulemaking under section 536.025, RSMo. First, leaving the existing rules intact after July 1, 2026, creates regulatory uncertainty for facilities, architects, engineers, and contractors operating under those rules – directly implicating public health and safety for facilities serving vulnerable patient populations. Second, there is a compelling governmental interest in maintaining a consistent regulatory framework that does not violate the department's own binding rules. This amendment does not alter substantive ASC facility obligations; it conforms the department's procedural role to its operational capacity. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, will be published in the September 1, 2026, issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. Emergency amendment was filed July 23, 2026, becomes effective Aug. 6, 2026, and expires Feb. 1, 2027.*

(1) Preliminary Plans and Sketches.

(A) When construction is contemplated, either for new buildings additions to existing buildings or material alterations to existing buildings, the preliminary plans or sketches shall be submitted *[in duplicate]* to the Department of Health *[for review and approval before the preparation of working drawings is undertaken]*. The preliminary plans *[may be reviewed by the Department of Health in schematic form, but before they are declared acceptable for procedure with working drawings and specifications, they]* should also include the following information, stated briefly and not in detailed form required in working drawings and specifications:

1. Site plan showing scale, orientation, street names, topography, walks, drives, fire lanes, parking areas and utilities including fire hydrant location;
2. Plans and elevations of the buildings at a scale of not less than one-eighth inch to one foot no inches (1/8":1' 0");
3. Rooms and corridors, designated by name and number;
4. Windows. Note, wired glass where it is required;
5. Doors, including door swings. Identify fire doors by time rating and Underwriters' Laboratories label;
6. Plumbing fixtures. Show fixtures in proper shape and scale for positive recognition. Identify special types such as service sinks and clinic sinks;
7. Plans of rooms shall indicate principal items of furniture accurately scaled;
8. All other principal items of equipment such as boilers, chiller, cooling tower, electrical substations, tanks, air handlers, fan-coil units, kitchen equipment, laundry equipment, cabinets, counters and any other items which take up space and affect the final layout;
9. Fire and smoke-barrier partition designations;
10. Floor lines, top ceiling line and grade lines, designated and preferably dimensioned, and with basic elevations shown;
11. Ceiling heights of principal rooms and also of each room for which the rules establish a minimum ceiling height. Only one (1) typical room of a group need be so shown;
12. Area of each room for which the rules establish a minimum area. Only one (1) typical room of a group need be so noted; and
13. Brief noted descriptions of the general construction and finish; the structural system; the heating, ventilating and air-conditioning systems, including the fuel supply; the plumbing system including the water supply and sewage disposal; and the electrical system.

*AUTHORITY: section 197.225, RSMo 1986. This rule was previously filed 13 CSR 50-30.040. Original rule filed Dec. 2, 1975, effective Feb. 1, 1976. Emergency amendment filed July 23, 2026, effective Aug. 6, 2026, expires Feb. 1, 2027. An emergency and proposed amendment covering the same material will be published in the September 1, 2026, issue of the **Missouri Register.***

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

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

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 30 – Ambulatory Surgical Centers and Abortion Facilities

EMERGENCY AMENDMENT

19 CSR 30-30.100 General Design and New Construction Standards for Birthing Centers The Department of Health and Senior Services is amending subsections (1)(A) and (1)(B).

PURPOSE: This emergency amendment removes the requirement that the Department of Health and Senior Services review and approve birthing center construction and renovation plans submitted to it.

*EMERGENCY STATEMENT: This emergency amendment removes the requirement that the department review and approve birthing center construction and renovation plans. The Fiscal Year 2027 budget reduces funding for the department's Division of Regulation and Licensure (DHSS DRL). As a result, the department is reducing activities that are not statutorily required, including the review and approval of plans for certain types of healthcare facilities. The department's existing rules, which carry the force of law, currently mandate that the DHSS DRL Engineering Consulting Unit review and approving birthing center construction and renovation plans, which is one of the activities being eliminated. This creates an irresolvable legal conflict for both the department and its stakeholders operating under these rules because the review and approval process will no longer be conducted. This conflict becomes operative July 1, 2026 – a date certain. The standard rulemaking process under section 536.021, RSMo, cannot be completed before that date, leaving every healthcare facility with an active or planned construction project without a coherent, lawful regulatory framework. This emergency amendment satisfies both bases for emergency rulemaking under section 536.025, RSMo. First, leaving the existing rules intact after July 1, 2026, creates regulatory uncertainty for facilities, architects, engineers, and contractors operating under those rules – directly implicating public health and safety for facilities serving vulnerable patient populations. Second, there is a compelling governmental interest in maintaining a consistent regulatory framework that does not violate the department's own binding rules. This amendment does not alter substantive birthing center facility obligations; it conforms the department's procedural role to its operational capacity. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, will be published in the September 1, 2026, issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. Emergency amendment was filed July 23, 2026, becomes effective Aug. 6, 2026, and expires Feb. 1, 2027.*

(1) Planning and Construction Procedures.

(A) Any birthing center constructed or renovated after the date of the adoption of this rule shall have plans and specifications prepared by an architect registered in Missouri. These plans and specifications shall be submitted to the department *[for review and approval]* prior to beginning of construction. The design and construction of birthing centers shall conform to the most stringent requirements of this rule and the local governing building code.

(B) The Department of Health shall be notified in writing within five (5) days after construction begins. If construction of the project is not started within one (1) year *[after the date of the approval of the plans and specifications]*, the plans and specifications shall be resubmitted to the Department of Health *[for its approval]* and shall be amended, if necessary, to comply with the then current rules before construction work begins.

*AUTHORITY: section 197.225, RSMo 1994. Emergency rule filed May 1, 1995, effective May 10, 1995, expired Sept. 7, 1995. Original rule filed May 1, 1995, effective Nov. 30, 1995. Emergency amendment filed June 19, 1998, effective July 1, 1998, expired Feb. 25, 1999. Amended: Filed June 19, 1998, effective Jan. 30, 1999. Emergency filed July 23, 2026, effective Aug. 6, 2026, expires Feb. 1, 2027. An emergency and proposed amendment covering the same material will be published in the September 1, 2026, issue of the **Missouri Register**.*

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

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

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

EMERGENCY AMENDMENT

19 CSR 60-50.410 Letter of Intent Package. The committee is amending subsection (2)(D).

PURPOSE: The committee and department are amending this rule to remove the requirement of evidence that architectural plans have been submitted to the department's Engineering Consultation Unit for non-applicability projects that are not in a long-term care facility.

EMERGENCY STATEMENT: This emergency amendment removes the requirement of evidence that architectural plans have been submitted to the department's Engineering Consulting Unit (ECU) for non-applicability projects that are not in a long-term care facility. The Fiscal Year 2027 budget reduces funding for the department's Division of Regulation and Licensure. As a result, the department is reducing activities that are not statutorily required, including the review and approval of plans for certain types of healthcare facilities. The department's existing rules, which carry the force of law, currently mandate the ECU functions being eliminated. This creates an irresolvable legal conflict for both the department and its stakeholders operating under these rules because the review and approval process will no longer be conducted. This conflict becomes operative July 1, 2026 – a date certain. The standard rulemaking process under section 536.021, RSMo, cannot be completed before that date, leaving every healthcare facility with an active or planned construction project without a coherent, lawful regulatory framework. This emergency amendment satisfies both bases for emergency rulemaking under section 536.025, RSMo. First, leaving the existing rules intact after July 1, 2026, creates regulatory uncertainty for facilities, architects, engineers, and contractors operating under those rules – directly implicating public health and safety for facilities serving vulnerable patient populations. Second, there is a compelling governmental interest in maintaining a consistent regulatory

framework that does not violate the department's own binding rules. This amendment does not alter substantive healthcare facility obligations; it conforms the department's procedural role to its operational capacity. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, will be published in the September 1, 2026, issue of the ***Missouri Register****. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitutions****. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed July 23, 2026, becomes effective Aug. 6, 2026, and expires Feb. 1, 2027.*

(2) If a non-applicability review is sought, the applicant shall submit the following additional information:

(A) Proposed Expenditures (Form MO 580-2375), included herein;

(B) Information which details all methods and assumptions used to estimate project costs. Documentation of costs may be requested;

(C) Schematic drawings and evidence of site control, with appropriate documentation;

(D) Evidence of submission of architectural plans to the *[Division of Regulation and Licensure Engineering Consultation Unit,]* Department of Health and Senior Services, for long-term care projects *[and other facilities]*; and

(E) In addition to the above information, for exceptions or exemptions, documentation of other provisions in compliance with the Certificate of Need (CON) statute, as described in sections (7) through (8) below of this rule.

AUTHORITY: section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the ***Code of State Regulations.*** *Emergency amendment filed July 23, 2026, effective Aug. 6, 2026, expires Feb. 1, 2027. An emergency and proposed amendment will be published in the September 1, 2026, issue of the* ***Missouri Register****.*

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

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

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

EMERGENCY AMENDMENT

19 CSR 60-50.430 Application Package. The committee is amending paragraph (4)(B)4 and updating form MO 580-2501.

PURPOSE: The committee and department are amending this rule to remove the requirement of evidence that architectural plans have been submitted to the department for CON projects that are not in a long-term care facility.

EMERGENCY STATEMENT: This emergency amendment removes the requirement of evidence that architectural plans have been submitted to the department's Engineering Consulting Unit (ECU) for CON projects that are not in a long-term care facility. The Fiscal Year 2027 budget reduces funding for the department's Division of Regulation and Licensure. As a result, the department is reducing activities that are not statutorily required, including the review and approval of plans for certain types of healthcare facilities. The department's existing rules, which carry the force of law, currently mandate the ECU functions being eliminated. This creates an irresolvable legal conflict for both the department and its stakeholders operating under these rules because the review and approval process will no longer be conducted. This conflict becomes operative July 1, 2026 – a date certain. The standard rulemaking process under section 536.021, RSMo, cannot be completed before that date, leaving every healthcare facility with an active or planned construction project without a coherent, lawful regulatory framework. This emergency amendment satisfies both bases for emergency rulemaking under section 536.025, RSMo. First, leaving the existing rules intact after July 1, 2026, creates regulatory uncertainty for facilities, architects, engineers, and contractors operating under those rules – directly implicating public health and safety for facilities serving vulnerable patient populations. Second, there is a compelling governmental interest in maintaining a consistent regulatory framework that does not violate the department's own binding rules. This amendment does not alter substantive healthcare facility obligations; it conforms the department's procedural role to its operational capacity. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, will be published in the September 1, 2026, issue of the ***Missouri Register****. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitutions****. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed July 23, 2026, becomes effective Aug. 6, 2026, and expires Feb. 1, 2027.*

(4) The Proposal Description shall include documents which –

(B) Describe the developmental details including –

1. A timeline of anticipated events for the proposal from the time of the CON application review through project completion, including the commencement and completion of new construction or renovation, or purchase and installation of equipment;

2. A legible street or road map showing the exact location of the facility or health service, and a copy of the site plan showing the relation of the project to existing structures and boundaries;

3. Preliminary schematics for the project on an eight and one-half inch by eleven inch (8 1/2" × 11") format (not required for replacement equipment projects). The function for each space, including the location of each existing and proposed bed before and after construction or renovation, shall be clearly identified and all space shall be assigned;

4. Evidence of submission of architectural plans to the *[Division of Regulation and Licensure,]* Department of Health and Senior Services, for long-term care projects *[and other facilities (not required for equipment projects)]*;

5. For long-term care proposals, existing and proposed gross square footage for the entire facility and for each institutional service or program directly affected by the project. If the project involves relocation, identify what will go into vacated space;

6. Documentation that the proposed owner owns the project site, or that the proposed owner has an executed option to purchase or lease the site; and

7. Proposals which include major medical equipment shall include an equipment list with prices and also documentation in the form of bid quotes, purchase orders, catalog prices, or other sources to substantiate the proposed equipment costs;

Certificate of Need Program

NEW HOSPITAL APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name:_____ Project No:_____

Project Description:_____

Done Page N/A Description

Divider I. Application Summary:

__ _____ __ 1. Applicant Identification and Certification (Form MO 580-1861)
__ _____ __ 2. Representative Registration (From MO 580-1869)
__ _____ __ 3. Proposed Project budget (Form MO 580-1863) and detail sheet with documentation of costs.
__ _____ __ 4. Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO.
__ _____ __ 5. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.
__ _____ __ 6. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.
__ _____ __ 7. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.
__ _____ __ 8. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.

Divider II. Proposal Description:

__ _____ __ 1. Provide a complete detailed project description.
__ _____ __ 2. Provide the proposed number of licensed beds by medical specialty.
__ _____ __ 3. Provide a timeline of events for the project, from CON issuance through project competition.
__ _____ __ 4. Provide a legible city or county map showing the exact location of the proposed facility.
__ _____ __ 5. Provide a site plan for the proposed project.
__ _____ __ 6. Provide preliminary schematic drawings for the proposed project.
__ _____ __ 7. Provide the proposed square footage.
__ _____ __ 8. Document ownership of the project site or provide an option to purchase.
__ _____ __ 9. Define the community to be served (service area: projected population, area, rationale).
__ _____ __ 10. Provide utilization projections through the first three (3) **FULL** years of operation of the new beds
__ _____ __ 11. Identify specific community problems or unmet needs the proposal would address.
__ _____ __ 12. Provide the methods and assumptions used to project utilization.
__ _____ __ 13. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
__ _____ __ 14. Provide copies of any petitions, letters of support or opposition received.
__ _____ __ 15. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.
__ _____ __ 16. Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.

Divider III. Service Specific Criteria and Standards:

__ _____ __ 1. Document the methodology utilized to determine the need for the proposed hospital.
__ _____ __ 2. Provide the most recent three (3) **FULL** years of evidence that the average occupancy of the same type(s) of beds at each other hospital in the proposed service area exceeds eighty percent (80%).
__ _____ __ 3. Discuss the impact the proposed hospital would have on utilization of other hospitals in the geographic service area.
__ _____ __ 4. Document the unmet need in the geographic service area for each type of bed being proposed according to the population-based need formula

Divider IV. Financial Feasibility Review Criteria and Standards:

__ _____ __ 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data"
__ _____ __ 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
__ _____ __ 3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) for the latest three (3) years and projected through three (3) **FULL** years beyond project completion.
__ _____ __ 4. Document how patient charges are derived.
__ _____ __ 5. Document responsiveness to the needs of the medically indigent.

AUTHORITY: section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the ***Code of State Regulations.*** *Emergency amendment filed: July 23, 2026, effective Aug. 6, 2026, expires Feb.1, 2027. An emergency and proposed amendment covering the same material will be published in the September 1, 2026, issue of the* ***Missouri Register.***

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

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

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

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

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

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

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

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

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

TITLE 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 10 – Financial Institutions

PROPOSED AMENDMENT

12 CSR 10-10.040 Statute of Limitations for *Credit Institution Tax and* Credit Union and Savings and Loan Association Tax. The department is amending the purpose statement and sections (4) and (6).

PURPOSE: This amendment includes credit institutions in the rule and modifies sections (4) and (6) of the rule.

PURPOSE: This rule establishes a statute of limitations for the assessment of ***Credit Institution Tax as well as*** *Credit Union and Savings and Loan Association Tax as set out in Chapter 148, RSMo.*

(4) If a taxpayer fails to report a change or correction in federal taxable income which would increase its tax liability under Chapter 148, RSMo**,** an assessment may be mailed to the taxpayer within one (1) year after the *[Business Tax Bureau or Field Audit Bureau]* **Taxation Division** of the Department of Revenue shall become aware of the change or correction. A notice under this section shall be limited to the effects of the change or correction.

(6) For purposes of this rule, a return filed before the last day**, without regard to any extension,** prescribed by law or by a corresponding rule for the filing of that return shall be deemed to be filed on the last day. *[If a return for any period ending with or within a calendar year is filed before April 15 of the succeeding calendar year, the return shall be deemed to be filed on April 15 of the succeeding calendar year.]*

*AUTHORITY: sections [148.100,] 148.200 and 148.700, RSMo [1986] **2016**. Original rule filed July 11, 1985, effective Oct. 11, 1985. Amended: Filed July 28, 2026.*

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Revenue, Legislative Office, 301 West High Street, Room 218, Jefferson City, MO 65105-0475. 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 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 10 – Financial Institutions

PROPOSED RESCISSION

12 CSR 10-10.050 Statute of Limitations for Credit Institutions Tax. This rule provided for the statute of limitations for the assessment of Credit Institutions Tax as set out in Chapter 148, RSMo.

PURPOSE: This rule is rescinding credit institutions statute of limitations for assessment of tax as it is the same as credit union and savings and loan associations.

AUTHORITY: sections 148.100, 148.200 and 148.700, RSMo 1986. Original rule filed July 11, 1985, effective Oct. 11, 1985. Rescinded: Filed July 28, 2026.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Department of Revenue, Legislative Office, 301 West High Street, Room 218, Jefferson City, MO 65105-0475. 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 12 – DEPARTMENT OF REVENUE
Division 40 – State Lottery
Chapter 40 – Retail Sales Licenses

PROPOSED AMENDMENT

12 CSR 40-40.200 Political Subdivisions Prohibited from Obtaining Licenses. The department is amending section (1).

PURPOSE: This amendment clarifies the lottery is entitled to sell its own tickets.

(1) No political subdivision**, excluding to the extent applicable by the commission,** shall be licensed to sell lottery tickets.

*AUTHORITY: section 313.220, RSMo Supp. [1988] **2025**. Original rule filed Sept. 4, 1985, effective Sept. 14, 1985. Amended: Filed July 29, 2026.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Lottery at PO Box 1603, 1823 Southridge Dr., Jefferson City, MO 65102-1603. 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 12 – DEPARTMENT OF REVENUE
Division 40 – State Lottery
Chapter 60 – Payment of Prizes

PROPOSED AMENDMENT

12 CSR 40-60.030 Manner of Claiming Prizes from the Missouri Lottery. The department is adding section (4).

PURPOSE: This amendment allows players to claim some winnings through the lottery's digital lottery program.

(4) At the discretion of the Missouri Lottery, certain prizes may be claimed using the Missouri Lottery's web-based, self-service claims forms. A player using the Missouri Lottery's web-based, self-service claims forms must have a valid Missouri Lottery loyalty account and digital player wallet.

*AUTHORITY: section 313.220, RSMo Supp. [2014] **2025**. Original rule filed Jan. 10, 1986, effective Jan. 20, 1986. Amended: Filed Aug. 23, 2000, effective March 30, 2001. Amended: Filed July 15, 2014, effective Feb. 28, 2015. Amended: Filed July 29, 2026.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Lottery at PO Box 1603, 1823 Southridge Dr., Jefferson City, MO 65102-1603. 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 12 – DEPARTMENT OF REVENUE
Division 40 – State Lottery
Chapter 96 – Lottery Sales Over the Internet

PROPOSED RULE

12 CSR 40-96.010 Digital Lottery Instant Win Games

PURPOSE: This rule defines digital lottery instant win games as a lottery game authorized, operated, and sold exclusively by the Missouri Lottery Commission.

(1) Digital lottery instant win games consist of a preset number of game tickets containing a pre-determined number of randomly distributed winning tickets that pay a fixed prize.

(2) Tickets will be distributed by the commission or a vendor contracted to do so by the commission by alternative methods of distribution including but not necessarily limited to websites and/or mobile applications. Tickets will be distributed randomly upon purchase by a player.

(3) The price of digital lottery instant win game tickets will be set at varying denominations to be determined by the executive director. Players must purchase tickets using a digital player wallet created with the Missouri Lottery Commission. Ticket sales will be restricted to those eighteen (18) years of age or over and to those physically located in the state of Missouri.

(4) The executive director at any time may introduce a new individual digital lottery instant win game or series of digital lottery instant win games.

(5) Instant win games purchased through the Missouri Lottery's web-based platform cannot be cancelled.

(6) Winners of a prize shall be determined by such activities as locating, matching, or adding the play symbols on the ticket or by any other play action approved by the commission, the exact method of such shall be set forth in the game's play instructions.

(7) Prizes not claimed within one hundred eighty (180) days of purchase shall constitute unclaimed prizes.

AUTHORITY: section 313.220, RSMo Supp. 2025. Original rule filed July 29, 2026.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Lottery at PO Box 1603, 1823 Southridge Dr., Jefferson City, MO 65102-1603. 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 12 – DEPARTMENT OF REVENUE
Division 40 – State Lottery
Chapter 96 – Lottery Sales Over the Internet

PROPOSED RULE

12 CSR 40-96.020 Sale of Lottery Games Over the Internet

PURPOSE: This rule establishes lottery sales through a digital lottery platform administered by the Missouri Lottery.

(1) The lottery may offer all Missouri Lottery games, including all multistate draw games and digital instant win games, through the Missouri Lottery's digital lottery platform and a player's digital player wallet.

(2) All purchases made through the Missouri Lottery's digital lottery platform must be completed while a player is physically present in the state of Missouri. Any attempt to circumvent geolocation software approved by the commission will void any actions taken and may be grounds for the denial of an digital player wallet.

(3) The purchase of a ticket through the digital lottery platform is the player's authorization for the lottery to deduct the purchase price of the ticket(s) from the player's wallet.

AUTHORITY: section 313.220, RSMo Supp. 2025. Original rule filed July 29, 2026.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Lottery at PO Box 1603, 1823 Southridge Dr., Jefferson City, MO 65102-1603. 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 12 – DEPARTMENT OF REVENUE
Division 40 – State Lottery
Chapter 96 – Lottery Sales Over the Internet

PROPOSED RULE

12 CSR 40-96.030 Digital Player Wallets

PURPOSE: This rule establishes applicable requirements for players' Missouri Lottery digital player wallets.

(1) Digital Player Wallet.

(A) A digital player wallet is a secure money management application that allows a player to make deposits to purchase lottery tickets and withdrawals from redemption of lottery tickets.

(2) Establishment of Digital Player Wallet.

(A) Players must purchase digital lottery game tickets and/or shares from a digital player wallet created with the Missouri Lottery Commission.

(B) A digital player wallet is a discretionary privilege allowing players to purchase lottery products through a web-based store. The Missouri Lottery may disallow a player from having a wallet or restrict access to a wallet for any reason or no reason at its discretion and is under no obligation to explain the reason for disallowance.

(C) By establishing a digital player wallet, a player agrees to comply with all state and federal laws, statutes, regulations, and any contract terms and conditions imposed by the Missouri Lottery as a condition of using its services. Any violation of the lottery's rules may result in the immediate termination of a player's ability to use lottery software applications and may result in the lottery notifying third parties, including law enforcement, of such activity.

(D) A player must be at least eighteen (18) years of age to establish a digital player wallet.

(E) A player establishing a wallet must provide accurate information. A player shall only establish a wallet for himself or herself and shall not provide any false or misrepresented information in establishing his or her wallet. All digital player wallets shall be established by a person eligible to play the Missouri Lottery. In no circumstances shall a trust, corporation, limited liability corporation, partnership, or any other organization open or maintain a digital player wallet. If the lottery's software is unable to establish a player's identity, the player's request for a wallet will be denied.

(F) A player shall only have one (1) digital player wallet. Any attempt to create more than one (1) wallet for one (1) player may result in the deletion of all wallets created by that player.

(G) A player shall not take any action to circumvent or damage any security measures established by the lottery including but not limited to measures designed to protect the personal information of other players, measures designed to prohibit unauthorized access to the lottery's software, and measures designed to establish a player's identity, age, or physical location.

(3) Wallet Deposits and Withdrawals.

(A) Players may deposit funds into their digital player wallets using any methods approved by the lottery. Funding methods may be changed by the lottery without notice.

(B) The lottery may set deposit limits for a player's wallet.

(C) Deposits into digital player wallets must be done while a player is physically present within the state of Missouri. Any attempt to circumvent geolocation software approved by the commission will void any actions taken and may be grounds for the denial of a digital player wallet.

(D) Unless required by law, funds a player deposits into his or her wallet cannot be withdrawn, returned, charged-back, re-credited, or transferred to another wallet.

(E) The lottery may run promotions which consist of coupons, promo codes, free play, or bonus money. Such promotions do not have any cash value and may not be withdrawn by the player.

(F) A player must notify the lottery immediately of any funds incorrectly withdrawn or deposited from his or her wallet. If funds incorrectly deposited to a player's wallet are withdrawn or used to purchase tickets, the lottery may withhold that

amount from future deposits or prize winnings or may seek recovery. Balance errors are the responsibility of the player.

(G) The commission shall redeem prizes up to six hundred dollars ($600) by crediting the amount to the winner's digital player wallet. Prizes over six hundred dollars ($600) must be claimed from the commission by filing forms designated by the director as provided in 12 CSR 40-60.030.

(H) Winners may withdraw prize winnings from their wallets by linked bank account, check, or other method specifically approved by the lottery. Withdrawal methods may be changed by the lottery without notice. Transaction fees charged to the lottery from a player's financial institution are the responsibility of the player, and the lottery may withhold funds from a player's wallet to satisfy such fees.

(I) No funds other than prize winnings may be withdrawn.

(J) The Missouri Lottery may hold any withdrawal if it is suspected that the player may be engaging in or has engaged in fraudulent, collusive, unlawful, or improper activity pending completion of an investigation.

AUTHORITY: section 313.220, RSMo Supp. 2025. Original rule filed July 29, 2026.

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Lottery at PO Box 1603, 1823 Southridge Dr., Jefferson City, MO 65102-1603. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

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

PROPOSED AMENDMENT

13 CSR 70-3.120 Limitations on Payment of Out-of-State Nonemergency Medical Services. The MO HealthNet Division is amending subsection (5)(B).

PURPOSE: This proposed amendment updates all documents incorporated by reference.

(5) The patient's attending physician is responsible for obtaining prior authorization of the services s/he believes to be medically necessary.

(B) All prior authorization requests must be submitted in accordance with policies and procedures established by the MO HealthNet Division as stated in the *[respective] MO HealthNet [Provider]**General Sections** Manual* which 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, *[and at its website at http://manuals.momed.com/manuals/, January 7, 2022]***March 12, 2026**. This rule does not incorporate any subsequent amendments or additions.

*AUTHORITY: section**[s]** 208.153, **RSMo Supp. 2025, and sections** 208.201[,] and 660.017, RSMo 2016. This rule was previously filed as 13 CSR 40-81.190. Emergency rule filed Sept. 18, 1981, effective Sept. 28, 1981, expired Jan. 13, 1982. Original rule filed Sept. 18, 1981, effective Jan. 14, 1982. For intervening history, please consult the **Code of State Regulations**. Amended: Filed July 27, 2026.*

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

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

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

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 10 – Nursing Home Program

PROPOSED RESCISSION

13 CSR 70-10.005 Reasonable Cost-Related Reimbursement Plan for Long-Term Care. This rule established a payment plan for nursing home care required by the **Code of Federal Regulations** (42 CFR 447.273–447.316), described the cost principles to be followed by Title XIX nursing home providers in making financial reports, and presented the necessary procedures for setting rates, making adjustments, and auditing the cost reports.

PURPOSE: The MO HealthNet Division is rescinding this rule because it was replaced by an updated reimbursement plan and is no longer applicable.

*AUTHORITY: section 207.020, RSMo Supp. 1993. This rule was previously filed as 13 CSR 40-81.080. Original rule filed Jan. 16, 1978, effective May 11, 1978. For intervening history, please consult the **Code of State Regulations**. Rescinded: Filed July 23, 2026.*

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

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

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

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division

Chapter 10 – Nursing Home Program

PROPOSED RESCISSION

13 CSR 70-10.010 Prospective Reimbursement Plan for Long-Term Care. This rule established a payment plan for long-term care required by the **Code of Federal Regulations**, described principles to be followed by Title XIX long-term care providers in making financial reports, and presented the necessary procedures for setting rates, making adjustments, and auditing the cost reports.

PURPOSE: The MO HealthNet Division is rescinding this rule because it was replaced by an updated reimbursement plan and is no longer applicable.

*AUTHORITY: sections 208.153, 208.159 and 208.201, RSMo 1994. This rule was previously filed as 13 CSR 40-81.081. Emergency rule filed Sept. 18, 1981, effective Oct. 1, 1981, expired Jan. 13, 1982. Original rule filed Sept. 18, 1981, effective Jan. 14, 1982. For intervening history, please consult the **Code of State Regulations**. Rescinded: Filed July 27, 2026.*

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

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

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

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 10 – Nursing Home Program

PROPOSED RESCISSION

13 CSR 70-10.100 Limitation on Allowable Capital Cost Overruns for New Institutional Health Services in Title XIX Reimbursement Rate Setting. This rule established a limitation on the allowance of capital cost overruns in the construction of new institutional health services for Title XIX reimbursement rate setting purposes.

PURPOSE: The MO HealthNet Division is rescinding this rule because it was replaced by an updated reimbursement plan and is no longer applicable.

AUTHORITY: sections 207.020, RSMo Supp. 1993, 208.159, RSMo 1986 and 208.153, RSMo Supp. 1991. This rule was previously filed as 13 CSR 40-81.082. Emergency rule filed Aug. 5, 1982, effective Aug. 15, 1982, expired Nov. 10, 1982. Original rule filed Aug. 5, 1982, effective Nov. 11, 1982. Rescinded: Filed July 27, 2026.

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

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

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

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

PROPOSED AMENDMENT

13 CSR 70-15.160 Outpatient Hospital Services Reimbursement Methodology. The division is amending sections (1) and (2).

PURPOSE: This proposed amendment updates all documents incorporated by reference and used to create the outpatient simplified fee schedule. It also updates language for the Outpatient Rate Adjustment.

(1) *Outpatient Simplified Fee Schedule* (OSFS) Payment Methodology.

(A) Definitions. The following definitions will be used in administering section (1) of this rule:

1. Ambulatory Payment Classification (APC). Medicare's ambulatory payment classification assignment groups of Current Procedural Terminology (CPT) or Healthcare Common Procedures Coding System (HCPCS) codes. APCs classify and group clinically similar outpatient hospital services that can be expected to consume similar amounts of hospital resources. All services within an APC group have the same relative weight used to calculate the payment rates;

2. APC conversion factor. The unadjusted national conversion factor calculated by Medicare effective January 1 of each year, as published with the Medicare Outpatient Prospective Payment System (OPPS) Final Rule, and used to convert the APC relative weights into a dollar payment. The Medicare OPPS Final Rule is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, *[December 20, 2024]***November 25, 2025.** This rule does not incorporate any subsequent amendments or additions;

3. APC relative weight. The national relative weights calculated by Medicare for the Outpatient Prospective Payment System;

4. Current Procedural Terminology (CPT). A medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies, and accreditation organizations;

5. Dental procedure codes. The procedure codes found in the Code on Dental Procedures and Nomenclature (CDT), a national uniform coding method for dental procedures maintained by the American Dental Association;

6. Federally Deemed Critical Access Hospital. Hospitals that meet the federal definition found in 42 *Code of Federal Regulations* (CFR) 485.606(b), which is incorporated by reference in this rule as published by U.S. Government Publishing Office, U.S. Superintendent of Documents, Washington, DC 20402,

October 1, 2023. This rule does not incorporate any subsequent amendments or additions;

7. HCPCS. The national uniform coding method maintained by the Centers for Medicare & Medicaid Services (CMS) that incorporates the American Medical Association (AMA) Physicians CPT and the three (3) HCPCS unique coding levels I, II, and III;

8. Medicare Inpatient Prospective Payment System (IPPS) wage index. The wage area index values are calculated annually by Medicare, published as part of the Medicare IPPS Final Rule;

9. Missouri conversion factor. The single, statewide conversion factor used by the MO HealthNet Division (MHD) to determine the APC-based fees, uses a formula based on Medicare OPPS. The formula consists of sixty percent (60%) of the APC conversion factor, as defined in paragraph (1)(A)2. multiplied by the St. Louis, MO, Medicare IPPS wage index value, plus the remaining forty percent (40%) of the APC conversion factor, with no wage index adjustment;

10. Nominal charge provider. A nominal charge provider is determined from the third prior year audited Medicaid cost report. The hospital must meet the following criteria:

A. A public non-state governmental acute care hospital with a low-income utilization rate (LIUR) of at least twenty percent (20%) and a Medicaid inpatient utilization rate (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%). The hospital must meet one (1) of the federally mandated Disproportionate Share qualifications; or

B. The hospital is a public hospital operated by the Department of Mental Health primarily for the care and treatment of mental disorders; and

C. A hospital physically located in the state of Missouri;

11. Outpatient Prospective Payment System (OPPS). Medicare's hospital outpatient prospective payment system mandated by the Balanced Budget Refinement Act of 1999 (BBRA) and the Medicare, Medicaid, and State Children's Health Insurance Program (SCHIP) Benefits Improvement and Protection Act of 2000 (BIPA); and

12. Payment level adjustment. The percentage applied to the Medicare fee to derive the OSFS fee.

(B) Effective for dates of service beginning July 20, 2021, outpatient hospital services shall be reimbursed on a predetermined fee-for-service basis using an OSFS based on the APC groups and fees under the Medicare Hospital OPPS. When service coverage and payment policy differences exist between Medicare OPPS and Medicaid, MHD policies and fee schedules are used. The fee schedule will be updated as follows:

1. MHD will review and adjust the OSFS annually on July 1 based on the payment method described in subsection (1)(D); and

2. The OSFS 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, ***[August 5, 2025]*****July 1, 2026**. This rule does not incorporate any subsequent amendments or additions.

(D) Fee schedule methodology. Fees for outpatient hospital services covered by the MO HealthNet program are determined by the HCPCS procedure code at the line level and the following hierarchy:

1. The APC relative weight or payment rate assigned to the procedure in the Medicare OPPS *Addendum B* is used to calculate the fee for the service, with the exception of the hospital observation per hour fee which is calculated based on the method described in subparagraph (1)(D)1.B. Fees derived from APC weights and payment rates are established using the Medicare OPPS *Addendum B* effective as of January 1 of each year as published by the CMS for Medicare OPPS. The Medicare OPPS *Addendum B* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, ***[January 9, 2025]*****January 28, 2026**. This rule does not incorporate any subsequent amendments or additions.

A. The fee is calculated using the APC relative weight times the Missouri conversion factor. The resulting amount is then multiplied by the payment level adjustment of ninety percent (90%) to derive the OSFS fee.

B. The hourly fee for observation is calculated based on the relative weight for the Medicare APC (using the Medicare OPPS *Addendum A* effective as of January 1 of each year as published by the CMS for Medicare OPPS), which corresponds with comprehensive observation services multiplied by the Missouri conversion factor divided by forty (40), the maximum payable hours by Medicare. The resulting amount is then multiplied by the payment level adjustment of ninety percent (90%) to derive the OSFS fee. The Medicare OPPS *Addendum A* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, ***[January 9, 2025]*** **January 28, 2026**. This rule does not incorporate any subsequent amendments or additions.

C. For those APCs with no assigned relative weight, ninety percent (90%) of the Medicare APC payment rate is used as the fee;

2. If there is no APC relative weight or APC payment rate established for a particular service in the Medicare OPPS *Addendum B*, then the MHD approved fee will be ninety percent (90%) of the rate listed on other Medicare fee schedules, effective as of January 1 of each year: Clinical Laboratory Fee Schedule; Physician Fee Schedule; and Durable Medical Equipment Prosthetics/Orthotics and Supplies Fee Schedule, applicable to the outpatient hospital service.

A. The Medicare *Clinical Laboratory Fee Schedule* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, ***[January 9, 2025]*****January 6, 2026**. This rule does not incorporate any subsequent amendments or additions.

B. The Medicare *Physician Fee Schedule* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, ***[January 10, 2025]*****January 6, 2026**. This rule does not incorporate any subsequent amendments or additions.

C. The Medicare *Durable Medical Equipment Prosthetics/Orthotics and Supplies Fee Schedule* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, ***[December 17, 2024]*****December 9, 2025**. This rule does not incorporate any subsequent amendments or additions;

3. Fees for dental procedure codes in the outpatient hospital setting are calculated based on thirty-eight and one-half percent (38.5%) of the fiftieth percentile fee for Missouri reflected in the ***[2025]*****2026** *National Dental Advisory Service* (NDAS). The ***[2025]*****2026** NDAS is incorporated by reference and made a part of this rule as published by Wasserman Medical & Dental, PO Box 510949, Milwaukee, WI 53203, ***[January 2, 2025]*****January 13, 2026**. This rule does not incorporate any subsequent amendments or additions;

4. If there is no APC relative weight, APC payment rate, other Medicare fee schedule rate, or NDAS rate established for a covered outpatient hospital service, then a MO HealthNet fee will be determined using the MHD *Dental, Medical, Other Medical or Independent Lab–Technical Component* fee schedules.

A. The MHD *Dental Fee Schedule* 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, *[May 5, 2025]* **June 8, 2026**. This rule does not incorporate any subsequent amendments or additions.

B. The MHD *Medical Fee Schedule* 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, *[May 5, 2025]* **June 8, 2026**. This rule does not incorporate any subsequent amendments or additions.

C. The MHD *Other Medical Fee Schedule* 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, *[May 5, 2025]* **June 8, 2026**. This rule does not incorporate any subsequent amendments or additions.

D. The MHD *Independent Lab–Technical Component Fee Schedule* 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, *[May 5, 2025]***June 8, 2026**. This rule does not incorporate any subsequent amendments or additions;

5. In-state federally deemed critical access hospitals will receive an additional forty percent (40%) of the rate as determined in paragraph (1)(B)2. for each billed procedure code; and

6. Nominal charge providers will receive an additional forty percent (40%) of the rate as determined in paragraph (1)(B)2. for each billed procedure code.

(E) Packaged services. MHD adopts Medicare guidelines for procedure codes identified as "Items and Services Packaged into APC Rates" under Medicare OPPS *Addendum D1*. These procedures are designated as always packaged. Claim lines with packaged procedure codes will be considered paid but with a payment of zero (0). The Medicare OPPS *Addendum D1* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, *[November 24, 2024]***December 18, 2025**. This rule does not incorporate any subsequent amendments or additions.

(G) Multiple procedure discounting. Effective for dates of service beginning July 1, 2024, MHD applies multiple procedure discounting for those procedure codes identified as "Procedure or Service, Multiple Procedure Reduction Applies" under Medicare OPPS *Addendum D1*. These procedures are paid separately but are discounted when two (2) or more services are billed on the same date of service. Procedure codes considered for the multiple procedure reduction under the OSFS exclude dental procedures. The multiple procedure claim line with the highest allowed amount is priced at one hundred percent (100%) of the maximum allowed amount. The second and subsequent covered procedures are priced at fifty percent (50%) of the maximum allowed amount. The Medicare OPPS *Addendum D1* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, *[November 24, 2024]***December 18, 2025**. This rule does not incorporate any subsequent amendments or additions.

(H) Modifier 50 bilateral procedure pricing. Effective for dates of service beginning July 1, 2024, MHD applies bilateral procedure pricing for those procedure codes identified on the Medicare *National Physician Fee Schedule Relative Value File* with an indicator of one (1) under the BILAT SURG column. These procedures may be subject to a payment adjustment when billed with modifier 50 and performed bilaterally on both sides of the body at the same operative session. Claim lines appropriately billed with these bilateral procedures and modifier 50 are priced at one hundred fifty percent (150%) of the maximum allowed amount for a single code. The Medicare *National Physician Fee Schedule Relative Value File* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, *[January 10, 2025]***January 5, 2026**. This rule does not incorporate any subsequent amendments or additions.

(2) Outpatient Rate Adjustment.

(A) Rate Adjustment.

1. A rate adjustment may be requested by in-state federally deemed critical access hospitals **(CAH)** under this subsection for changes in outpatient allowable costs related to building a new replacement hospital. The effective date for any increase granted under this subsection shall be no earlier than the first day of the month following the division's final determination of the rate adjustment.

A. In-state federally deemed *[critical access hospitals]* **CAHs** that build a new replacement hospital and incur costs associated with the new hospital may request an outpatient rate adjustment. A rate adjustment request for projects requiring certificate of need (CON) review must include a copy of the CON program approval.

B. An in-state federally deemed *[critical access hospital]***CAH** will have six (6) months after the new hospital is completed and open to the public to submit a request for an outpatient rate adjustment, along with **the final CON Progress Report,** a budget of the project's costs**, depreciation schedules, and any other documentation related to the replacement hospital's costs**. The rate adjustment request*[, the project's budget, and any other documentation related to the replacement building's costs]***along with all submitted documentation** shall be provided to MHD **and will be subject to review**. Upon completion of MHD's review, the hospital's outpatient reimbursement rate may be adjusted, if indicated. Failure to submit a request for rate adjustment and *[project budget]***required documentation** within the six- (6-) month period shall disqualify the hospital from receiving a rate increase.

C. Rate adjustments due to building a new hospital will be determined as the increase in capital and operating costs **(i.e., the sum of annual depreciation, annualized interest expense amortization, and annual additional operating costs minus any disallowed cost overrun)** multiplied by the ratio of total Medicaid outpatient costs **from worksheet D, Part V, column 6, line 202** to total hospital costs **from worksheet B, column 26, line 202** as submitted on the most recent audited cost report as of the review date divided by the FFS Medicaid outpatient payments from the audited **Medicaid** cost report **as of the review date to determine the Medicaid outpatient cost increase. The fee-for-service (FFS) Medicaid outpatient payments are extracted from the cost report and reduced to remove the effect of the current forty percent (40%) CAH outpatient increase. The Medicaid outpatient cost increase is then divided by the adjusted FFS Medicaid outpatient payments to determine the Medicaid outpatient cost increase percentage.** This percentage increase will

be multiplied by the current *[critical access hospital]***CAH** outpatient increase and the result added to the current **CAH** outpatient increase to determine the new increase to the fee schedule amounts. The increase will be limited to twenty-five percent (25%) *[of the critical access hospital outpatient increase]* and will be limited to thirty (30) years.

(I) Increase in allowable capital and operating costs is the difference in the new allowable capital and operating costs (i.e., the sum of annual depreciation, annualized interest expense amortization, and annual additional operating costs minus any disallowed cost overrun) minus the original allowable capital and operating costs from the most recent audited Medicaid cost report.

2. The request for a rate adjustment must be submitted in writing to the division and must specifically and clearly identify the project and the total dollar amount involved. The total dollar amount must be supported by generally accepted accounting principles. The hospital will be notified of the division's decision in writing within sixty (60) days of receipt of the hospital's written request or within sixty (60) days of receipt of any additional documentation or clarification which may be required, whichever is later. Failure to submit requested information within the sixty- (60-) day period*[,]* shall be grounds for denial of the request.

3. The rate adjustment will be reviewed annually.

AUTHORITY: sections 208.201 and 660.017, RSMo 2016, and sections 208.152 and 208.153, RSMo Supp. 2025. Emergency rule filed June 20, 2002, effective July 1, 2002, expired Feb. 27, 2003. Original rule filed June 14, 2002, effective Jan. 30, 2003. For intervening history, please consult the ***Code of State Regulations****. Emergency amendment filed July 27, 2026, effective Aug. 10, 2026, expires Feb. 25, 2027. Amended: Filed July 27, 2026.*

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately $10,000,000 for SFY 2027.

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. A public hearing will not be 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 70-15.160 Outpatient Hospital Services Reimbursement Methodology
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 Hospitals enrolled in MO HealthNet - 31	**Net Estimated Cost for SFY 2027: $0**
Department of Social Services, MO HealthNet Division	**Net Estimated Cost for SFY 2027: $10 million**

III. WORKSHEET

Department of Social Services, MO HealthNet Division Savings:	
Estimated Cost for SFY 2027:	
Estimated Cost	$9,979,126
Times SFY 2027 Blended State Share Percentage	35.455%
Estimated State Share Cost	$3,538,099

IV. ASSUMPTIONS

The estimated cost to the state is due to Medicare increasing their rates for the following high-volume services: emergency department visits, clinic visits, and some laboratory services.

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

PROPOSED AMENDMENT

13 CSR 70-70.010 Therapy Program. The division is amending section (1) and removing section (4).

PURPOSE: This proposed amendment updates the documents incorporated by reference and removes the requirement that participants shall have a referral for speech therapy services and a prescription for occupational and physical therapy services.

(1) Administration. The MO HealthNet *[therapy program]* **Therapy Program** shall be administered by the Department of Social Services, MO HealthNet Division. The therapy services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the MO HealthNet Division and shall be included in the *Therapy Provider Manual*, which 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/collections/collection_the/print.pdf, January 31, 2023]* **January 20, 2026**. This rule does not incorporate any subsequent amendments or additions. Therapy services shall include only those which are clearly shown to be medically necessary as determined by the treating physician**, advanced practice registered nurse, or other practitioner of the healing arts**. The division reserves the right to effect changes in services, limitations, and fees with notification to therapy providers by amending this rule.

[(4) Covered Services. The participant shall have a referral for speech therapy services from a MO HealthNet-enrolled physician, advanced practice registered nurse, or other practitioner of the healing arts. The participant shall have a prescription for occupational and physical therapy services from a MO HealthNet-enrolled physician, advanced practice registered nurse, or other practitioner of the healing arts.]

*AUTHORITY: sections [208.153,] 208.201[,] and 660.017, RSMo 2016, **and section 208.153, RSMo Supp. 2025.** Original rule filed Nov. 1, 2002, effective May 30, 2003. For intervening history, please consult the **Code of State Regulations**. Amended: Filed July 27, 2027.*

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

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

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

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 20 – Hospitals

PROPOSED AMENDMENT

19 CSR 30-20.030 Construction Standards for New Hospitals. The department is amending sections (2) and (3).

PURPOSE: This proposed amendment removes the approval process previously provided by the Engineering Consulting Unit of the Department of Health and Senior Services and eliminates notification and plan submission requirements by hospital architects or professional engineers.

(2) Planning and Construction Procedure.

[(B) Construction shall be in conformance with plans and specifications approved by the Engineering Consulting Unit of the Department of Health and Senior Services. The Department of Health and Senior Services shall be notified within five (5) days after construction begins. If construction of the project is not started within one (1) year after the date of approval of the plans and specifications, the plans and specifications shall be resubmitted to the Department of Health and Senior Services for its approval and shall be amended, if necessary, to comply with the then current rules before construction work commences.]

(3) Design and Construction Requirements.

(B) New hospitals or portions of hospitals constructed or remodeled after the effective date of this amendment must be constructed so that the building and its various operating systems comply with the standards contained in *The Facility Guidelines Institute (FGI) Guidelines for the Design and Construction of Health Care Facilities* (2010 edition) or the *FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities* (2014 edition), which are incorporated by reference in this rule and are published by the FGI at 350 N. Saint Paul Street, Ste. 100, Dallas, TX 75201, or so that the building and its various operating systems comply with other standards and guidelines that provide equivalent design criteria. *[Prior to the department granting approval of the construction plans and specifications required in this rule, the architect or professional engineer submitting the plans shall identify the equivalent design criteria used.]* This rule does not incorporate any subsequent amendments or additions. This rule does not incorporate the following chapter of FGI, 2010 edition: 1.2-8 – Commissioning. This rule does not incorporate the following chapter of FGI, 2014 edition: 1.2-7 – Commissioning. Existing hospital facilities constructed prior to the effective date of this amendment shall maintain and operate the building in compliance with the design and construction regulations in effect at the time of their construction.

*AUTHORITY: sections 192.006 and 197.065, RSMo 2016, and sections 197.080 and 197.100, RSMo Supp. **[2019]** **2025**. This rule was previously filed as 13 CSR 50-20.031 and 19 CSR 10-20.031. Original rule filed June 2, 1982, effective Nov. 11, 1982. Amended: Filed June 14, 1988, effective Oct. 13, 1988. Rescinded and readopted: Filed March 20, 2019, effective Nov. 30, 2019. Emergency rule filed July 23, 2026, effective Aug. 6, 2026, expires Feb. 1, 2027. Amended: Filed July 23, 2026.*

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 Mindy Laughlin at Mindy.Laughlin@health.mo.gov or Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65101-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 30 – Ambulatory Surgical Centers and Abortion Facilities

PROPOSED AMENDMENT

19 CSR 30-30.030 General Design and Construction Standards for Ambulatory Surgical Centers. The department is amending subsection (1)(B).

PURPOSE: This proposed amendment updates the planning and construction procedure utilized in the construction of ambulatory surgical centers and removes the requirement that the plans submitted by the ambulatory surgical center operator or owner receive written approval.

(1) All new ambulatory surgical centers and additions to and remodeling of existing licensed ambulatory surgical centers shall be designed to provide all of the facilities required by this rule and fire-safety standards, arranged to accommodate with maximum convenience all of the functions required by this rule and arranged to provide comfortable, attractive, sanitary, fire-safe, secure and durable facilities for the patients. This rule is applicable to ambulatory surgical centers which began operation or construction or renovation of a building to operate an ambulatory surgical center on any date after April 12, 1990. Existing ambulatory surgical centers licensed by the Department of Health **and Senior Services** prior to April 12, 1990**,** shall be maintained in compliance with the rules under which they were initially licensed and are not required to comply with the construction requirements for new ambulatory surgical centers until they are remodeled or expanded. The Department of Health **and Senior Services**, within its discretion and for good reason, may grant exceptions to this rule. These exceptions shall be in writing and shall be made a part of the Department of Health **and Senior Services** records for the facility.

(B) Planning and Construction Procedure.

1. Plans and specifications complying with 19 CSR 30-30.040 shall be prepared for the construction of all ambulatory surgical centers and any additions to and remodeling of ambulatory surgical centers. Plans for ambulatory surgical centers which in addition to other surgical procedures will offer abortion services shall incorporate facilities for patient counseling as required for licensed abortion facilities in 19 CSR 30-30.070(2)(Z). The plans and specifications shall be prepared by an architect or a professional engineer licensed to practice in Missouri. The plans and specifications shall *[have received written approval of]* **be provided to** the Department of Health **and Senior Services** prior to the submission of an application for licensure of the new facility. The license for a new ambulatory surgical center will not be issued prior to the facility being inspected and found in substantial compliance with this rule.

2. The *[D]***d**epartment *[of Health]* shall be notified within five (5) days after construction begins. If construction of the project is not started within one (1) year *[after the date of approval of the plans and specifications]*, the plans and specifications shall be amended if necessary to comply with the then-current regulations before construction work commences (see 19 CSR 30-30.040 Preparation of Plans and Specifications for Ambulatory Surgical Centers).

*AUTHORITY: section 197.225, RSMo [1986]***Supp. 2025***. This rule was previously filed as 13 CSR 50-30.030. Original rule filed Dec. 2, 1975, effective Feb. 1, 1976. Amended: Filed Jan. 3, 1990, effective April 12, 1990. Emergency amendment filed July 23, 2026, effective Aug. 6, 2026, expires Feb. 1, 2027. Amended: Filed July 23, 2026.*

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 Mindy Laughlin at Mindy.Laughlin@health.mo.gov or Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65101-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 30 – Ambulatory Surgical Centers and Abortion Facilities

PROPOSED AMENDMENT

19 CSR 30-30.040 Preparation of Plans and Specifications for Ambulatory Surgical Centers. The department is amending subsection (1)(A).

PURPOSE: This proposed amendment updates the rule by eliminating the requirement that the department review and approve preliminary plans or sketches prior to the preparation of working drawings when ambulatory surgical center construction or renovation is contemplated.

(1) Preliminary Plans and Sketches.

(A) When construction is contemplated, either for new buildings**,** additions to existing buildings or material alterations to existing buildings, the preliminary plans or sketches shall be submitted *[in duplicate]* to the *[D]***d**epartment *[of Health for review and approval before the preparation of working drawings is undertaken]*. The preliminary plans *[may be reviewed by the Department of Health in schematic form, but before they are declared acceptable for procedure with working drawings and specifications, they]* should also include the following information, stated briefly and not in detailed form required in working drawings and specifications:

1. Site plan showing scale, orientation, street names, topography, walks, drives, fire lanes, parking areas**,** and utilities including fire hydrant location;

2. Plans and elevations of the buildings at a scale of not less than one-eighth inch to one foot no inches (1/8":1' 0");

3. Rooms and corridors, designated by name and number;

4. Windows. Note, wired glass where it is required;

5. Doors, including door swings. Identify fire doors by time rating and Underwriters' Laboratories label;

6. Plumbing fixtures. Show fixtures in proper shape and scale for positive recognition. Identify special types such as service sinks and clinic sinks;

7. Plans of rooms shall indicate principal items of furniture accurately scaled;

8. All other principal items of equipment such as boilers, chiller, cooling tower, electrical substations, tanks, air handlers, fan-coil units, kitchen equipment, laundry equipment, cabinets, counters**,** and any other items which take up space and affect the final layout;

9. Fire and smoke-barrier partition designations;

10. Floor lines, top ceiling line**,** and grade lines, designated and preferably dimensioned, and with basic elevations shown;

11. Ceiling heights of principal rooms and also of each room for which the rules establish a minimum ceiling height. Only one (1) typical room of a group need be so shown;

12. Area of each room for which the rules establish a minimum area. Only one (1) typical room of a group need be so noted; and

13. Brief noted descriptions of the general construction and finish; the structural system; the heating, ventilating**,** and air-conditioning systems, including the fuel supply; the plumbing system including the water supply and sewage disposal; and the electrical system.

*AUTHORITY: section 197.225, RSMo **[1986]Supp. 2025**. This rule was previously filed 13 CSR 50-30.040. Original rule filed Dec. 2, 1975, effective Feb. 1, 1976. Emergency amendment filed July 23, 2026, effective Aug. 6, 2026, expires Feb. 1, 2026. Amended: Filed July 23, 2026.*

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 Mindy Laughlin at Mindy.Laughlin@health.mo.gov or Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65101-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register.** No public hearing is scheduled.*

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 30 – Ambulatory Surgical Centers and Abortion Facilities

PROPOSED AMENDMENT

19 CSR 30-30.100 General Design and New Construction Standards for Birthing Centers. The department is amending subsections (1)(A) and (1)(B).

PURPOSE: This proposed amendment removes the requirement that the Department of Health and Senior Services review and approve birthing center construction and renovation plans submitted to it.

(1) Planning and Construction Procedures.

(A) Any birthing center constructed or renovated after the date of the adoption of this rule shall have plans and specifications prepared by an architect registered in Missouri. These plans and specifications shall be submitted to the department *[for review and approval]* prior to beginning of construction. The design and construction of birthing centers shall conform to the most stringent requirements of this rule and the local governing building code.

(B) The Department of Health **and Senior Services** shall be notified in writing within five (5) days after construction begins. If construction of the project is not started within one (1) year *[after the date of the approval of the plans and specifications]*, the plans and specifications shall be resubmitted to the Department of Health **and Senior Services** *[for its approval]* and shall be amended, if necessary, to comply with the then-current rules before construction work begins.

*AUTHORITY: section 197.225, RSMo **[1994]Supp. 2025**. Emergency rule filed May 1, 1995, effective May 10, 1995, expired Sept. 7, 1995. Original rule filed May 1, 1995, effective Nov. 30, 1995. Emergency amendment filed June 19, 1998, effective July 1, 1998, expired Feb. 25, 1999. Amended: Filed June 19, 1998, effective Jan. 30, 1999. Emergency amendment filed July 23, 2026, effective Aug. 6, 2026, expired Feb. 1, 2026. Amended: Filed July 23, 2026.*

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 Mindy Laughlin at Mindy.Laughlin@health.mo.gov or Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65101-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

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

PROPOSED AMENDMENT

19 CSR 60-50.410 Letter of Intent Package. The committee is amending subsection (2)(D).

PURPOSE: The committee and department are amending this rule to remove the requirement of evidence that architectural plans have been submitted to the department's Engineering Consultation Unit for non-applicability projects that are not in a

long-term care facility.

(2) If a non-applicability review is sought, the applicant shall submit the following additional information:

(D) Evidence of submission of architectural plans to the *[Division of Regulation and Licensure Engineering Consultation Unit,]* Department of Health and Senior Services, for long-term care projects *[and other facilities]*; and

AUTHORITY: section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the ***Code of State Regulations****. Emergency amendment filed July 23, 2026, effective Aug. 6, 2026, expires Feb. 1, 2027. Amended: Filed July 23, 2026.*

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 920 Wildwood Drive, Jefferson City, MO 65109 or via email at CONP@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

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

PROPOSED AMENDMENT

19 CSR 60-50.430 Application Package. The committee is amending paragraph (4)(B)4. and updating form MO 580-2501.

PURPOSE: The committee and department are amending this rule to remove the requirement of evidence that architectural plans have been submitted to the department for CON projects that are not in a long-term care facility.

(4) The Proposal Description shall include documents which –

(B) Describe the developmental details including –

1. A timeline of anticipated events for the proposal from the time of the CON application review through project completion, including the commencement and completion of new construction or renovation, or purchase and installation of equipment;

2. A legible street or road map showing the exact location of the facility or health service, and a copy of the site plan showing the relation of the project to existing structures and boundaries;

3. Preliminary schematics for the project on an eight and one-half inch by eleven inch (8 1/2" × 11") format (not required for replacement equipment projects). The function for each space, including the location of each existing and proposed bed before and after construction or renovation, shall be clearly identified and all space shall be assigned;

4. Evidence of submission of architectural plans to the *[Division of Regulation and Licensure,]* Department of Health and Senior Services, for long-term care projects *[and other facilities (not required for equipment projects)]*;

5. For long-term care proposals, existing and proposed gross square footage for the entire facility and for each institutional service or program directly affected by the project. If the project involves relocation, identify what will go into vacated space;

6. Documentation that the proposed owner owns the project site, or that the proposed owner has an executed option to purchase or lease the site; and

7. Proposals which include major medical equipment shall include an equipment list with prices and also documentation in the form of bid quotes, purchase orders, catalog prices, or other sources to substantiate the proposed equipment costs;

Certificate of Need Program

NEW HOSPITAL APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name:_____ Project No:_____

Project Description:_____

Done	Page	N/A	Description
Divider I.			**Application Summary:**
__	_____	__	1. Applicant Identification and Certification (Form MO 580-1861)
__	_____	__	2. Representative Registration (From MO 580-1869)
__	_____	__	3. Proposed Project budget (Form MO 580-1863) and detail sheet with documentation of costs.
__	_____	__	4. Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO.
__	_____	__	5. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.
__	_____	__	6. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.
__	_____	__	7. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.
__	_____	__	8. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.
Divider II.			**Proposal Description:**
__	_____	__	1. Provide a complete detailed project description.
__	_____	__	2. Provide the proposed number of licensed beds by medical specialty.
__	_____	__	3. Provide a timeline of events for the project, from CON issuance through project competition.
__	_____	__	4. Provide a legible city or county map showing the exact location of the proposed facility.
__	_____	__	5. Provide a site plan for the proposed project.
__	_____	__	6. Provide preliminary schematic drawings for the proposed project.
__	_____	__	7. Provide the proposed square footage.
__	_____	__	8. Document ownership of the project site or provide an option to purchase.
__	_____	__	9. Define the community to be served (service area: projected population, area, rationale).
__	_____	__	10. Provide utilization projections through the first three (3) **FULL** years of operation of the new beds
__	_____	__	11. Identify specific community problems or unmet needs the proposal would address.
__	_____	__	12. Provide the methods and assumptions used to project utilization.
__	_____	__	13. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
__	_____	__	14. Provide copies of any petitions, letters of support or opposition received.
__	_____	__	15. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.
__	_____	__	16. Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.
Divider III.			**Service Specific Criteria and Standards:**
__	_____	__	1. Document the methodology utilized to determine the need for the proposed hospital.
__	_____	__	2. Provide the most recent three (3) **FULL** years of evidence that the average occupancy of the same type(s) of beds at each other hospital in the proposed service area exceeds eighty percent (80%).
__	_____	__	3. Discuss the impact the proposed hospital would have on utilization of other hospitals in the geographic service area.
__	_____	__	4. Document the unmet need in the geographic service area for each type of bed being proposed according to the population-based need formula
Divider IV.			**Financial Feasibility Review Criteria and Standards:**
__	_____	__	1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data"
__	_____	__	2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
__	_____	__	3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) for the latest three (3) years and projected through three (3) **FULL** years beyond project completion.
__	_____	__	4. Document how patient charges are derived.
__	_____	__	5. Document responsiveness to the needs of the medically indigent.

AUTHORITY: section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the ***Code of State Regulations****. Emergency amendment filed July 23, 2026, effective Aug. 6, 2026, expires Feb. 1, 2027. Amended: Filed July 23, 2026.*

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 920 Wildwood Drive, Jefferson City, MO 65109 or via email at CONP@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 100 – Division of Cannabis Regulation
Chapter 1 – Marijuana

PROPOSED AMENDMENT

19 CSR 100–1.180 Dispensary Facilities. The division is adding section (3).

PURPOSE: This amendment allows for curbside pickup at dispensary facilities.

(3) Curbside Pickup.

(A) Curbside pickup locations must –

1. Be located on dispensary premises within fifty feet (50') feet of the primary public ingress and egress for customer access, such as a sidewalk or parking lot;

2. Provide for clear visibility of the consumer, qualifying patient, or primary caregiver for verification of identity;

3. Be covered at all times by video camera monitoring and recording that meets the standards described in this chapter;

4. Have posted, at the designated curbside pick-up location, department-approved signage that conveys the following warning: "It is against the law to operate a dangerous device, motor vehicle, aircraft, or motorboat while under the influence of marijuana";

5. Clearly demarcate each curbside pick-up space; and

6. Only take place in a space commenced for curbside pick-up.

(B) Curbside transactions. In addition to the requirements for transactions set forth in this rule, curbside transactions must comply with the following:

1. For every transaction, dispensary licensees must receive the transaction order via the internet or by phone, and the order must be placed in advance;

2. Payment shall be completed prior to marijuana product leaving the dispensary for disbursement at the curbside location;

3. Marijuana product must be stored in a designated storage area until the consumer, qualifying patient, or primary caregiver arrives for curbside pick-up;

4. A facility agent may only possess and distribute marijuana product to one (1) consumer, qualifying patient, or primary caregiver at a time. A facility agent serving a consumer, qualifying patient, or primary caregiver at a curbside pick-up location is not available to serve a consumer, qualifying patient, or primary caregiver at a drive-through window, pick-up window, or in the limited access area as long as the facility agent is serving the curbside consumer, qualifying patient, or primary caregiver.

AUTHORITY: sections 1.3.(1)(b), 1.3.(2), 2.4(1)(b), and 2.4(4) of Article XIV, Mo. Const. Emergency rule filed Jan. 20, 2023, effective Feb. 3, 2023, expired Aug. 1, 2023. Original rule filed Jan. 20, 2023, effective July 30, 2023. Amended: Filed July 28, 2026.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Health and Senior Services, DCRPublicComment@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2120 – State Board of Embalmers and Funeral Directors
Chapter 2 – General Rules

PROPOSED AMENDMENT

20 CSR 2120-2.060 Funeral Directing. The board is amending section (9).

PURPOSE: This amendment clarifies the number and length of apprenticeships allowed toward licensure.

(9) The funeral director apprenticeship is not intended as a long-term method of practicing as a funeral director in the absence of progress toward licensure. *[An apprentice shall not be allowed to register with the board for more than two (2) apprenticeship periods unless otherwise approved by the board for good cause.]* **Applicants shall not be allowed to register with the board for more than two (2) twenty-four- (24-) month apprenticeships. Applicants shall not be allowed to register with the board for more than one (1) thirty-six- (36-) month apprenticeship program. Exceptions will be at the board's discretion for good cause.**

AUTHORITY: sections 333.041 and 333.042, RSMo Supp. 2025, and sections 333.091, 333.111, and 333.330, RSMo 2016. This rule originally filed as 4 CSR 120-2.060. Original rule filed Oct. 17, 1975, effective Oct. 28, 1975. For intervening history, please consult the ***Code of State Regulations.*** *Amended: Filed July 20, 2026.*

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 State Board of Embalmers and Funeral Directors, Patty Faenger, Executive Director, 3605 Missouri Boulevard, PO Box 423, Jefferson City, MO 65102-0423, by facsimile at (573) 751-1155, or via email to embalm@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register.*** *No public hearing is scheduled.*

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2233 – State Committee of Marital and Family Therapists
Chapter 2 – Licensure Requirements

PROPOSED AMENDMENT

20 CSR 2233-2.010 Educational Requirements. The committee is amending sections (1), (4), (6), (7), (9), (11), and (12).

PURPOSE: This amendment corrects rule citations.

(1) To apply for licensure or supervision, an applicant shall have received a graduate degree at the master, specialist, or doctoral level with either a major in marriage and family therapy or an equivalent graduate course of study in a mental health discipline from a regionally accredited institution acceptable to the United States Department of Education.

(C) Applicants from a non-accredited program must request the program to directly submit documentation as defined in *[20 CSR 2233-2.010(5)(A)–(F)]* **section (5)** regarding all hours to the committee at the time of application. Applicants must also meet one (1) of the following graduate requirements:

1. A graduate program in marriage and family therapy that is not COAMFTE or CACREP accredited shall consist of at least forty-five (45) semester hours or sixty (60) quarter hours of study in the area of marriage and family therapy; or

2. An equivalent graduate course of study in a mental health discipline shall consist of at least forty-five (45) semester hours or sixty (60) quarter hours of study. The applicant shall have completed graduate or postgraduate course work in each core area as defined in *[20 CSR 2233-2.010(5)(A)–(G)]* **section (5)**.

(4) Graduate course work in marriage and family therapy or a course of study in a mental health discipline from a school, college**,** or university, or other institution of higher learning outside the United States may be considered in compliance with these rules if, at the time the applicant was enrolled and graduated, the school, college, university, or other institution of higher learning maintained a standard of training substantially equivalent to the standards of training of those institutions accredited by one (1) of the regional accrediting commissions recognized by the United States Department of Education. An official transcript from the college, university, or other institution of higher learning outside of the United States must be sent to the committee. If the applicant's official transcript is not in English, the applicant shall obtain a credential evaluation from a nationally recognized translation service that compares the courses listed on the transcript with U.S. standards, in order to determine content and equivalency in terms of U.S. education. The applicant shall authorize the release of the translation to the committee. Any costs associated with the translation are the applicant's responsibility.

(B) An equivalent graduate course of study in a mental health discipline shall consist of at least forty-five (45) semester hours or sixty (60) quarter hours of study comprised of graduate or postgraduate course work in each core area as defined in *[20 CSR 2233-2.010(8)(A)–(G)]* **section (5)**.

(6) Distance learning includes cyber/distance (electronic) learning/education and must be a formal education process in which instruction occurs when the student and the instructor are not located in the same place and uses technology such as online learning tools, email, video conferencing, and other related technologies.

(A) Any course or graduate program offered primarily via distance learning shall be evaluated by the state committee in the same manner as on-site graduate programs or course work as defined in *[20 CSR 2233-2.010]* **this rule**.

(7) Independent studies, courses listed on the transcript as a seminar, and readings courses shall be clearly delineated on the transcript and shall be submitted to the state committee for review and approval. It is the applicant's responsibility to document that the course work is in compliance with the core course requirements defined in *[20 CSR 2233-2.010(8)(A)–(G)]* **section (5)**. The applicant may submit course descriptions from course catalogs, syllabi, bulletins, or through written documentation from an appropriate school official stating that the course was an in-depth study of a particular core area.

(9) Courses provided by a post-degree institute accredited by an accrediting body which has been approved by the United States Department of Education may be acceptable as meeting core course requirements defined in *[20 CSR 2233-2.010]* **this rule**. It is the applicant's responsibility to document that the course work is in compliance with the core course requirements defined in this rule. The applicant may submit course descriptions from course catalogs, syllabi, bulletins, or through written documentation from an appropriate official stating that the course was an in-depth study of a particular core area.

(11) The state committee shall review an applicant's educational credentials upon request from an applicant and upon receipt of official educational transcripts received directly from the university or post-degree institute accredited by an accrediting body which has been approved by the United States Department of Education and upon payment of the fee as defined in 20 CSR 2233-1.040*[(1)(H)]*. All information shall be submitted to the state committee no later than thirty (30) days prior to a regularly scheduled state committee meeting to be reviewed at that meeting.

(12) The state committee shall review an applicant's proposed plan for obtaining an appropriate educational degree and/or course work upon receiving a request from an individual, receipt of the photocopies of official school documents, such as course syllabi or catalog descriptions of course work and degree programs, and upon payment of the fee as defined in 20 CSR 2233-1.040*[(1)(H)]*. All information shall be submitted to the state committee no later than thirty (30) days prior to a regularly scheduled state committee meeting to be reviewed

at that meeting.

AUTHORITY: sections 337.715 and 337.727, RSMo Supp. 2025. This rule originally filed as 4 CSR 233-2.010. Original rule filed Dec. 31, 1997, effective July 30, 1998. For intervening history, please consult the ***Code of State Regulations****. Amended: Filed July 28, 2026.*

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 State Committee of Marital and Family Therapists, Gloria Lindsey, Executive Director, PO Box 1335, Jefferson City, MO 65102, by faxing comments to (573) 751-0735, or by emailing comments to maritalfam@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

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

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments that are opposed in whole or in part to the proposed rule. The ninety-(90-) day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

TITLE 5 – DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Division 25 – Office of Childhood
Chapter 100 – Early Childhood Development

ORDER OF RULEMAKING

By the authority vested in the State Board of Education (board) under section 161.092, RSMo 2016, and sections 178.691-178.699, RSMo 2016 and RSMo Supp. 2025, the board amends a rule as follows:

5 CSR 25-100.330 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 1, 2026 (51 MoReg 551-552). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Elementary and Secondary Education (department) received two (2) comments on this proposed amendment.

COMMENT #1: The department, in reviewing the proposed amendment, identified an error in the website link to review the incorporated by reference materials.
RESPONSE AND EXPLANATION OF CHANGE: The department has modified the amendment by revising subsection (1)(B).

COMMENT #2: The department, in reviewing the proposed amendment, determined that clarification is necessary, and in response revised the Early Childhood Administrative Manual Required Family Personal Visit Documentation section to ensure clear requirements and interpretation of this rule.
RESPONSE AND EXPLANATION OF CHANGE: The department has modified the amendment by revising page 5 of the Early Childhood Administrative Manual Required Family Personal Visit Documentation section to replace Personal Visit Record with Personal Visit Plan and Record.

5 CSR 25-100.330 General Provisions Governing Programs Authorized Under the Early Childhood Development Act

(1) All programs and projects carried out by school districts under the Early Childhood Development Act (ECDA) shall be conducted in conformity with –

(B) The *Early Childhood Development Act (ECDA) Administrative Manual for Missouri Parents as Teachers Parent Education Program* contains the administrative provisions for the delivery of the state's school district parent education services. The *ECDA Manual* is hereby incorporated by reference and made a part of this rule. A copy of the *ECDA Manual* (revised May 2026) is published by and can be obtained from the Department of Elementary and Secondary Education, Office of Childhood, 205 Jefferson Street, PO Box 480, Jefferson City, MO 65102-0480, and at its website at https://dese.mo.gov/governmental-affairs/dese-administrative-rules/incorporated-reference-materials. This rule does not incorporate any subsequent amendments or additions.

TITLE 12 – DEPARTMENT OF REVENUE
Division 40 – State Lottery
Chapter 100 – Fast Play Game

ORDER OF RULEMAKING

By the authority vested in the Missouri Lottery Commission under section 313.230, RSMo 2016, the commission adopts a rule as follows:

12 CSR 40-100.010 Fast Play Game **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on May 1, 2026 (51 MoReg 552). No changes have been made to the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 20 – Hospitals

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under sections 192.006 and 197.065, RSMo 2016, and sections 197.080 and 197.297, RSMo Supp. 2025, the department amends a rule as follows:

19 CSR 30-20.011 Definitions Relating to Hospitals **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2026 (51 MoReg 643). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 20 – Hospitals

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under sections 192.006 and 197.065, RSMo 2016, and sections 197.080 and 197.297, RSMo Supp. 2025, the department amends a rule as follows:

19 CSR 30-20.015 Administration of the Hospital Licensing Program **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2026 (51 MoReg 643-646). 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 7 – Licensing

ORDER OF RULEMAKING

By the authority vested in the State Board of Pharmacy under section 338.140, RSMo Supp. 2025, the board amends a rule as follows:

20 CSR 2220-7.080 Pharmacist License Renewal and Continuing Pharmacy Education **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 1, 2026 (51 MoReg 560-561). 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.

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 FOR LIMITED LIABILITY COMPANY TO ALL CREDITORS AGAINST SPARKED, LLC

On July 24, 2026, Sparked, LLC, a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State, effective as of July 24, 2026. Said company requests that all persons and organizations who have claims against it present such claims immediately in writing to –

Sparked, LLC
c/o Carrie E. Ballenger
401 Charlemagne Drive
Lake St. Louis, MO 63367

All claims must include –
1) The name, address, and telephone number of the claimant;
2) The amount claimed;
3) The basis of the claim;
4) The date(s) on which the events occurred which provided the basis for the claim; and
5) Copies of any other supporting data.

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

NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY TO ALL CREDITORS AGAINST CEB BBQ COMPANY, LLC

On July 24, 2026, CEB BBQ Company, LLC, a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State, effective as of July 24, 2026. Said company requests that all persons and organizations who have claims against it present such claims immediately in writing to –

CEB BBQ Company, LLC
c/o Carrie E. Ballenger
401 Charlemagne Drive
Lake St. Louis, MO 63367

All claims must include –
1) The name, address, and telephone number of the claimant;
2) The amount claimed;
3) The basis of the claim;
4) The date(s) on which the events occurred which provided the basis for the claim; and
5) Copies of any other supporting data.

Any claim against CEB BBQ Company, LLC, will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY TO ALL CREDITORS AGAINST SMHD EQUIPMENT, LLC

On July 24, 2026, SMHD Equipment, LLC, a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State, effective as of July 24, 2026. Said company requests that all persons and organizations who have claims against it present such claims immediately in writing to –

SMHD Equipment, LLC
c/o Carrie E. Ballenger
401 Charlemagne Drive
Lake St. Louis, MO 63367

All claims must include –
1) The name, address, and telephone number of the claimant;
2) The amount claimed;
3) The basis of the claim;
4) The date(s) on which the events occurred which provided the basis for the claim; and
5) Copies of any other supporting data.

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

NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY TO ALL CREDITORS AGAINST JAX TRUCKING, LLC

On July 24, 2026, JAX Trucking, LLC, a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State, effective as of July 24, 2026. Said company requests that all persons and organizations who have claims against it present such claims immediately in writing to –

JAX Trucking, LLC
c/o Keith M. Becker
401 Charlemagne Drive
Lake St. Louis, MO 63367

All claims must include –
1) The name, address, and telephone number of the claimant;
2) The amount claimed;
3) The basis of the claim;
4) The date(s) on which the events occurred which provided the basis for the claim; and
5) Copies of any other supporting data.

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

NOTICE OF WINDING UP FOR LIMITED LIABIILTY COMPANY TO ALL CREDITORS OF / CLAIMANTS AGAINST PRIME TITLE, LLC

On July 21, 2026, Prime Title, LLC, a Missouri limited liability company ("the Company") filed its Notice of Winding Up with the Missouri Secretary of State. Any claims against the Company may be sent to –

Lori R. Koch
Pomerantz Sherman LLC
130 S. Bemiston Ave., Ste. 706
Clayton, MO 63105

Each claim must include the following:
1) The name, address, and phone number of claimant;
2) The amount of claim;
3) The date on which the claim arose;
4) The 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 TO ALL CREDITORS OF AND CLAIMS AGAINST 4S HOLDINGS, LLC

On July 29, 2026, 4S Holdings, LLC, a Missouri limited liability company filed its Articles of Dissolution with the Missouri Secretary of State. You are hereby notified that if you believe you have a claim against 4S Holdings, LLC, you must submit a summary in writing of the circumstances surrounding your claim to –

4S Holdings, LLC
576 S. Mount Auburn Road, Suite 300
Cape Girardeau, MO 63703

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 4S Holdings, LLC, 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 TO ALL CREDITORS OF AND CLAIMS AGAINST TERRY RAMSEY COLE, INC.

On July 20, 2026, Terry Ramsey Cole, Inc., a Missouri corporation filed its Articles of Dissolution with the Missouri Secretary of State. You are hereby notified that if you believe you have a claim against Terry Ramsey Cole, Inc., you must submit a summary in writing of the circumstances surrounding your claim to –

Terry Ramsey Cole, Inc.
83 N. Ridge Road
Sikeston, MO 63801

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 Terry Ramsey Cole, Inc., will be barred unless the proceeding to enforce the claim is commenced within two (2) years after the publication of this Notice.

NOTICE OF WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST BUG205, LLC

On July 29, 2026, BUG205, LLC, a Missouri limited liability company, Charter Number LC014627323 (the "Company"), filed its Notice of Winding Up with the Missouri Secretary of State, effective as of the filing date. All persons or organizations having claims against the Company are required to present them immediately in writing to –

Kembell Woods & Martinsen LLP
Attn: Scott K. Martinsen
5901 College Blvd., Suite 280
Overland Park, KS 66211

Each claim must include –
1) Claimant's name and current address;
2) The amount claimed;
3) The date the claim was incurred; and
4) A clear and concise statement of the facts supporting the claim.

Note: 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 TO THE UNKNOWN CREDITORS OF SPOTWOOD HOLDINGS, LLC

You are hereby notified, pursuant to Section 347.141 of the Missouri Limited Liability Company Act, that on July 30, 2026, Spotwood Holdings, LLC, a Missouri limited liability company (the "Company"), the principal office of which is located in St. Louis County, Missouri, filed Notice of Winding Up with the Missouri Secretary of State. All claims must be mailed no later than October 31, 2026 (no less than 90 days from the notice date) to –

Spotwood Holdings, LLC
Attn: Benjamin Wodicker
1415 Briarcreek Dr.
Kirkwood, MO 63122

To file a claim with the Company you must furnish the amount and the basis for the claim, and provide all necessary documentation supporting this claim. A claim against Spotwood Holdings, LLC, will be barred unless a proceeding to enforce the claim commences within three (3) years after the publication of this notice.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMS AGAINST MINGO MARSH ENHANCEMENT COMPANY, LLC

On July 30, 2026, Mingo Marsh Enhancement Company, LLC, a Missouri limited liability company filed its Articles of Dissolution with the Missouri Secretary of State. You are hereby notified that if you believe you have a claim against Mingo Marsh Enhancement Company, LLC, you must submit a summary in writing of the circumstances surrounding your claim to –

Mingo Marsh Enhancement Company, LLC
Attn: Mickey Heitmeyer

13598 BCR 604
Advance, MO 63730

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 Mingo Marsh Enhancement Company, LLC, will be barred unless the proceeding to enforce the claim is commenced within three (3) years after the publication of this Notice.

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*. Citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year – 50 (2025) and 51 (2026). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
	OFFICE OF ADMINISTRATION				
1 CSR	Notice of Periodic Rule Review				50 MoReg 960
1 CSR 10	State Officials' Salary Compensation Schedule				51 MoReg 371
1 CSR 60-1.010	Joint Oversight Task Force for Prescription Drug Monitoring		51 MoReg 551		
	DEPARTMENT OF AGRICULTURE				
2 CSR	Notice of Periodic Rule Review				50 MoReg 960
2 CSR 30-6.015	Animal Health		51 MoReg 685		
2 CSR 30-6.020	Animal Health		51 MoReg 688		
2 CSR 30-6.030	Animal Health		51 MoReg 693		
2 CSR 70-11.060	Plant Industries		51 MoReg 862		
2 CSR 70-11.070	Plant Industries		51 MoReg 862		
2 CSR 70-30-015	Plant Industries		51 MoReg 862		
2 CSR 90	Weights, Measures and Consumer Protection				51 MoReg 726
	DEPARTMENT OF CONSERVATION				
3 CSR	Notice of Periodic Rule Review				50 MoReg 960
3 CSR 10-4.200	Conservation Commission				
3 CSR 10-5.205	Conservation Commission		51 MoReg 863		
3 CSR 10-5.215	Conservation Commission				
3 CSR 10-5.281	Conservation Commission		51 MoReg 864		
3 CSR 10-5.310	Conservation Commission		51 MoReg 865		
3 CSR 10-5.320	Conservation Commission		51 MoReg 865		
3 CSR 10-5.330	Conservation Commission		51 MoReg 865		
3 CSR 10-5.331	Conservation Commission		51 MoReg 866		
3 CSR 10-5.345	Conservation Commission		51 MoReg 866		
3 CSR 10-5.445	Conservation Commission		51 MoReg 866		
3 CSR 10-5.545	Conservation Commission		51 MoReg 867		
3 CSR 10-5.925	Conservation Commission		51 MoReg 867		
3 CSR 10-5.950	Conservation Commission		51 MoReg 869		
3 CSR 10-7.405	Conservation Commission				
3 CSR 10-7.410	Conservation Commission				
3 CSR 10-7.431	Conservation Commission				
3 CSR 10-7.432	Conservation Commission				
3 CSR 10-7.433	Conservation Commission				
3 CSR 10-7.435	Conservation Commission				
3 CSR 10-7.439	Conservation Commission				
3 CSR 10-7.440	Conservation Commission				
3 CSR 10-7.450	Conservation Commission				
3 CSR 10-7.705	Conservation Commission				
3 CSR 10-7.710	Conservation Commission				
3 CSR 10-7.900	Conservation Commission				
3 CSR 10-7.905	Conservation Commission				
3 CSR 10-11.115	Conservation Commission				
3 CSR 10-11.140	Conservation Commission		51 MoReg 871		
3 CSR 10-11.150	Conservation Commission		51 MoReg 874		
3 CSR 10-11.186	Conservation Commission				
3 CSR 10-12.110	Conservation Commission				
3 CSR 10-12.130	Conservation Commission				
	DEPARTMENT OF ECONOMIC DEVELOPMENT				
4 CSR	Notice of Periodic Rule Review				50 MoReg 960
	DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION				
5 CSR	Notice of Periodic Rule Review				50 MoReg 960
5 CSR 20-100.130	Division of Learning Services		50 MoReg 1533		
5 CSR 20-400.210	Division of Learning Services		51 MoReg 923		
5 CSR 20-400.380	Division of Learning Services		51 MoReg 923		
5 CSR 20-400.500	Division of Learning Services		51 MoReg 925		
5 CSR 20-400.530	Division of Learning Services		51 MoReg 928		
5 CSR 20-400.540	Division of Learning Services		51 MoReg 930		
5 CSR 20-400.550	Division of Learning Services		51 MoReg 936		
5 CSR 20-400.570	Division of Learning Services		51 MoReg 939		
5 CSR 20-500.290	Division of Learning Services		51 MoReg 755		
5 CSR 25-100.330	Office of Childhood		51 MoReg 551	This Issue	
5 CSR 25-200.060	Office of Childhood	51 MoReg 751	51 MoReg 757		
	DEPARTMENT OF HIGHER EDUCATION AND WORKFORCE DEVELOPMENT				
6 CSR	Notice of Periodic Rule Review				50 MoReg 960
	MISSOURI DEPARTMENT OF TRANSPORTATION				
7 CSR	Notice of Periodic Rule Review				51 MoReg 832
7 CSR 10-10.010	Missouri Highways and Transportation Commission		51 MoReg 397	51 MoReg 1070	
7 CSR 10-10.020	Missouri Highways and Transportation Commission		51 MoReg 399	51 MoReg 1070	
7 CSR 10-10.030	Missouri Highways and Transportation Commission		51 MoReg 399R	51 MoReg 1070R	

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
7 CSR 10-10.040	Missouri Highways and Transportation Commission		51 MoReg 399R	51 MoReg 1070R	
7 CSR 10-10.050	Missouri Highways and Transportation Commission		51 MoReg 400R	51 MoReg 1071R	
7 CSR 10-10.060	Missouri Highways and Transportation Commission		51 MoReg 400R	51 MoReg 1071R	
7 CSR 10-10.070	Missouri Highways and Transportation Commission		51 MoReg 400R	51 MoReg 1071R	
7 CSR 10-10.080	Missouri Highways and Transportation Commission		51 MoReg 401R	51 MoReg 1071R	
7 CSR 10-10.090	Missouri Highways and Transportation Commission		51 MoReg 401	51 MoReg 1071	
	DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS				
8 CSR	Notice of Periodic Rule Review				51 MoReg 832
8 CSR 50-2.070	Division of Workers' Compensation		51 MoReg 693		
	DEPARTMENT OF MENTAL HEALTH				
9 CSR	Notice of Periodic Rule Review				51 MoReg 832
9 CSR 30-4.045	Certification Standards		51 MoReg 941		
9 CSR 30-4.195	Certification Standards		51 MoReg 695R		
	DEPARTMENT OF NATURAL RESOURCES				
10 CSR	Notice of Periodic Rule Review				51 MoReg 832
10 CSR 10-6.070	Air Conservation Commission		51 MoReg 502		
10 CSR 10-6.075	Air Conservation Commission		51 MoReg 506		
10 CSR 10-6.080	Air Conservation Commission		51 MoReg 511		
10 CSR 23-1.010	Well Installation		51 MoReg 696		
10 CRS 23-1.090	Well Installation		51 MoReg 696		
10 CSR 23-2.010	Well Installation		51 MoReg 302	51 MoReg 1072Wd	51 MoReg 370
10 CSR 23-2.020	Well Installation		51 MoReg 697		
10 CSR 25-7	Hazardous Waste Management Commission				51 MoReg 726
10 CSR 80-2.010	Solid Waste Management		51 MoReg 1022R 51 MoReg 1022		
10 CSR 80-3.010	Solid Waste Management		51 MoReg 1026R 51 MoReg 1027		
	DEPARTMENT OF PUBLIC SAFETY				
	DEPARTMENT OF REVENUE				
12 CSR 10-2.135	Director of Revenue		51 MoReg 758R		
12 CSR 10-10.040	Director of Revenue		This Issue		
12 CSR 10-10.050	Director of Revenue		This issue		
12 CSR 10-23.305	Director of Revenue		51 MoReg 877R		
12 CSR 10-24.160	Director of Revenue		51 MoReg 877		
12 CSR 10-41.030	Director of Revenue		51 MoReg 877		
12 CSR 10-103.170	Director of Revenue		51 MoReg 758R		
12 CSR 10-103.180	Director of Revenue		51 MoReg 879R		
12 CSR 10-103.185	Director of Revenue		51 MoReg 879		
12 CSR 10-103.310	Director of Revenue		51 MoReg 758R		
12 CSR 10-103.630	Director of Revenue		51 MoReg 880R		
12 CSR 10-103.640	Director of Revenue		51 MoReg 880R		
12 CSR 10-108.700	Director of Revenue		51 MoReg 1066		
12 CSR 10-111.101	Director of Revenue		51 MoReg 758R		
12 CSR 10-113.200	Director of Revenue		51 MoReg 759		
12 CSR 40-40.200	State Lottery		This Issue		
12 CSR 40-60.030	State Lottery		This Issue		
12 CSR 40-96.010	State Lottery		This Issue		
12 CSR 40-96.020	State Lottery		This Issue		
12 CSR 40-96.030	State Lottery		This Issue		
12 CSR 40-100.010	State Lottery		51 MoReg 552		
	DEPARTMENT OF SOCIAL SERVICES				
13 CSR 35-35.130	Children's Division		51 MoReg 512	51 MoReg 1072	
13 CSR 70-3.120	MO HealthNet Division		This Issue		
13 CSR 70-3.230	MO HealthNet Division		51 MoReg 804		
13 CSR 70-3.300	MO HealthNet Division	This Issue R			
13 CSR 70-3.310	MO HealthNet Division	This Issue R			
13 CSR 70-4.120	MO HealthNet Division		51 MoReg 442	51 MoReg 896	
13 CSR 70-10.005	MO HealthNet Division		This Issue R		
13 CSR 70-10.010	MO HealthNet Division		This Issue R		
13 CSR 70-10.100	MO HealthNet Division		This Issue R		
13 CSR 70-15.010	MO HealthNet Division	50 MoReg 1036	51 MoReg 444	51 MoReg 896	
13 CSR 70-15.015	MO HealthNet Division	This Issue			
13 CSR 70-15.020	MO HealthNet Division		51 MoReg 517	51 MoReg 947	
13 CSR 70-15.030	MO HealthNet Division		51 MoReg 457	51 MoReg 947	
13 CSR 70-15.110	MO HealthNet Division	51 MoReg 855	51 MoReg 880		
13 CSR 70-15.160	MO HealthNet Division	This Issue	This Issue		
13 CSR 70-25.160	MO HealthNet Division		51 MoReg 761		
13 CSR 70-45.010	MO HealthNet Division		51 MoReg 640		
13 CSR 70-70.010	MO HealthNet Division		This Issue		
13 CSR 70-94.020	MO HealthNet Division	51 MoReg 921	51 MoReg 945		
13 CSR 70-94.030	MO HealthNet Division		51 MoReg 457	51 MoReg 947	
	ELECTED OFFICIALS				
15 CSR 30-12.010	Secretary of State		51 MoReg 1066		
15 CSR 30-12.020	Secretary of State		51 MoReg 1067		
15 CSR 30-14.010	Secretary of State		51 MoReg 1068		
15 CSR 30-51.030	Secretary of State		51 MoReg 804		
15 CSR 30-51.040	Secretary of State		51 MoReg 805		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
15 CSR 30-51.055	Secretary of State		51 MoReg 806		
15 CSR 30-51.070	Secretary of State		51 MoReg 807		
15 CSR 30-51.155	Secretary of State		51 MoReg 811		
15 CSR 30-51.160	Secretary of State		51 MoReg 811		
15 CSR 30-51.172	Secretary of State		51 MoReg 812		
15 CSR 30-52.030	Secretary of State		51 MoReg 812		
	RETIREMENT SYSTEMS				
	DEPARTMENT OF HEALTH AND SENIOR SERVICES				
19 CSR 30-20.011	Division of Regulation and Licensure		51 MoReg 643	This Issue	
19 CSR 30-20.015	Division of Regulation and Licensure		51 MoReg 643	This Issue	
19 CSR 30-20.030	Division of Regulation and Licensure	This Issue	This Issue		
19 CSR 30-30.030	Division of Regulation and Licensure	This Issue	This Issue		
19 CSR 30-30.040	Division of Regulation and Licensure	This Issue	This Issue		
19 CSR 30-30.100	Division of Regulation and Licensure	This Issue	This Issue		
19 CSR 60-50	Missouri Health Facilities Review Committee				
19 CSR 60-50.410	Missouri Health Facilities Review Committee	This Issue	This Issue		
19 CSR 60-50.430	Missouri Health Facilities Review Committee	This Issue	This Issue		
19 CSR 100-1.180	Division of Cannabis Regulation		This Issue		
19 CSR 100-1.200	Division of Cannabis Regulation		51 MoReg 553		
	DEPARTMENT OF COMMERCE AND INSURANCE				
20 CSR	Applied Behavior Analysis Maximum Benefit				51 MoReg 317
20 CSR	Construction Claims Binding Arbitration Cap				51 MoReg 317
20 CSR	Non-Economic Damages in Medical Malpractice Cap				51 MoReg 317
20 CSR	Sovereign Immunity Limits				51 MoReg 215
20 CSR	State Legal Expense Fund Cap				51 MoReg 317
20 CSR 200-9.800	Insurance Solvency and Company Regulation		51 MoReg 458	51 MoReg 1073	
20 CSR 200-12.020	Insurance Solvency and Company Regulation		51 MoReg 646		
20 CSR 1135-1.010	State Banking Board		51 MoReg 762		
20 CSR 1140-6.070	Division of Finance		51 MoReg 763R		
20 CSR 1140-10.030	Division of Finance		51 MoReg 763R		
20 CSR 1140-14.010	Division of Finance		51 MoReg 763R		
20 CSR 2030-6.015	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects		51 MoReg 403	51 MoReg 896	
20 CSR 2030-13.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects		51 MoReg 406	51 MoReg 896	
20 CSR 2063-1.015	Behavior Analyst Advisory Board		51 MoReg 459	51 MoReg 897	
20 CSR 2063-2.005	Behavior Analyst Advisory Board		51 MoReg 461	51 MoReg 897	
20 CSR 2063-4.005	Behavior Analyst Advisory Board		51 MoReg 1068		
20 CSR 2063-5.005	Behavior Analyst Advisory Board		51 MoReg 813		
20 CSR 2110-2.120	Missouri Dental Board		51 MoReg 406	51 MoReg 1073	
20 CSR 2110-2.130	Missouri Dental Board		51 MoReg 406	51 MoReg 1073	
20 CSR 2110-2.131	Missouri Dental Board		51 MoReg 886		
20 CSR 2117-1.070	Office of Statewide Electrical Contractors	51 MoReg 752	51 MoReg 764		
20 CSR 2120-2.060	State Board of Embalmers and Funeral Directors		This Issue		
20 CSR 2145-1.040	Missouri Board of Geologist Registration		51 MoReg 464	51 MoReg 897	
20 CSR 2205-1.050	Missouri Board of Occupational Therapy		51 MoReg 466	51 MoReg 1073	
20 CSR 2220-2.197	State Board of Pharmacy		51 MoReg 469	51 MoReg 897	
20 CSR 2220-7.080	State Board of Pharmacy		51 MoReg 560	This Issue	
20 CSR 2232-1.040	Missouri State Committee of Interpreters		51 MoReg 469	51 MoReg 897	
20 CSR 2233-2.010	State Committee of Marital and Family Therapists		This Issue		
20 CSR 2235-1.020	State Committee of Psychologists		51 MoReg 472	51 MoReg 898	
20 CSR 4240-3.010	Public Service Commission		51 MoReg 815		
20 CSR 4240-3.030	Public Service Commission		51 MoReg 815		
20 CSR 4240-3.100	Public Service Commission		51 MoReg 816		
20 CSR 4240-3.130	Public Service Commission		51 MoReg 816		
20 CSR 4240-3.135	Public Service Commission		51 MoReg 817		
20 CSR 4240-3.140	Public Service Commission		51 MoReg 818		
20 CSR 4240-3.150	Public Service Commission		51 MoReg 818		
20 CSR 4240-3.155	Public Service Commission		51 MoReg 818		
20 CSR 4240-3.156	Public Service Commission		51 MoReg 819		
20 CSR 4240-3.162	Public Service Commission		51 MoReg 819		
20 CSR 4240-3.200	Public Service Commission		51 MoReg 821		
20 CSR 4240-3.205	Public Service Commission		51 MoReg 822		
20 CSR 4240-3.230	Public Service Commission		51 MoReg 822		
20 CSR 4240-3.255	Public Service Commission		51 MoReg 823		
20 CSR 4240-3.300	Public Service Commission		51 MoReg 823		
20 CSR 4240-3.400	Public Service Commission		51 MoReg 824		
20 CSR 4240-3.625	Public Service Commission		51 MoReg 824		
20 CSR 4240-4.010	Public Service Commission		51 MoReg 886		
20 CSR 4240-4.015	Public Service Commission		51 MoReg 886		
20 CSR 4240-4.017	Public Service Commission		51 MoReg 887		
20 CSR 4240-4.040	Public Service Commission		51 MoReg 888		
20 CSR 4240-23.040	Public Service Commission		51 MoReg 312	51 MoReg 947	
20 CSR 4240-28.012	Public Service Commission		51 MoReg 888		
20 CSR 4240-28.014	Public Service Commission		51 MoReg 889		
20 CSR 4240-29.010	Public Service Commission		51 MoReg 889		
20 CSR 4240-29.020	Public Service Commission		51 MoReg 890		
20 CSR 4240-29.030	Public Service Commission		51 MoReg 890		
20 CSR 4240-29.100	Public Service Commission		51 MoReg 891		
20 CSR 4240-31.016	Public Service Commission		51 MoReg 891		

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
20 CSR 4240-34.020	Public Service Commission		51 MoReg 892		
20 CSR 4240-34.090	Public Service Commission		51 MoReg 892		
20 CSR 4240-36.020	Public Service Commission		51 MoReg 893		
20 CSR 4240-36.030	Public Service Commission		51 MoReg 893		
20 CSR 4240-36.040	Public Service Commission		51 MoReg 894		
20 CSR 4240-36.050	Public Service Commission		51 MoReg 895		
20 CSR 4240-40.020	Public Service Commission		51 MoReg 697		
20 CSR 4240-40.030	Public Service Commission		51 MoReg 699		
20 CSR 4240-120.011	Public Service Commission		51 MoReg 709		
20 CSR 4240-120.110	Public Service Commission		51 MoReg 710		
20 CSR 4240-123.010	Public Service Commission		51 MoReg 710		
20 CSR 4240-123.020	Public Service Commission		51 MoReg 711		
20 CSR 4240-123.030	Public Service Commission		51 MoReg 711		
20 CSR 4240-123.040	Public Service Commission		51 MoReg 712		
20 CSR 4240-123.090	Public Service Commission		51 MoReg 712		
20 CSR 4240-124.010	Public Service Commission		51 MoReg 713		
20 CSR 4240-124.020	Public Service Commission		51 MoReg 713		
20 CSR 4240-124.060	Public Service Commission		51 MoReg 713		
20 CSR 4240-125.010	Public Service Commission		51 MoReg 714		
20 CSR 4240-125.040	Public Service Commission		51 MoReg 714		
20 CSR 4240-125.060	Public Service Commission		51 MoReg 715		
20 CSR 4240-126.010	Public Service Commission		51 MoReg 716		
20 CSR 4240-126.020	Public Service Commission		51 MoReg 716		
20 CSR 4240-127.010	Public Service Commission		51 MoReg 717		
	MISSOURI CONSOLIDATED HEALTH CARE PLAN				
	MISSOURI DEPARTMENT OF THE NATIONAL GUARD				

AGENCY		PUBLICATION	EFFECTIVE	EXPIRATION
Department of Elementary and Secondary Education				
Office of Childhood				
5 CSR 25-200.060	Eligibility and Authorization for Child Care Subsidy	51 MoReg 751	May 27, 2026	Feb. 25, 2027
Department of Revenue				
Director of Revenue				
12 CSR 10-26.230	Dealer Administrative Fees and System Modernization	51 MoReg 393	Feb. 20, 2026	Aug. 18, 2026
12 CSR 10-26.231	Maximum Dealer Administrative Fees	51 MoReg 394	Feb. 20, 2026	Aug. 18, 2026
Department of Social Services				
MO HealthNet Division				
13 CSR 70-3.300	Complementary Health and Alternative Therapies for Chronic Pain Management	This Issue R	Aug. 10, 2026	Feb. 25, 2027
13 CSR 70-3.310	Chiropractic Services	This Issue R	Aug. 10, 2026	Feb. 25, 2027
13 CSR 70-15.015	Supplemental Payments	This Issue	Aug. 10, 2026	Feb. 25, 2027
13 CSR 70-15.110	Federal Reimbursement Allowance (FRA)	51 MoReg 855	July 1, 2026	Feb. 25, 2027
13 CSR 70-15.160	Outpatient Hospital Services Reimbursement Methodology	This Issue	Aug. 10, 2026	Feb. 25, 2027
13 CSR 70-94.020	Provider-Based Rural Health Clinic	51 MoReg 921	July 1, 2026	Feb. 25, 2027
Department of Health and Senior Services				
Division of Regulation and Licensure				
19 CSR 30-20.030	Construction Standards for New Hospitals	This Issue	Aug. 6, 2026	Feb. 1, 2027
19 CSR 30-30.030	General Design and Construction Standards for Ambulatory Surgical Centers	This Issue	Aug. 6, 2026	Feb. 1, 2027
19 CSR 30-30.040	Preparation of Plans and Specifications for Ambulatory Surgical Centers	This Issue	Aug. 6, 2026	Feb. 1, 2027
19 CSR 30-30.100	General Design and New Construction Standards for Birthing Centers	This Issue	Aug. 6, 2026	Feb. 1, 2027
19 CSR 30-35.020	Hospice Providing Direct Care in a Hospice Facility	Next Issue	Aug. 20, 2026	Feb. 15, 2027
Missouri Health Facilities Review Committee				
19 CSR 60-50.410	Letter of Intent Package	This Issue	Aug. 6, 2026	Feb. 1, 2027
19 CSR 60-50.430	Application Package	This Issue	Aug. 6, 2026	Feb. 1, 2027
Department of Commerce and Insurance				
Office of Statewide Electrical Contractors				
20 CSR 2117-1.070	Fees	51 MoReg 752	June 1, 2026	Feb. 25, 2027

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

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
	2026		
26-16	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated in response to the severe weather event starting on July 9, 2026	July 10, 2026	51 MoReg 1021
26-15	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated in response to the severe weather event starting on June 4, 2026	June 10, 2026	51 MoReg 861
26-14	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated in response to the ongoing and forecasted severe storm systems	May 18, 2026	51 MoReg 803
26-13	Extends Executive Order 26-10 until May 31, 2026	April 30, 2026	51 MoReg 684
26-12	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated in response to the ongoing and forecasted severe storm systems	April 17, 2026	51 MoReg 683
26-11	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated in preparation of the 2026 FIFA World Cup. The Adjutant General is ordered to call into active service any state militia deemed necessary to support civilian authorities and state agencies are authorized to provide assistance as needed	April 13, 2026	51 MoReg 639
26-10	Extends Executive Order 26-07 until April 30, 2026	March 31, 2026	51 MoReg 550
26-09	Extends Executive Order 25-34 until September 1, 2026	March 31, 2026	51 MoReg 549
26-08	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated in response to the ongoing and forecasted severe storm systems	March 5, 2026	51 MoReg 501
26-07	Extends Executive Order 26-06 until March 31, 2026	February 27, 2026	51 MoReg 441
26-06	Extends Executive Order 25-38 until February 28, 2026	January 30, 2026	51 MoReg 342
26-05	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated. The Adjutant General is ordered to call into active service any state militia deemed necessary to support civilian authorities in response to the ongoing and forecasted severe winter storm systems	January 22, 2026	51 MoReg 341
26-04	Establishes the Missouri Advanced Nuclear Energy Task Force	January 13, 2026	51 MoReg 298
26-03	Formalizes the Missouri Government Responsibility, Efficiency, Accountability and Transformation (Missouri GREAT) initiative and creates the Missouri GREAT Operational Task Force	January 13, 2026	51 MoReg 295
26-02	Orders a strategic framework for the integration of Artificial Intelligence within state government operations to be developed; the Director of the Department of Economic Development to review current business environment for Artificial Intelligence; the Director of the Natural Resources with the Public Service Commission to review energy regulations and infrastructure; and the Commissioner of the Department of Higher Education and Workforce Development in collaboration with the Department of Economic Development to undertake initiatives to prepare Missouri's workforce and education systems for the AI-driven economy	January 13, 2026	51 MoReg 293
26-01	Establishes an A-F school grade card system	January 13, 2026	51 MoReg 291
	2025		
25-38	Extends Executive Order 25-31 until January 31, 2026	December 31, 2025	51 MoReg 190

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
25-37	Orders state offices to be closed on Wednesday, December 24, 2025	December 19, 2025	51 MoReg 189
25-36	Declares a State of Emergency and exempts hours of service requirements for vehicles transporting residential heating fuels until January 2, 2026	December 15, 2025	51 MoReg 59
25-35	Orders state offices to be closed on Friday, December 26, 2025	December 5, 2025	50 MoReg 1813
25-34	Extends Executive Order 25-29 and directs 21 additional counties declared in Drought Alert until April 1, 2026	November 26, 2025	51 MoReg 6
25-33	Orders state offices to be closed on Friday, November 28, 2025	November 7, 2025	50 MoReg 1812
25-32	Reinstates with revisions the "Missouri Manual for Courts-Martial, 2025."	November 7, 2025	50 MoReg 1811
25-31	Extends Executive Order 25-28 until December 31, 2025	October 29, 2025	50 MoReg 1745
25-30	Orders the Director of the Missouri Department of Social Services to prepare and submit a request for a waiver to the United States Department of Agriculture to authorize alterations to Missouri's SNAP program in a manner that prioritizes healthy food and nutritional value	September 28, 2025	50 MoReg 1531
25-29	Declares a Drought Alert in several Missouri counties, directs the Director of the Department of Natural Resources to promote the use of Condition Monitoring Observer Reports, and directs all state agencies to provide assistance to affected communities	September 22, 2025	50 MoReg 1530
25-28	Extends portions of Executive Order 25-27 until October 31, 2025	August 28, 2025	50 MoReg 1317
25-27	Extends Executive Orders 25-23 and 25-24 until August 31, 2025	June 30, 2025	50 MoReg 1075
25-26	Designates members of his staff to have supervisory authority over departments, divisions, and agencies of state government	June 24, 2025	50 MoReg 1073
25-25	Declares a State of Emergency and orders the Adjutant General to call into active service any state militia deemed necessary to support civilian authorities due to civil unrest in Missouri	June 12, 2025	50 MoReg 987
Proclamation	Convenes the First Extraordinary Session of the First Regular Session of the One Hundred Third General Assembly to appropriate money to specific areas as well as enact legislation regarding income tax deductions, the Missouri Housing Trust Fund, tax credits, and economic incentives	May 27, 2025	50 MoReg 888
25-24	Orders the Director of the Missouri Department of Health and Senior Services and the State Board of Pharmacy vested with full discretionary authority to temporarily waive or suspend statutory or administrative rule or regulation to serve the interests of public health and safety in the aftermath of severe weather that began on March 14, 2025	May 20, 2025	50 MoReg 887
25-23	Extends Executive Orders 25-20 and 25-22 until June 30, 2025	May 13, 2025	50 MoReg 769
25-22	Extends Executive Orders 25-19, 25-20, and 25-21 until May 14, 2025	April 14, 2025	50 MoReg 690
25-21	Directs the Adjutant General to call into active service any state militia deemed necessary to support civilian authorities due to the severe weather beginning April 1, 2025	April 2, 2025	50 MoReg 689
25-20	Orders that the Director of the Missouri Department of Natural Resources is vested with authority to temporarily waive or suspend statutory or administrative rule or regulation to serve the interests of public health and safety in the aftermath of severe weather that began on March 14, 2025	March 20, 2025	50 MoReg 567
25-19	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe storm systems beginning on March 14	March 14, 2025	50 MoReg 531

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
25-18	Orders all executive agencies to comply with the principle of equal protection and ensure all rules, policies, employment practices, and actions treat all persons equally. Executive agencies are prohibited from considering diversity, equity, and inclusion in their hiring decisions, and no state funds shall be utilized for activities that solely or primarily support diversity, equity, and inclusion initiatives	February 18, 2025	50 MoReg 413
25-17	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting residential heating fuel until March 10, 2025	February 10, 2025	50 MoReg 411
25-16	Establishes the Governor's Workforce of the Future Challenge for the Missouri Department of Elementary and Secondary Education, with the Missouri Department of Education and Workforce Development, to improve existing career and technical education delivery systems	January 28, 2025	50 MoReg 361
25-15	Orders the Office of Childhood within the Missouri Department of Elementary and Secondary Education to improve the state regulatory environment for child care facilities and homes	January 28, 2025	50 MoReg 360
25-14	Establishes the Missouri School Funding Modernization Task Force to develop recommendations for potential state funding models for K-12 education	January 28, 2025	50 MoReg 358
25-13	Orders Executive Department directors and commissioners to solicit input from their respective agency stakeholders and establishes rulemaking requirements for state agencies	January 23, 2025	50 MoReg 356
25-12	Establishes a Code of Conduct for all employees of the Office of the Governor	January 23, 2025	50 MoReg 354
25-11	Designates members of his staff to have supervisory authority over departments, divisions, and agencies of state government	January 23, 2025	50 MoReg 352
25-10	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting products utilized by poultry and livestock producers in their farming and ranching operations until January 24, 2025	January 17, 2025	50 MoReg 350
25-09	Directs the Commissioner of Administration to ensure all flags of the United States and the State of Missouri are flown at full staff at all state buildings and grounds on January 20, 2025 for a period of 24 hours	January 15, 2025	50 MoReg 290
25-08	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan and exempts hours of service requirements for vehicles transporting residential heating fuel until February 2, 2025	January 13, 2025	50 MoReg 288
25-07	Orders the Department of Corrections and the Missouri Parole Board to assemble a working group to develop recommendations to rulemaking for the parole process	January 13, 2025	50 MoReg 287
25-06	Orders the Director of the Department of Public Safety and the Superintendent of the Missouri State Highway Patrol to modify the Patrol's salary schedule by reducing the time of service required to reach the top salary tier from 15 years of service to 12 years of service	January 13, 2025	50 MoReg 286
25-05	Directs the Department of Public Safety in collaboration with the Missouri State Highway Patrol to include immigration status in the state's uniform crime reporting system and to facilitate the collection of such information across the state	January 13, 2025	50 MoReg 285

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
25-04	Directs the Director of the Department of Public Safety in collaboration with the Superintendent of the Missouri State Highway Patrol to establish and maintain a memorandum of understanding with the U.S. Department of Homeland Security and actively collaborate with federal agencies. The Superintendent of the Missouri State Highway Patrol shall designate members for training in federal immigration enforcement	January 13, 2025	50 MoReg 284
25-03	Establishes the "Blue Shield Program" within the Department of Public Safety to recognize local governments committed to public safety within their community	January 13, 2025	50 MoReg 282
25-02	Establishes "Operation Relentless Pursuit," a coordinated law enforcement initiative	January 13, 2025	50 MoReg 281
25-01	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting residential heating fuel until January 13, 2025	January 3, 2025	50 MoReg 279

The rule number and the MoReg publication date follow each entry to this index.

Rulemaking Classes

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The Administrative Rules Division offers group and individual classes for rule drafting and preparation of rule packets. Please call Curtis at (573) 751-2022 or email curtis.treat@sos.mo.gov to schedule a class.

We offer both in-person and virtual classes.

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