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SALUS POPULI SUPREMA LEX ESTO

“The welfare of the people shall be the supreme law.”



JASON KANDER
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RULES—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 28, *Missouri Register*, page 27. The approved short form of citation is 28 MoReg 27.

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

Title	Code of State Regulations	Division	Chapter	Rule
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation, i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division within 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 paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo—The most recent version of the statute containing the section number and the date.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. 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) days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

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

Title 13—DEPARTMENT OF SOCIAL SERVICES Division 70—MO HealthNet Division Chapter 15—Hospital Program

EMERGENCY AMENDMENT

13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Plan; Outpatient Hospital Services Reimbursement Methodology.
The division is amending subsection (3)(B).

PURPOSE: This amendment provides for the State Fiscal Year (SFY) 2017 trend factor to be applied in determining Federal Reimbursement Allowance (FRA) funded hospital payments for SFY 2017.

EMERGENCY STATEMENT: The Department of Social Services, MO HealthNet Division (MHD) finds that this emergency amendment is necessary to preserve a compelling governmental interest of collecting state revenue in order to provide health care to individuals eligible for the MO HealthNet program and for the uninsured. An early effective date is required because this emergency amendment establishes the Federal Reimbursement Allowance (FRA) funded hospital payments for dates of service beginning July 1, 2016 in regulation to ensure that quality health care continues to be provided to MO HealthNet participants and indigent patients at hospitals that have relied on MO HealthNet payments to meet those patients' needs. In order to determine the trends for State Fiscal Year (SFY) 2017, all relevant information from the necessary sources must be available to

MHD. The division uses the best information available when it starts calculating the payments so it uses the trend published in the First Quarter Healthcare Cost Review publication which is generally not available until May. The division must also analyze hospital data, which is not complete until near the end of the state fiscal year, in conjunction with the trend and funding to determine the appropriate level of payments. Without this information, the trends cannot be determined; therefore, due to timing of the receipt of this information and the necessary July 1, 2016 effective date, an emergency regulation is necessary. As a result, the MHD finds an immediate danger to public health and welfare which requires emergency actions. If this emergency amendment is not enacted, there would be significant cash flow shortages causing a financial strain on Missouri hospitals which serve over nine hundred seventy-nine thousand (979,000) MO HealthNet participants plus the uninsured. This financial strain, in turn, will result in an adverse impact on the health and welfare of MO HealthNet participants and uninsured individuals in need of medical treatment. A proposed amendment, which covers the same material, will be published in 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 persons and parties under the circumstances. The emergency amendment was filed June 20, 2016, becomes effective July 1, 2016, and expires December 27, 2016.

(3) Per Diem Reimbursement Rate Computation. Each hospital shall receive a MO HealthNet per diem rate based on the following computation:

(B) Trend Indices (TI). Trend indices are determined based on the four- (4-) quarter average DRI Index for DRI-Type Hospital Market Basket as published in *Health Care Costs* by DRI/McGraw-Hill for each State Fiscal Year (SFY) 1995 to 1998. Trend indices starting in SFY 1999 will be determined based on CPI Hospital indexed as published in *Health Care Costs* by DRI/McGraw-Hill, or equivalent publication, regardless of any changes in the name of the publication or publisher, for each State Fiscal Year (SFY). Trend indices starting in SFY 2016 will be determined based on the Hospital Market Basket index as published in *Healthcare Cost Review* by Institute of Health Systems (IHS), or equivalent publication, regardless of any changes in the name of the publication or publisher, for each State Fiscal Year (SFY).

1. The TI are—

- A. SFY 1994—4.6%
- B. SFY 1995—4.45%
- C. SFY 1996—4.575%
- D. SFY 1997—4.05%
- E. SFY 1998—3.1%
- F. SFY 1999—3.8%
- G. SFY 2000—4.0%
- H. SFY 2001—4.6%
- I. SFY 2002—4.8%
- J. SFY 2003—5.0%
- K. SFY 2004—6.2%
- L. SFY 2005—6.7%
- M. SFY 2006—5.7%
- N. SFY 2007—5.9%
- O. SFY 2008—5.5%
- P. SFY 2009—5.5%
- Q. SFY 2010—3.9%
- R. SFY 2011—3.2%—The 3.2% trend shall not be applied in

determining the per diem rate, Direct Medicaid payments, or uninsured payments.

- S. SFY 2012—4.0%
- T. SFY 2013—4.4%
- U. SFY 2014—3.7%

V. SFY 2015—4.3%

W. SFY 2016—2.5%

X. SFY 2017—2.7%

2. The TI for SFY 1996 through SFY 1998 are applied as a full percentage to the OC of the per diem rate and for SFY 1999 the OC of the June 30, 1998, rate shall be trended by 1.2% and for SFY 2000 the OC of the June 30, 1999, rate shall be trended by 2.4%. The OC of the June 30, 2000, rate shall be trended by 1.95% for SFY 2001.

3. The per diem rate shall be reduced as necessary to avoid any negative Direct Medicaid payments computed in accordance with subsection (15)(B).

4. A facility previously enrolled for participation in the MO HealthNet Program, which either voluntarily or involuntarily terminates its participation in the MO HealthNet Program and which reenters the MO HealthNet Program, will receive the same inpatient rate and outpatient rate as the previous owner/operator. Such facility will also receive the same Direct Medicaid Add-On Payment and Uninsured Add-On Payment as the previous owner/operator if the facility reenters the MO HealthNet Program during the same state fiscal year. If the facility does not reenter during the same state fiscal year, the Direct Medicaid Add-On Payment and Uninsured Add-On Payment will be determined based on the applicable base year data (i.e., fourth prior year cost report for the Direct Medicaid Payment; see 13 CSR 70-15.220 for the applicable data for the Uninsured Add-On Payment). If the facility does not have the applicable base year data, the Direct Medicaid Add-On Payment and the Uninsured Add-On Payment will be based on the most recent audited data available and will include annual trend factor adjustments from the year subsequent to the cost report period through the state fiscal year for which the payments are being determined.

AUTHORITY: sections 208.153 and 208.201, RSMo Supp. 2013, and section 208.152, RSMo Supp. [2014] 2015. This rule was previously filed as 13 CSR 40-81.050. Original rule filed Feb. 13, 1969, effective Feb. 23, 1969. For intervening history, please consult the Code of State Regulations. Emergency amendment filed June 20, 2016, effective July 1, 2016, expires Dec. 27, 2016. A proposed amendment covering this same material is published in this issue of the Missouri Register.

Title 13—DEPARTMENT OF SOCIAL SERVICES Division 70—MO HealthNet Division Chapter 15—Hospital Program

EMERGENCY AMENDMENT

13 CSR 70-15.110 Federal Reimbursement Allowance (FRA). The division is amending subsection (1)(A).

PURPOSE: This amendment provides for the State Fiscal Year (SFY) 2017 trend factor to be applied to the inpatient and outpatient adjusted net revenues determined from the Federal Reimbursement Allowance (FRA) fiscal year cost report to determine the inpatient and outpatient adjusted net revenues subject to the FRA assessment.

EMERGENCY STATEMENT: The Department of Social Services, MO HealthNet Division (MHD) finds that this emergency amendment is necessary to preserve a compelling governmental interest of collecting state revenue in order to provide health care to individuals eligible for the MO HealthNet program and for the uninsured. An early effective date is required because the emergency amendment is necessary to establish the Federal Reimbursement Allowance (FRA) assessment rate effective for dates of service beginning July 1, 2016 in regulation in order to collect the state revenue to ensure access to hospital services for MO HealthNet participants and indigent patients at hospitals that have relied on MO HealthNet payments to

*meet those patients' needs. The Missouri Partnership Plan between the Centers for Medicare and Medicaid Services (CMS) and the Missouri Department of Social Services (DSS), which establishes a process whereby CMS and DSS determine the permissibility of the funding source used by Missouri to fund its share of the MO HealthNet program, is based on a state fiscal year. In order to determine the trends for State Fiscal Year (SFY) 2017, all relevant information from the necessary sources must be available to MHD. The division uses the best information available when it starts calculating the assessment so it uses the trend published in the **Fourth Quarter Healthcare Cost Review** publication which is generally not available until February. The division must also analyze hospital revenue data, which is not complete until near the end of the state fiscal year, in conjunction with the trend and hospital FRA funded payments to determine the appropriate level of assessment. Without this information, the trends cannot be determined. Therefore, due to timing of the receipt of this information and the necessary July 1, 2016 effective date, an emergency regulation is necessary. The MHD also finds an immediate danger to public health and welfare which requires emergency actions. If this emergency amendment is not enacted, there would be significant cash flow shortages causing a financial strain on Missouri hospitals which serve over nine hundred seventy-nine thousand (979,000) MO HealthNet participants plus the uninsured. This financial strain, in turn, will result in an adverse impact on the health and welfare of MO HealthNet participants and uninsured individuals in need of medical treatment. The FRA will raise approximately \$1.116 billion for SFY 2017 (July 1, 2016 – June 30, 2017), of which \$22.7 million is attributable to the trend factor that is the subject of this emergency amendment. A proposed amendment, which covers the same material, will be published in 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 persons and parties under the circumstances. The emergency amendment was filed June 20, 2016, becomes effective July 1, 2016, and expires December 27, 2016.

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

(A) Definitions.

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

2. Base cost report—Desk-reviewed Medicare/Medicaid cost report. The Medicare/Medicaid Cost Report version 2552-96 (CMS 2552-96) shall be used for fiscal years ending on or after September 30, 1996. The Medicare/Medicaid Cost Report version 2552-10 (CMS 2552-10) shall be used for fiscal years beginning on and after May 1, 2010. When a hospital has more than one (1) cost report with periods ending in the base year, the cost report covering a full twelve- (12-) month period will be used. If none of the cost reports covers a full twelve (12) months, the cost report with the latest period will be used. If a hospital's base cost report is less than or greater than a twelve- (12-) month period, the data shall be adjusted, based on the number of months reflected in the base cost report, to a twelve- (12-) month period.

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

4. Contractual allowances—Difference between established rates for covered services and the amount paid by third-party payers under contractual agreements. The Federal Reimbursement Allowance (FRA) is a cost to the hospital, regardless of how the FRA is remitted to the MO HealthNet Division, and shall not be included in contractual

allowances for determining revenues. Any redistributions of MO HealthNet payments by private entities acting at the request of participating health care providers shall not be included in contractual allowances or determining revenues or cost of patient care.

5. Department—Department of Social Services.

6. Director—Director of the Department of Social Services.

7. Division—MO HealthNet Division, Department of Social Services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

G. The trend indices listed below will be applied to the apportioned inpatient adjusted net revenue and outpatient adjusted net revenue in order to inflate or trend forward the adjusted net revenues from the FRA fiscal year cost report to the current state fiscal year to determine the inpatient and outpatient adjusted net revenues subject to the FRA assessment.

(I) SFY 2009 = 5.50%

(II) SFY 2009 Missouri Specific Trend = 1.50%

(III) SFY 2010 = 3.90%

(IV) SFY 2010 Missouri Specific Trend = 1.50%

(V) SFY 2011 = 3.20%

(VI) SFY 2012 = 5.33%

(VII) SFY 2013 = 4.4%

(VIII) SFY 2014 =

(a) Inpatient Adjusted Net Revenues—0%

(b) Outpatient Adjusted Net Revenues—3.70%

(IX) SFY 2015 =

(a) Inpatient Adjusted Net Revenues—0%

(b) Outpatient Adjusted Net Revenues—4.30%

(X) SFY 2016 =

(a) Inpatient Adjusted Net Revenues—0%

(b) Outpatient Adjusted Net Revenues—3.90%

(XI) SFY 2017 =

(a) Inpatient Adjusted Net Revenues—0%

(b) Outpatient Adjusted Net Revenues—4.10%

14. Net operating revenue—Gross charges less bad debts, less charity care, and less contractual allowances times the trend indices listed in 13 CSR 70-15.010(3)(B).

15. Other operating revenues—The other operating revenue is total other revenue less government appropriations, less donations, and less income from investments times the trend indices listed in 13 CSR 70-15.010(3)(B).

AUTHORITY: section 208.201, RSMo Supp. 2013, section 208.453, RSMo Supp. 2014, and section 208.455, RSMo 2000. Emergency rule filed Sept. 21, 1992, effective Oct. 1, 1992, expired Jan. 28, 1993. Emergency rule filed Jan. 15, 1993, effective Jan. 25, 1993, expired May 24, 1993. Original rule filed Sept. 21, 1992, effective June 7, 1993. For intervening history, please consult the Code of State

*Regulations. Emergency amendment filed June 20, 2016, effective July 1, 2016, expires Dec. 27, 2016. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

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

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

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

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

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

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

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

Title 2—DEPARTMENT OF AGRICULTURE Division 90—Weights and Measures Chapter 10—Liquefied Petroleum Gases

PROPOSED AMENDMENT

2 CSR 90-10.001 Definitions and General Provisions. The commission is adding a new subsection (1)(Q) and relettering as needed.

PURPOSE: The commission is adding a definition to this section to clarify who may grade exams.

(1) Definitions. The following words and phrases shall mean:

(Q) "Third party," a person or entity who is neither the student nor the instructor;

[(Q)](R) "Transport," combination vehicle or vehicle used to haul propane for non-metered delivery; and

[(R)](S) "Wholesaler," "broker," or "reseller," a seller of propane

who is not a producer and who does not sell propane to the ultimate consumer.

AUTHORITY: section 323.010, RSMo Supp. 2014. Original rule filed Oct. 15, 2008, effective March 30, 2009. For intervening history, please consult the *Code of State Regulations*. Amended: Filed July 1, 2016.

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 Agriculture, Missouri Propane Safety Commission, 4110 Country Club Drive, Suite 200, Jefferson City, MO 65109 or by email at admin@mopropanesc.org. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 2—DEPARTMENT OF AGRICULTURE Division 90—Weights and Measures Chapter 10—Liquefied Petroleum Gases

PROPOSED AMENDMENT

2 CSR 90-10.011 Inspection Authority—Duties. The commission is amending section (3), by deleting the old dates found therein and adding the new appropriate dates.

PURPOSE: This amendment updates this section to reflect the adoption of the updated publication of NFPA 58 as well as remove references to 1192 as it is being rescinded.

(3) The standards for storage and handling of LP gases and the standards for the installation of gas appliances and gas piping as published in the National Fire Protection Association publications, Numbers 54, 2015 edition; 58, [2014] 2017 edition; and 1192, 2014 edition. All publications are published by the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269-9101, which are incorporated by reference, and will be adhered to by the inspection authority in the course of administering its duties. This rule does not incorporate any subsequent amendments or additions to the referenced material. These are adopted as rules in 2 CSR 90-10.020, 2 CSR 90-10.040, 2 CSR 90-10.060, and 2 CSR 90-10.090.

AUTHORITY: section 323.020, RSMo Supp. [2014] 2013. Original rule filed July 13, 1977, effective Nov. 11, 1977. For intervening history, please consult the *Code of State Regulations*. Amended: Filed July 1, 2016.

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 Agriculture, Missouri Propane Safety Commission, 4110 Country Club Drive, Suite 200, Jefferson City, MO 65109 or by email at admin@mopropanesc.org. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 2—DEPARTMENT OF AGRICULTURE
Division 90—Weights and Measures
Chapter 10—Liquefied Petroleum Gases**

PROPOSED AMENDMENT

2 CSR 90-10.012 Registration—Training. The commission is amending sections (3), (4), (5), and (6).

PURPOSE: The commission is changing language to better define the training rules.

(3) All persons applying for registration to engage in the business of handling or storing LP gases or in the business of installing, repairing, **converting**, or servicing piping, equipment, or appliances for use with LP gases shall be properly trained and experienced in the work, familiar with all safety precautions required, and comply with all requirements of Chapter 323, RSMo, and the rules pursuant to it.

(4) Every individual applying for registration to engage in the business of handling or storing LP gases or in the business of installing, repairing, **converting**, or servicing piping, equipment, or appliances for use with LP gases must score at least seventy-five percent (75%) on a written examination administered or authorized by the Missouri Propane Gas Commission before approval of registration will be granted.

(5) Every individual handling LP gases or servicing appliances or equipment within any business involved in handling or storing LP gases or involved in the installation, repairing, **converting**, or servicing of piping, equipment, or appliances for use with LP gases must attend and complete an initial training program as defined in 2 CSR 90-10.012(6), including the passing of a written examination. Every individual subject to the requirements of this section shall attend *[refresher]* training at least once every three (3) years. New employees shall be trained by their employer until such time that training is available through a training program approved by the director. The employer, or individual if self-employed, is responsible for ensuring compliance with this section.

(6) Each training program's curriculum must be based on the Propane and Education and Research Council (PERC) Certified Employee Training Program (CETP) or equivalent, structured to meet the trainee's needs, and contain information on applicable statutes and regulations governing liquefied petroleum gases. All training programs must be instructor-led by a *[competent trainer]* **commission-approved instructor**, include *[handson]* **hands-on** training or a skills assessment, and include an exam which requires a passing score of at least seventy percent (70%) and graded by a *[third-party grader]* **third party**. Programs must **initially** be approved by the commission or its designee *[initially]* and resubmitted for review and approval at least once every two (2) years or at such time change has been made; *and any*. **Any** training program that, through audit, does not meet the approved training criteria may be rejected for use by the commission or its designee.

AUTHORITY: section 323.020, RSMo Supp. [2012] 2013. Original rule filed July 13, 1977, effective Nov. 11, 1977. For intervening history, please consult the Code of State Regulations. Amended: Filed

July 1, 2016.

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 Agriculture, Missouri Propane Safety Commission, 4110 Country Club Drive, Suite 200, Jefferson City, MO 65109 or by email at admin@mopropanesc.org. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 2—DEPARTMENT OF AGRICULTURE
Division 90—Weights and Measures
Chapter 10—Liquefied Petroleum Gases**

PROPOSED AMENDMENT

2 CSR 90-10.013 Installation Requirements. The commission is deleting section (9).

PURPOSE: The commission is removing the documentation requirement for leak tests by removing section (9).

[(9) All leak checks shall be performed as per 2012 NFPA 54 8.2. Documentation shall be kept on file.]

AUTHORITY: section 323.020, RSMo Supp. [2012] 2013. Original rule filed July 13, 1977, effective Nov. 11, 1977. For intervening history, please consult the Code of State Regulations. Amended: Filed July 1, 2016.

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 Agriculture, Missouri Propane Safety Commission, 4110 Country Club Drive, Suite 200, Jefferson City, MO 65109 or by email at admin@mopropanesc.org. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 2—DEPARTMENT OF AGRICULTURE
Division 90—Weights and Measures
Chapter 10—Liquefied Petroleum Gases**

PROPOSED AMENDMENT

2 CSR 90-10.020 NFPA Manual No. 54, National Fuel Gas Code. The commission is adding section (3).

PURPOSE: The purpose of this addition is to clarify that appliances cannot be converted from one fuel type to another if the manufacturer has prohibited it.

(3) All equipment covered by this standard shall be installed and

maintained in compliance with the instructions provided by the manufacturer. Appliances designed to use only a specific fuel may not be converted to use a different fuel if the manufacturer has prohibited such conversions.

AUTHORITY: sections 261.023.6. and 323.020, RSMo Supp. [2014] 2013. Original rule filed Jan. 24, 1968, effective Feb. 3, 1968. For intervening history, please consult the Code of State Regulations. Amended: Filed July 1, 2016.

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 Agriculture, Missouri Propane Safety Commission, 4110 Country Club Drive, Suite 200, Jefferson City, MO 65109 or by email at admin@mopropanesc.org. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 2—DEPARTMENT OF AGRICULTURE
Division 90—Weights and Measures
Chapter 10—Liquefied Petroleum Gases**

PROPOSED AMENDMENT

2 CSR 90-10.040 NFPA Manual No. 58, Storage and Handling of Liquefied Petroleum Gases. The commission is amending sections (1) and (3).

PURPOSE: The commission is amending the dates in section (1) to reflect the adoption of the latest publication of NFPA 58. The commission is also making a change to section (3) in order to clarify a statement.

(1) This rule incorporates by reference National Fire Protection Association (NFPA) Manual No. 58, *Storage and Handling of Liquefied Petroleum Gases*, [2015] 2017 edition, published by the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269-9101, as the current standard for the storage and handling of liquefied petroleum gases (LP gas). This rule does not incorporate any subsequent amendments or additions to the referenced material.

(3) At all LP gas dispensers, it shall be the dispenser [owner's/ operator's] responsibility to provide initial training to persons who dispense propane. It shall be illegal for any person other than the trained person to operate the dispensing device. It shall be the responsibility of the owner or manager of each business, where a dispenser is located and operated, to ensure dispenser operators successfully complete training every three (3) years through a training program approved by the director.

AUTHORITY: sections 261.023.6. and 323.020, RSMo Supp. [2014] 2013. Original rule filed Jan. 24, 1968, effective Feb. 3, 1968. For intervening history, please consult the Code of State Regulations. Amended: Filed July 1, 2016.

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 enti-

ties 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 Agriculture, Missouri Propane Safety Commission, 4110 Country Club Drive, Suite 200, Jefferson City, MO 65109 or by email at admin@mopropanesc.org. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 2—DEPARTMENT OF AGRICULTURE
Division 90—Weights and Measures
Chapter 10—Liquefied Petroleum Gases**

PROPOSED RESCISSION

2 CSR 90-10.090 NFPA Manual No. 1192, Chapter 5, Standard on Recreational Vehicles. This rule regulated the design, manufacturing, installation, and inspection of recreational vehicle heating systems and related systems.

PURPOSE: The commission is rescinding this rule as it is no longer necessary.

AUTHORITY: section 323.020, RSMo Supp. 2012. Original rule filed May 13, 1977, effective Jan. 13, 1978. For intervening history, please consult the Code of State Regulations. Rescinded: Filed July 1, 2016.

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 Agriculture, Missouri Propane Safety Commission, 4110 Country Club Drive, Suite 200, Jefferson City, MO 65109 or by email at admin@mopropanesc.org. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 5—DEPARTMENT OF ELEMENTARY AND
SECONDARY EDUCATION
Division 20—Division of Learning Services
Chapter 400—Office of Educator Quality**

PROPOSED AMENDMENT

5 CSR 20-400.380 Mentoring Program Standards. The State Board of Education is proposing to amend section (1) and Appendix A.

PURPOSE: This amendment clarifies the standards for local education agency (LEA) mentoring programs.

(1) A successful local education agency (LEA) mentoring program [will] shall include, but may not be limited to, the standards listed below:

(A) An introduction to the cultural environment of the community, [school district] LEA, school building, and classroom that[:]-

1. [Provides awareness of school and district] **Introduces LEA** policies, procedures, and mission [teacher] educator and student handbooks, Comprehensive School Improvement Plan (CSIP), goals, etc.);

2. *[Expresses]* **Introduces** community **characteristics/norms/local expectations** (community tour, housing, medical facilities, faith community, etc.);

3. *[Complements]* **Encourages membership and participation** in professional organizations at *[district]* LEA and state/national levels;

4. *[Discusses classroom equality gender/race/abilities]* **Addresses issues of diversity and equality**;

5. *[Is]* **Provides** a systematic and ongoing **process** of introduction to data analysis, assessment practice and process, etc. (not a one-(1-)/-1 day workshop);

6. Includes *[district]* LEA initiatives and parental *[concerns]* **feedback**; and

7. Defines professional, **educational**, and *[district]* LEA acronyms; *[(Adequate Yearly Progress (AYP), Missouri School Improvement Program (MSIP), Individuals with Disabilities Education Act (IDEA), Parent Teacher Organization (PTO), etc.)]*

(B) A systemic and ongoing program review/evaluation by all stakeholders $[:]$ —

1. Identifies all stakeholders;

2. Identifies mentoring **characteristics**, outcomes, *[how they will be measured,]* **measurements**, and timelines;

3. Gathers regular *[and]* systematic, **qualitative and quantitative** feedback from mentor, *[protégé]* **mentee**, and administrators to determine if mentoring is working *[(might include pre- and post-surveys for mentors and protégés and may include information on retention rates/numbers, levels of job satisfaction, student achievement, or cost of turnover)]*;

4. Is based on a foundation of best practices;

5. Requires independent/anonymous exit interviews of staff (may be connected to beginning educators' survey at state level) so clear reasons for staff departures can be determined;

6. Is supported by central office and school board—**as evidenced** by trend data; and

7. Is included in broader Professional Development (PD) program evaluation (locally and on Missouri School Improvement Program (MSIP) reviews $[:]$);

(C) An individualized plan for beginning educators that aligns with the *[district's]* LEA's goals and needs that $[:]$ —

1. Is aligned with *[the department's Performance Based Teacher/Educator Evaluation (PBTE) standards]* **an LEA's evaluation tool approved by the Department of Elementary and Secondary Education (DESE)**;

2. Is a systematic and *[concise]* **specific** mentoring and professional development plan that *[prioritizes the immediate and future needs of the new educator]* **identifies priority indicators for beginning educators**;

3. Aligns with *[district's]* LEA's CSIP and certification requirements;

4. Establishes outcomes for new educators;

5. Is an extension or part of a professional development plan that may have begun during student teaching/internship or culminating project in college;

6. Establishes *[classroom or on-the-job observations that are guided by practices]* **non-evaluative mentor observations that are guided by needs identified by mentor and mentee**. Observations should include pre- and post- observation conferences, including reflective questions; *[and]*

7. Encourages structured experiences and expectations for all new educators (**planning time, meeting time, time management, etc.**) $[:]$;

8. Establishes **opportunities for mentees to observe master educators**; and

9. **Plans for completion of a required and DESE-approved Beginning Teacher Assistance Program (BTA)**;

(D) *[Appropriate criteria for selecting mentors that:]* **Collaborative selection of and support for mentors.**

1. **Current or retired educators selected to be mentors should—**

[1.]A. [Should h/Have a minimum of [three (3)] four (4) years of experience;

[2.]B. [Have/ Exhibit traits [such as] enthusiasm and [job] commitment to the profession, maintain confidentiality, and be respected by their colleagues;

[3.]C. [Are] Be committed to [self-growth as well as] continuous learning, reflection, and mentoring;

[4.]D. Hold or have held a same or similar position/job of grade/subject area (in- or out-of-building/district);

[5. May use a mechanism to end pairing if either mentor or protégé is not satisfied;]

[6.]E. Understand broad educational issues as well as specific teaching/education issues; and

[7.]F. Have a strong understanding of pedagogy[,] and instructional expertise[, and relevant administrative issues:] in content area(s).

2. **School districts shall—**

[8.]A. [Are available to mentor] Create mentor/mentee collaboration time (release time, **common planning time**, fewer additional assignments);

[9.]B. [Are assigned] Require mentee/mentor pairs to be collaboratively assigned by administrator(s) and local professional development committee **member(s)** with input from grade-level or department chair; and

[10.]C. [Are supported] Support the mentoring process in time/effort by administration and school board $[:]$;

(E) **Comprehensive mentor training and support that:** $[:]$ —

1. Recognizes mentoring is NOT evaluation; confidentiality is required between mentor and *[protégé]* **mentee** (except in situations of child endangerment);

2. Includes cognitive coaching skills along with collaborative training;

3. Includes observation and feedback training/skills;

4. Provides an awareness of phases of first-year educators (stress, depression, etc.);

5. Provides training on mentoring standards, performance-based evaluation requirements, certification requirements, and local expectations;

6. Includes a catalogue of resources available for beginning educators;

7. Recognizes the need for knowledge and strategies on classroom management;

8. Encourages *[small]* districts to form mentoring consortia (may use existing structures to form consortia (e.g., conference schools));

9. Focuses on exemplary teaching and assessment practices;

10. Builds working strategies that encourage problem solving and independent thinking;

11. Provides understanding of student assessments and how educators can utilize them to guide instruction; *[and]*

12. Includes self-assessment **and reflection** that identifies whether mentoring is meeting both the mentor's and *[protégé's]* **mentee's** expectations $[:]$; **and**

13. **Describes and provides a template for the mentor's log— a written record of observations/meetings that includes dates and times signed by both the mentor and mentee;**

(F) A complete list of responsibilities for the mentor, beginning *[teacher] educator*, and administrator(s) is addressed in Appendix A $[:]$;

(G) Sufficient time for mentors to observe beginning educators, and for the beginning educators to observe master educators $[:]$, *are structured to provide multiple opportunities over time to minimize the need to require substitute teachers to facilitate observations* by $[:]$ —

1. Aligning class schedules and planning periods to complement mentoring duties;

- 2. Utilizing state and local professional development funds/*Career Ladder*,] or stipends to support mentors' additional duties;
- 3. Providing a minimum of four (4) class periods each year for mentor release time *[for coaching]* to coach, *[observation]* observe, and *[meeting]* meet *[(minimum of three (3) each year)]* (twenty-four (24) observations with follow-up meetings recommended); *[and]*
[4. Encouraging college support of resources, on-line classes, personal visits, and/or beginning educators' assistance programs.]
- 4. Providing a minimum of four (4) opportunities for mentees to observe master educators each year; and
- 5. Providing release time to attend professional conferences, trainings, and meetings.

APPENDIX A

TOPIC	Beginning <i>[Teacher]</i> Educator	Mentor or Professional Development Committee (PDC)	<i>[Principal]</i> Administrator	District, PDC and School Board	College or University	DESE, Regional Service Centers, Associations, and Others
MENTOR SELECTION		PDC collaboratively assists in selection and pairing	<i>[Principal or superintendent]</i> Administrator collaboratively assists in selection and pairing	PDC collaboratively assists in selection and pairing		Source of content specific mentors
MENTOR TRAINING		Mentor attends training; PDC responsible for arranging on-going mentoring training	Attends mentor training and supports mentor and <i>[protégé]</i> mentee	Provides policy and support for ongoing mentor training program	Provides awareness or expectation for graduates and may provide training for mentors	Provides on-going regional training for mentors with cognitive coaching <i>[information]</i> support
INITIAL CONTACT	Seeks contact prior to beginning of school year	Contacts <i>[protégé]</i> mentee and welcomes him/her to community. Confirms first meeting <i>(date/time)</i>	Contacts <i>[protégé]</i> mentee and welcomes him/her to community. Arranges first meeting.	Provides curriculum guides, handbooks, and pertinent grade/subject level information	Instructs student teachers on expectation of mentoring program	
COMMUNICATION	Seeks support and assistance with mentor and colleagues	Follows through on contacts and individualizes topics for <i>[protégé]</i> mentee	Assures mentor and <i>[protégé]</i> mentee communicate regularly	May provide districtwide opportunities for mentors and <i>[protégés]</i> mentees	<i>[Provides a]</i> May provide minimum <i>[of]</i> annual contact for 1 st & 2 nd year teachers	Supports communication between colleges and new <i>[teachers]</i> educators
CONFIDENTIALITY	Maintains confidentiality at all times and appreciates assistance	Maintains confidentiality at all times and reinforces trust	Appreciates mentor/ <i>[protégé]</i> mentee confidentiality and does not undermine effort	Remains neutral party.		
DOCUMENTATION OF PROFESSIONAL DEVELOPMENT	Maintains log/list of inservice, professional workshops, reading, collaborative development projects, and organizational activities	Reviews documentation	Reviews formal professional <i>[development]</i> growth plan	Keeps required documentation for beginning educators and mentors for verification purposes	May collect data on strength or weakness of first-year <i>[teachers]</i> educators	May assist in data collection and review

PROFESSIONAL. [DEVELOPMENT] GROWTH PLAN (Tied to Model Teacher/Leader Standards)	Maintains and regularly evaluates personal growth plan; shares with mentor	Assists in development of the [PD] professional growth plan and encourages growth and career advancement	Supports new educators' professional [development] growth plans	[Protégé/ Mentee and support team complete end-of- year district checklist or assessment	May provide ongoing or advanced coursework/ growth opportunities	Provides models and workshop opportunities
MENTOR PROGRAM SUPPORT	Network in and outside district	Network in and outside district	Supports time for observation, collaboration, [&] and compensation (Observation outside of district may be needed)	Formalizes written guidelines, mentor time, and resources	Offer support to graduates from any Missouri college	Develops rules and standards. Develop on- going mentor training/support and networking opportunities.
EVALUATION OF MENTORING [PROCESS] PROGRAM	Participate in formal evaluation of mentoring program	Participate in formal evaluation of mentoring program	Participate in formal evaluation of mentoring program	Develops mentoring assessment/ evaluation tool that aligns with standards and assesses formal evaluation of mentoring and makes revisions	May utilize information to improve preparation programs	Provides models; evaluates for MSIP purposes

AUTHORITY: sections 160.720[,] and 161.375, RSMo Supp. [2007] 2013, and section 161.092, RSMo Supp. 2014. This rule previously filed as 5 CSR 80-850.045. Original rule filed Oct. 29, 2002, effective June 30, 2003. Rescinded and readopted: Filed Jan. 18, 2008, effective Sept. 30, 2008. Moved to 5 CSR 20-400.380, effective Aug. 16, 2011. Amended: Filed June 20, 2016.

PUBLIC COST: The proposed amendment will cost local school districts a maximum of seven hundred thousand dollars (\$700,000) per year over the life of the rule, assuming mentoring is provided through an outside vendor. The cost of implementation could be substantially reduced for districts reallocating the resources of existing mentoring programs.

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Elementary and Secondary Education, attention: Paul Katnik, Assistant Commissioner, Office of Educator Quality, PO Box 480, Jefferson City, MO 65102-0480 or by email at educatorquality@dese.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.*

**PUBLIC COST
FISCAL NOTE**

I. RULE NUMBER

Title 5 - Department of Elementary and Secondary Education

Division 20 - Division of Learning Services

Chapter 400 – Office of Educator Quality

Rule Number and Name:	5 CSR 20-400.380 Mentoring Program Standards
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
School Districts	Estimated maximum cost of \$700,000 per year over the life of the rule.

III. WORKSHEET

The estimated cost is based on 2,000 new teachers per year X \$350 per teacher = \$700,000 for mentoring services provided by an outside vendor.

IV. ASSUMPTIONS

The public cost of this rule is based on the assumption that the LEA uses an outside vendor for implementation of the mentoring program. Currently, mentoring programs provided through an outside vendor cost \$350 per participant. Assuming 2,000 new teachers enter Missouri school districts each year, the total cost of mentoring programs would be \$700,000 per year over the life of the rule. The cost of implementation could be substantially reduced or eliminated for districts reallocating the resources of existing mentoring programs. In addition, mentoring training could be included as a part of the LEA's program of professional development.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 13—Hearings**

PROPOSED AMENDMENT

11 CSR 45-13.051 Bingo Hearings. The commission is amending and renumbering sections (5)–(7).

PURPOSE: This amendment clarifies the commission's actions when a licensee responds to the commission and/or requests a hearing before the commission after discipline is proposed against it.

(5) Any licensee who receives a notice of commission action shall respond to the commission within thirty (30) days of the date the notice is mailed from the commission.

(A) If the licensee does not respond to the commission within thirty (30) days of the date the notice is mailed, the commission may petition the Administrative Hearing Commission (AHC) for findings of fact and conclusions of law to support unsuitability, ineligibility, or discipline.

(B) If the licensee responds to the commission within thirty (30) days of the date the notice is mailed, the commission may take any action it deems appropriate, including, but not limited to, dismissing the matter, initiating settlement negotiations pursuant to 11 CSR 45-13.065, or petitioning the AHC for findings of fact and conclusions of law to support unsuitability, ineligibility, or discipline.

(6) [The h]Hearings before the AHC shall be governed by Chapter 536, RSMo and the rules in 1 CSR 15-3. The AHC shall, after opportunity for hearing, issue findings of fact and conclusion of law and refer the matter back to the commission.

(A) If the AHC does not find a factual basis to support the notice of commission action, the matter will be dismissed and no action will be taken against the licensee.

(B) If the AHC issues its findings of fact and conclusions of law supporting cause to discipline, the case will be returned to the commission to convene a hearing to consider and determine the appropriate disciplinary action, and enter a final order.

[[6]](7) Upon receiving [the case] findings of fact and conclusions of law supporting cause to discipline from the AHC, the commission shall set the matter for a hearing [in accordance with 11 CSR 45-13.030] pursuant to 11 CSR 45-13.030 before the commission's hearing officer in accordance with this chapter. The notice of hearing shall be in writing and shall notify the licensee of the time and place of the hearing, unless a waiver of hearing is filed by the licensee or the parties reach a settlement, negating the need for a hearing. Service of the hearing notice shall be sent by mail to the party's last known address.

[[7]](8) Following [a] the hearing, [before the commission's hearing officer in accordance with this chapter,] the hearing officer shall make a recommendation of discipline or other action to the commission as authorized and set forth by 11 CSR 45-13.020.

AUTHORITY: sections 313.004, 313.052, and 313.065, RSMo 2000, and sections 313.015, 621.045, and 621.110, RSMo Supp. 2013[, and section 313.004, RSMo Supp. 2014]. Original rule filed June 30, 2003, effective Feb. 29, 2004. Amended: Filed June 25, 2015, effective Feb. 29, 2016. Amended: Filed June 30, 2016.

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 enti-

ties more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. A public hearing is scheduled for Tuesday, September 13, 2016 at 10:00 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 30—Bingo**

PROPOSED RULE

11 CSR 45-30.056 Key Person Defined

PURPOSE: This rule defines the term key person as it relates to the licensing and conduct of bingo.

(1) For the purpose of sections 313.005–313.080, RSMo and rules thereto, the definition key person shall include:

(A) An officer, director, trustee, proprietor, managing agent, partner, or general manager of an applicant or licensee;

(B) Any individual whose combined direct, indirect, or attributed interest in any publicly traded or privately held supplier or manufacturer applicant or licensee is five percent (5%) or more; and

(C) Any individual so designated by the commission or the executive director.

(2) The term key person as defined in section (1) is to be applied in the commission's licensing approval process for the following licenses:

(A) Bingo Equipment/Supplies Manufacturer's license; and

(B) Bingo Equipment/Supplies Supplier's license.

(3) Each key person shall submit one (1) set of fingerprints and shall complete a form prescribed and published by the commission with each initial supplier's or manufacturer's license application.

(4) When requested by the commission in conjunction with a renewal, each key person shall submit one (1) set of fingerprints and shall complete a form prescribed and published by the commission.

(5) An entity shall not be issued a license if the result of a background check of any key person of that entity reveals that the person's involvement in the entity would tend to discredit charitable bingo operations in Missouri.

AUTHORITY: section 313.057, RSMo Supp. 2013, and section 313.065, RSMo 2000. Original rule filed June 30, 2016.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in

the *Missouri Register*. A public hearing is scheduled for Tuesday, September 13, 2016 at 10:00 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 30—Bingo**

PROPOSED AMENDMENT

11 CSR 45-30.175 Organization (Operator) Record Keeping Requirements. The commission is amending sections (6), (8), and (9), adding a new section (7), moving existing section (7), and renumbering existing section (10).

PURPOSE: This amendment changes the record keeping and record retention requirements for bingo organizations.

(6) All pull tab flares must be retained by the organization for a period of one (1) year from the date the corresponding pull-tab game is completed or terminated upon prior approval by the commission. *[Each winning pull-tab card for values of one hundred dollars (\$100) or more must be signed by the winner, dated, and retained by the organization for a period of one (1) year.]*

(7) *[If sight-impaired players are sold Braille bingo cards for use during an occasion an equal amount of paper bingo cards shall be destroyed.] All pull-tab winners shall be counted and totaled at the end of each occasion to determine and record the prizes awarded. All winning pull-tab cards shall be retained for a period of four (4) weeks. Each winning pull-tab card for values of one hundred dollars (\$100) or more must be signed by the winner, dated, and retained by the organization for a period of one (1) year.*

(8) At the time each winning pull-tab card is identified, it shall be validated by either marking it with permanent ink or a hole punch so that it cannot be reused, resold, or reclaimed. *[All pull-tab winners shall be retained until the end of each occasion to determine prizes awarded.]*

(9) All records not specified in sections (5), (6), *[or]* (7), or (8) of this rule, as well as all ledgers, receipts, and invoices required by this rule and Chapter 313, RSMo, must be retained for a period of two (2) years, unless prior written approval is received from the commission to retain any such record, ledger, receipt, or invoice for a period less than two (2) years, and stored in such a manner as to be immediately available for inspection by the commission upon demand.

(10) If sight-impaired players are sold Braille bingo cards for use during an occasion an equal amount of paper bingo cards shall be destroyed.

[(10)](11) Operators are only allowed to buy bingo paper, pull-tabs, and bingo equipment from suppliers licensed by the commission. If violations of this restriction or other restrictions listed in this rule, or Chapter 313, RSMo, are identified by the commission, the operator's license may be subject to penalties, suspension, or revocation. The term bingo equipment and supplies does not include markers, cushions, bags, and other incidentals.

AUTHORITY: section 313.050, RSMo Supp. 2013, and sections 313.052 and 313.065, RSMo 2000. Original rule filed Dec. 15, 1994, effective May 28, 1995. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 30, 2016.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. A public hearing is scheduled for Tuesday, September 13, 2016 at 10:00 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 30—Bingo**

PROPOSED AMENDMENT

11 CSR 45-30.280 Net Receipts from Bingo and Bank Account. The commission is adding a new section (1), amending existing section (1), and renumbering sections (2)–(8).

PURPOSE: This amendment changes the requirements for obtaining dedicated bingo checking accounts.

(1) Each regular/annual bingo licensee is required to obtain a dedicated bingo checking account in a financial institution located in Missouri. Each special bingo and pull-tab licensee or special abbreviated pull-tab licensee that obtains any three (3) special licenses during any calendar year and applies for a fourth such license shall obtain a dedicated bingo checking account in a financial institution located in Missouri.

[(1)](2) All receipts from each bingo occasion, less the amount awarded as cash prizes for that occasion, shall be deposited in *[a special]* the bingo checking account *[in a financial institution located in Missouri]* no later than the next business day following the date of the bingo occasion. Disbursements for reasonable and necessary expenses incidental to the conduct of bingo games shall be paid from the *[special]* bingo checking account on preprinted, serially numbered checks. Checks shall be payable to a specific payee. At no time may checks be made payable to "cash." An organization may use a debit transaction instead of a check; however, each debit transaction shall be reported with other disbursements from the bingo checking account on the quarterly report as required by 11 CSR 45-30.210. All debit transactions shall be documented with a receipt or other supporting documentation to ensure proper use of bingo proceeds.

[(2)](3) If an organization uses starting cash, a check shall be written to a financial institution, retail establishment, or to a charitable organization to obtain the starting cash. The entire amount of the starting cash obtained by the organization shall be redeposited into the bingo checking account no later than the next business day. An organization may use a debit transaction instead of a check to obtain starting cash from their bingo checking account; however, each debit transaction shall be reported with other disbursements from the bingo checking account on the quarterly report, as required by 11 CSR 45-30.210.

[(3)](4) Pursuant to section 313.040.1, RSMo, the entire net receipts over and above the actual cost of conducting the game of bingo as enumerated in section 313.040.1, RSMo may be paid from the bingo

checking account into the general treasury of the licensed bingo organization. All bingo funds paid into the general treasury of the licensed bingo organization shall be devoted exclusively to lawful, charitable, religious, or philanthropic purposes of the licensed organization. However, no funds from any source shall be used to compensate anyone affiliated with the licensee for managing, conducting, or operating the game of bingo or to provide any services or equipment for the game of bingo.

[(4)](5) Game operators may transfer funds from another account into the bingo checking account to cover bingo game-related expenses. Bingo operators may not deposit receipts from any other fundraising activities of the organization into the bingo checking account. Any monies deposited into the bingo checking account are deemed to be bingo proceeds and can only be used to pay bingo gaming expenses or for religious, charitable, or philanthropic purposes.

[(5)](6) Bingo funds may be used for up to three (3) members of the organization to attend up to two (2) bingo-related conventions per calendar year. The following documentation shall be retained in the licensee's bingo records, and made available to commission staff upon request, for any convention expenses paid from bingo proceeds: 1) an official brochure containing the agenda and cost of the convention; 2) the names of the members attending and the title they hold in the organization; and 3) all receipts for associated costs such as mileage, hotel, and other reasonable expenses. Organizations may use bingo proceeds to pay reasonable fees to hold membership in a bingo-related association or organization. Documentation shall be retained reflecting the cost of said membership.

[(6)](7) The bookkeeping or accounting records of the licensed organization shall completely and accurately reflect the net amount received from operating bingo. The total expenditures for lawful, charitable, religious, or philanthropic purposes from all revenue sources shall equal or exceed the net receipts from bingo.

[(7)](8) The commission upon request may examine any account into which bingo proceeds are deposited or transferred.

[(8)](9) Any licensee who denies the commission access to any account into which bingo proceeds are deposited or transferred may have its license immediately suspended until such access is granted.

AUTHORITY: section[s] 313.040, *RSMo Supp. 2014*, [and] section 313.050, *RSMo Supp. 2013*, and sections 313.052, 313.065, and 313.070, *RSMo 2000*. Emergency rule filed June 21, 1994, effective July 1, 1994, expired Oct. 28, 1994. Emergency rule filed Oct. 19, 1994, effective Oct. 29, 1994, expired Feb. 25, 1995. Original rule filed July 11, 1994, effective Jan. 29, 1995. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 30, 2016.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. A public hearing is scheduled for Tuesday, September 13, 2016 at 10:00 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 30—Bingo**

PROPOSED AMENDMENT

11 CSR 45-30.540 Approval of Bingo Paraphernalia. The commission is adding a new section (1), amending and renumbering existing sections (1) and (2), and renumbering existing section (3).

PURPOSE: This amendment clarifies the game approval requirements.

(1) Written approval from the commission shall be obtained prior to the delivery of any type of pull-tab game to any licensed supplier for sale to organizations licensed to conduct bingo in this state.

[(1)](2) In order to obtain approval for a pull-tab game, the [L/licensed manufacturer[s]] shall submit to the commission [all] each pull-tab flare/s and five (5) pull-tabs including at least], one (1) winning pull-tab, [and] one (1) losing pull-tab, a sheet displaying all symbols used in the game, and a payout (profit) sheet for each form of the pull-tab/, and obtain written approval from the commission prior to the delivery of such items to any licensed supplier to be made available for sale to organizations licensed to conduct bingo in this state] game. If the pull-tab [deal] is an event ticket game, [a sample pull-tab ticket for each type of hold or play ticket and] play instructions shall also be submitted with the request for approval. In lieu of submitting actual products, the licensee may submit an electronic representation of the [flare, pull-tabs, and payout (profit) sheet for each form. The electronic representation shall include all symbols used in the game] required submission information.

[(2)](3) Licensed manufacturers shall submit to the commission all coin boards, excluding the actual coins and prizes, or legible artwork of the coin board, [and five (5) pull-tabs including at least] one (1) winning pull-tab, [and] one (1) losing pull-tab, a sheet displaying all symbols used in the game, and a payout (profit) sheet [and obtain written approval from the commission prior to the delivery of such items to any licensed supplier to be made available for sale to organizations licensed to conduct bingo in this state]. In lieu of submitting actual products, the licensee may submit an electronic representation of the [coin boards, pull-tabs, and payout (profit) sheet for each form. The electronic representation shall include all symbols used in the game] required submission information.

[(3)](4) No unapproved pull-tabs or coin boards shall be provided to, or be possessed or used by, any licensed bingo organization in this state. Bingo paper that does not meet the definition contained in section 313.005, *RSMo*, shall not be provided to, or be possessed or used by, any licensed bingo organization. Any such bingo paper that may be provided to or possessed by a licensed bingo organization is declared contraband.

AUTHORITY: sections 313.020 and 313.065, *RSMo 2000*. Original rule filed May 6, 2003, effective Jan. 30, 2004. Amended: Filed July 28, 2010, effective Jan. 30, 2011. Amended: Filed June 25, 2015, effective Feb. 29, 2016. Amended: Filed June 30, 2016.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing is scheduled for Tuesday, September 13, 2016 at 10:00 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 30—Bingo**

PROPOSED AMENDMENT

11 CSR 45-30.600 Electronic Bingo Card Monitoring Devices. The commission is amending section (7).

PURPOSE: This amendment changes the requirements from member to worker for downloading Electronic Bingo Card Monitoring Device (EBCMD).

(7) No EBCMD shall be able to monitor more than fifty-four (54) bingo cards per game.

(A) An EBCMD shall be downloaded with electronic bingo cards only by an approved bingo worker or authorized representative of the licensed supplier if accompanied by an approved [member] worker of the licensed organization.

AUTHORITY: section 313.040, RSMo Supp. 2014, section[s] 313.005, [and] RSMo Supp. 2013, and section 313.065, RSMo 2000. Original rule filed Nov. 10, 1998, effective June 30, 1999. For intervening history, please consult the Code of State Regulations. Amended: Filed June 30, 2016.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing is scheduled for Tuesday, September 13, 2016 at 10:00 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 30—Bingo**

PROPOSED AMENDMENT

11 CSR 45-30.610 Wireless Technology. The commission is amending section (2).

PURPOSE: This rule changes the requirements for using wireless electronic bingo monitoring devices (EBCMDs).

(2) [The licensed manufacturer shall ensure any electronic

bingo card monitoring device is not capable of loading bingo faces wirelessly.] **Bingo faces shall not be loaded wirelessly on an electronic bingo card monitoring device after that device has been provided to the patron.**

AUTHORITY: section 313.040, RSMo Supp. 2014, section[s] 313.005, [and] RSMo Supp. 2013, and section 313.065, RSMo 2000. Original rule filed Jan. 27, 2006, effective Sept. 30, 2006. Amended: Filed June 25, 2015, effective Feb. 29, 2016. Amended: Filed June 30, 2016.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing is scheduled for Tuesday, September 13, 2016 at 10:00 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.

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

PROPOSED RULE

13 CSR 70-3.260 Payment Policy for Asthma Education and In-Home Environmental Assessments

PURPOSE: This rule establishes the MO HealthNet payment policy for asthma education and in-home environmental assessments. To improve the health of MO HealthNet's participants with asthma and to reduce MO HealthNet's costs associated with participants with uncontrolled asthma, MO HealthNet will implement a statewide asthma education and home assessment program focusing on youth participants who are most at risk of having uncontrolled asthma.

(1) The following definition(s) will be used in administering this rule:

(A) Asthma Education-direct training of the patient and family by qualified asthma education provider in areas including, but not limited to, avoiding triggers, medication compliance, proper use of inhalers, and use of durable medical equipment;

(B) In-Home Environmental Assessment-thorough and detailed analysis of the home environment by a qualified environmental assessment provider evaluating for asthma triggers including, but not limited to, rodent excrement, mites, animal dander, insects, dust, mold with recommendations for remedial actions;

(C) Uncontrolled Asthma-those with a primary diagnosis of asthma with one (1) or more asthma-related hospitalization in a twelve- (12-) month period, two (2) asthma-related emergency department visits in a twelve- (12-) month period, or three (3) or more urgent care visits in a twelve- (12-) month period, and over use of rescue inhalers and/or under use of inhaled corticosteroids;

(D) Qualified Academic University-Based Centers.

1. The academic university-based center responsible for tracking asthma educators must meet the following criteria:

A. Serve as a contractor for the Centers for Disease Control

(CDC) National Asthma Control Program (NACP) funded by Missouri Asthma Prevention and Control Program (MAPCP);

B. Maintain a comprehensive database that contains information on individuals trained receiving Expert Panel Report 3 (EPR-3) compliant asthma training;

C. Staff providing the training must be a Certified Asthma Educator as recognized by the National Association of Asthma Educators; and

D. Provide training that focuses on educational/behavioral objectives in four (4) key areas—

- (I) Inhaled corticosteroid adherence;
- (II) Inhaled technique;
- (III) Environmental trigger reduction; and
- (IV) Regular check-ups with control measures.

2. The academic university-based center responsible for tracking asthma in-home environmental assessors must meet the following criteria:

A. Serve as the contractor for the CDC NACP funded MAPCP;

B. Provide a vital linkage between health care providers and public health resources through a Central Access Point (CAP);

C. Maintain a comprehensive database that contains information on individuals trained specific to Home Environmental Assessments (HEAs) for asthma trigger identification and reduction in the home setting; and

D. Track quality indicators and collect required outcomes data;

(E) Qualified providers (asthma education and environmental assessment)-a professional with appropriate training, as defined in section (4) of this regulation, in asthma education or environmental/home assessment, as evidenced by a national and/or state certification from an accepted program; and

(F) Youth participants-any individual younger than the age of twenty-one (21) or Independent Foster Care Adolescents who are in foster care at age eighteen (18), or at any time during the thirty- (30-) day period preceding their eighteenth birthday through age twenty-five (25) (208.151(26), RSMo).

(2) Definition of Medical Services.

(A) Asthma education—

1. Asthma education non-physician, (thirty- (30-) minute sessions, twice per year); or

2. Preventive medicine counseling, individual, (fifteen- (15-) minute sessions four (4) times per year); or

3. Preventive medicine counseling, individual, (thirty- (30-) minute sessions twice per year); or

4. Self-Management Education using standardized effective curriculum, individually, either incident to a clinical encounter or as preventative service, (ninety- (90-) minute session once per year).

(B) In-Home Environmental Assessment—

1. Asthma in-home environmental assessment non-physician.

(3) Recipient Criteria. In order to qualify for, and receive, asthma education and/or in-home environmental assessments, the participant must have a primary diagnosis of asthma and meet the MO HealthNet Division's (MHD) definition of a youth participant with uncontrolled asthma or at risk for an asthmatic attack. MHD will include the following criteria in defining participant eligibility:

(A) Age;

(B) Inpatient hospital stays;

(C) Emergency room and urgent care visits;

(D) Overuse of rescue inhalers; and

(E) Under use of inhaled corticosteroids.

(4) Qualified Provider Criteria. A qualified provider must meet the minimum education and certification requirements to qualify as a provider of asthma education and/or in-home environmental assessments set forth in this subsection.

(A) Asthma Education—

1. Asthma educators must have the credentials set forth in this subsection:

A. Any professional background with the corresponding professional degree from an accredited institution in good standing; and

B. Asthma educators must have one (1) of the following certifications in good standing:

(I) Current and active National Asthma Educator Certification (AEC);

(a) Thirty-five (35) Continuing Education Unit (CEU) every five (5) years; or

(b) Retake AEC asthma educator exam within the timeframes set forth by the AEC; or

(II) State certification. The provider must have certification from an accredited Missouri training program that utilizes the accredited National Association of Asthma Educators Curriculum "Becoming an Asthma Educator and Care Manager." A Missouri training program certificate means that the student is competent to provide services upon graduation and with the same level of expertise as expected with national certification, including;

(a) Program may contain a mix of didactics with practicum work in the field; and

(b) The graduates are required to maintain the same number of CEUs as the national program—

I. Thirty-five (35) CEUs every five (5) years; or

II. Retake certification exam every seven (7) years.

C. The qualified academic university-based center responsible for tracking asthma educators will maintain an up-to-date database of credentialed asthma education providers in Missouri and will monitor compliance with national and state certifications;

2. Mentor program. A mentee is someone who is working towards a certificate. Once certified, the asthma educator can become a mentor for individuals that are seeking their national certification. Mentors, who must be an enrolled Medicaid provider, can have a maximum of three (3) mentees at a time. Mentors have the capability of billing MHD for their services, while mentees cannot. Services provided by a mentee under the supervision of the mentor can be billed to MHD by the mentor. Individuals that qualify for a mentorship are individuals not certified as asthma educators and seeking either national or state certification. These individuals can be mentored for a maximum timeframe of eighteen (18) months to obtain one thousand (1,000) hours of service. Once the one thousand (1,000) hours are obtained, the mentee must attempt to obtain the National AEC or the state certification.

(B) In-home environmental assessors must have the credentials set forth in this subsection—

1. Any professional background with the corresponding professional degree from an accredited institution in good standing; and

2. An in-home environmental assessor must have one (1) of the following certifications in good standing:

A. National Certification—

(I) National Environmental Health Association (NEHA) Healthy Home Specialist; or

(II) NEHA Healthy Home Evaluator Micro-Credential; or

B. State Certification—

(I) The provider must have certification from an accredited Missouri training program that provides a certificate for in-home environmental assessors;

(II) A Missouri training program certificate means that the student is competent to provide services upon graduation and with the same level of expertise as expected with the national certification; and

3. The qualifying academic university-based center responsible for tracking asthma in-home environmental assessors will maintain an up-to-date database of credentialed asthma in-home environmental assessment providers in Missouri and will monitor for compliance with national and state certifications.

(5) Process for Enrollment in Asthma Education and In-Home Environmental Assessments.

(A) A physician's referral as part of a normal office visit for evaluation and management is necessary for both asthma education and in-home environmental assessment. The physician must prescribe the service in the participant's plan of care for services to be considered.

(B) As part of the referral, a physician determines and specifies the level and type of asthma education and in-home environmental assessment based on available history and in consultation with asthma educators and in-home environmental assessors, as needed.

(C) The physician must seek prior authorization from MHD.

(6) Qualifying Academic University-Based Centers will evaluate, certify, and track physician referrals. Qualifying academic university-based centers will function to handle physician referrals for asthma education and environmental home assessment statewide for qualified asthma educators and in-home environmental assessors when requested by the physician by providing MHD with the following services:

(A) The qualified academic university-based center responsible for tracking asthma in-home environmental assessors must maintain a list of all certified in-home environmental assessors in the state;

(B) The qualified academic university-based center responsible for tracking asthma educators must maintain a list of all trained asthma educators in the state;

(C) The qualified academic university-based centers must make referrals to qualified local community providers after receiving the physician referral for asthma education and/or environmental home assessments, if requested by the prescribing physician;

(D) The qualified academic university-based centers must maintain a website with an up-to-date provider list for physicians and their offices to utilize to consult asthma educators and asthma in-home environmental assessors to provide services to participants once a prior authorization has been approved; and

(E) An up-to-date provider list must also be available to providers on the Department of Social Services' website <https://dssapp.dss.mo.gov/providerlist/providers.asp>

(7) Model/Algorithm for identifying the eligible population. The youth participant must have a primary diagnosis of asthma and—

(A) One (1) or more inpatient stays related to asthma; or

(B) Two (2) or more emergency department visits related to asthma; or

(C) Three (3) or more urgent care visits related to asthma; or

(D) One (1) emergency department visit or one (1) urgent care visit related to asthma with a high rate of short-acting beta-agonist inhaler fills and/or low rates of inhaled corticosteroid refills; or

(E) Responsible provider prescribes services in the plan of care.

(8) Authorization Limits.

(A) All services will require a prior authorization.

(B) Annual limit of asthma education visits will be dependent on the codes used, but shall not exceed one (1) hour per year with the exception of one (1) ninety- (90-) minute self-management session and two (2) in-home environmental assessments that are allowed annually. Any additional asthma education and environmental in-home assessments will need to go through the prior authorization process and be deemed medically necessary.

(9) Reimbursement Methodology for Asthma Education and In-Home Environmental Assessments.

(A) MHD shall provide reimbursement for asthma education and in-home environmental assessments to enrolled asthma educators and environmental assessors who are currently certified and in good standing with the state.

(B) Reimbursement for services is made on a fee-for-services basis. The maximum allowable fee for a unit of service has been determined by MHD to be a reasonable fee, consistent with efficien-

cy, economy, and quality of care. Payment for covered services is the lower of the provider's actual billed charge (should be the provider's usual and customary charge to the general public for the service), or the maximum allowable per unit of service. Reimbursement shall only be made for services authorized by MHD or its designee.

(C) The fee schedule and any annual/periodic adjustments to the fee schedule are published at <http://www.dss.mo.gov/mhd/providers/index.htm>.

AUTHORITY: section 208.201, RSMo Supp 2013. Original rule filed June 23, 2016.

PUBLIC COST: The proposed rule will cost state agencies or political subdivisions one million two hundred fifty thousand (\$1.25 million) in the aggregate.

PRIVATE COST: This proposed rule will cost private entities twenty-six thousand six hundred twenty-six dollars (\$26,626) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty (30) days after publication of this notice in the Missouri Register. If to be hand-delivered, comments must be brought to the MO HealthNet Division at 615 Howerton Court, Jefferson City, MO 65109. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title:**

Rule Number and Name:	13 CSR 70-3.260 Asthma Services
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services, MO HealthNet Division	Annual Fiscal Year Cost – \$1,250,000

III. WORKSHEET

Total cost for the program is estimated to be \$1,250,000. MO HealthNet determined 1,502 children in fee for service would be eligible at a cost of \$350 per child, for a total cost of \$525,700. MO HealthNet determined there would be 1,998 children in managed care that would be eligible at a cost of \$350, for a total cost of \$699,300. There would also be an actuarial analysis in year one of \$25,000. The total cost for fee for service and managed care is estimated at \$1,250,000

IV. ASSUMPTIONS

MO HealthNet assumes that 3,500 children could receive services. This was based on 2014 HEDIS requirements for the denominator of the measure "Use of Appropriate Medications for People with Asthma". Of those participants meeting this criteria, MO HealthNet further refined the group by identifying only MO HealthNet children with an Emergency Room visit or an Inpatient Stay.

MO HealthNet assumes that each child identified could receive \$350 in services per year. This would consist of 2 in-home assessments per year at \$125 each and (4) four 15-minute sessions of asthma education at \$25 per 15-minutes, or (1) one 90-minute session at \$100 for 90 minutes.

MO HealthNet assumes that 1,502 participants will be in fee-for-service and 1,998 will be in Managed Care. The cost for fee-for-service are estimated to be \$525,700 (1,502 x \$350). The cost for those in Managed Care are estimated to be \$699,300 (1,998 x \$350). This cost will be included in the capitated rate. There will also be an actuarial analysis for the first year, estimated to be \$25,000.

The savings were calculated using a benefit cost ratio from an article published in the American Journal of Preventive Medicine, and applied to the MO HealthNet population for Emergency Department and Inpatient Hospital Admissions.

The Fee for Service savings were estimated at the mid-range of the cost savings, which is a total of (\$912,888) – GR (\$334,824); FF – (\$578,064).

The Managed Care savings were estimated at the mid-range of the cost savings, which is a total of (\$933,275) – GR (\$342,302); FF – (\$590,973).

The Fee For Service Net savings in FY16 is estimated to be
TOTAL - (\$387,188); GR - (\$142,011); FF – (\$245,177).

The Managed Care cost in FY 16 is estimated to be
TOTAL – (\$208,975); GR – (\$73,316); FF – (\$135,659).

**FISCAL NOTE
PRIVATE COST**

- I. Department Title: Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title:**

Rule Number and Title:	13 CSR 70-3.260 Asthma Education and Asthma Environmental Assessments
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
2	Academic University-Based Centers	Estimated Cost for SFY 2016 \$26,626

III. WORKSHEET

The total cost for academic university-based centers is \$26,626.

IV. ASSUMPTIONS

Southeast Missouri State University estimates the cost to certify an individual is \$75 per individual and there are about 150 people per year that go through the program for a total cost of \$11,250.

The University of Missouri Columbia will assist once per week to check status of educator's certificates and determine if they are completing their CEUs. The project total is \$15,376.

Total cost for Southeast Missouri State University and the University of Missouri Columbia are \$26,626.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 15—Hospital Program**

PROPOSED AMENDMENT

13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Plan; Outpatient Hospital Services Reimbursement Methodology. The division is amending subsection (3)(B) and adding new subsection (7)(C).

PURPOSE: This amendment provides for the State Fiscal Year (SFY) 2017 trend factor to be applied in determining Federal Reimbursement Allowance (FRA) funded hospital payments for SFY 2017. This amendment also provides for the change in Children's Outliers reimbursement effective May 1, 2017.

(3) Per Diem Reimbursement Rate Computation. Each hospital shall receive a MO HealthNet per diem rate based on the following computation:

(B) Trend Indices (TI). Trend indices are determined based on the four- (4-) quarter average DRI Index for DRI-Type Hospital Market Basket as published in *Health Care Costs* by DRI/McGraw-Hill for each State Fiscal Year (SFY) 1995 to 1998. Trend indices starting in SFY 1999 will be determined based on CPI Hospital indexed as published in *Health Care Costs* by DRI/McGraw-Hill, or equivalent publication, regardless of any changes in the name of the publication or publisher, for each State Fiscal Year (SFY). Trend indices starting in SFY 2016 will be determined based on the Hospital Market Basket index as published in *Healthcare Cost Review* by Institute of Health Systems (IHS), or equivalent publication, regardless of any changes in the name of the publication or publisher, for each State Fiscal Year (SFY).

1. The TI are—

- A. SFY 1994—4.6%
- B. SFY 1995—4.45%
- C. SFY 1996—4.575%
- D. SFY 1997—4.05%
- E. SFY 1998—3.1%
- F. SFY 1999—3.8%
- G. SFY 2000—4.0%
- H. SFY 2001—4.6%
- I. SFY 2002—4.8%
- J. SFY 2003—5.0%
- K. SFY 2004—6.2%
- L. SFY 2005—6.7%
- M. SFY 2006—5.7%
- N. SFY 2007—5.9%
- O. SFY 2008—5.5%
- P. SFY 2009—5.5%
- Q. SFY 2010—3.9%
- R. SFY 2011—3.2%—The 3.2% trend shall not be applied in

determining the per diem rate, Direct Medicaid payments, or uninsured payments.

- S. SFY 2012—4.0%
- T. SFY 2013—4.4%
- U. SFY 2014—3.7%
- V. SFY 2015—4.3%
- W. SFY 2016—2.5%
- X. SFY 2017—2.7%

2. The TI for SFY 1996 through SFY 1998 are applied as a full percentage to the OC of the per diem rate and for SFY 1999 the OC of the June 30, 1998, rate shall be trended by 1.2% and for SFY 2000 the OC of the June 30, 1999, rate shall be trended by 2.4%. The OC of the June 30, 2000, rate shall be trended by 1.95% for SFY 2001.

3. The per diem rate shall be reduced as necessary to avoid any negative Direct Medicaid payments computed in accordance with

subsection (15)(B).

4. A facility previously enrolled for participation in the MO HealthNet Program, which either voluntarily or involuntarily terminates its participation in the MO HealthNet Program and which reenters the MO HealthNet Program, will receive the same inpatient rate and outpatient rate as the previous owner/operator. Such facility will also receive the same Direct Medicaid Add-On Payment and Uninsured Add-On Payment as the previous owner/operator if the facility reenters the MO HealthNet Program during the same state fiscal year. If the facility does not reenter during the same state fiscal year, the Direct Medicaid Add-On Payment and Uninsured Add-On Payment will be determined based on the applicable base year data (i.e., fourth prior year cost report for the Direct Medicaid Payment; see 13 CSR 70-15.220 for the applicable data for the Uninsured Add-On Payment). If the facility does not have the applicable base year data, the Direct Medicaid Add-On Payment and the Uninsured Add-On Payment will be based on the most recent audited data available and will include annual trend factor adjustments from the year subsequent to the cost report period through the state fiscal year for which the payments are being determined.

(7) Outlier Adjustment for Children Under the Age of Six (6).

(C) Effective for admissions beginning on or after May 1, 2017, outlier adjustments will only be made for the fee for service claims. All criteria listed under subsection (7)(A) will continue to be applied to the fee for service outlier submissions.

AUTHORITY: sections 208.153 and 208.201, RSMo Supp. 2013, and section 208.152, RSMo Supp. [2014] 2015. This rule was previously filed as 13 CSR 40-81.050. Original rule filed Feb. 13, 1969, effective Feb. 23, 1969. For intervening history, please consult the Code of State Regulations. Emergency amendment filed June 20, 2016, effective July 1, 2016, expires Dec. 27, 2016. Amended: Filed June 23, 2016.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately nineteen million eight hundred thousand (\$19.8 million) 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, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty (30) days after publication of this notice in the Missouri Register. If to be hand-delivered, comments must be brought to the MO HealthNet Division at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

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

Rule Number and Title:	13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Plan; Outpatient Hospital Services Reimbursement Methodology
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimate Cost of Compliance in the Aggregate
Department of Social Services, MO HealthNet Division	SFY 2017 Impact: Total Cost = \$53.9 million; State Share = \$19.8 million

III. WORKSHEET

Estimated Cost for SFY 2017:

Estimated Payments with 2.7% Trend	\$2,379,464,154
Estimated Payments without 2.7% Trend	<u>\$2,325,521,604</u>
Estimated Impact of 2.7% Trend	\$53,942,550
 State Share Percentage	 <u>36.772%</u>
State Share	\$19,835,755

IV. ASSUMPTIONS

The estimated cost is based upon the data in FRA 17-1. The base year for the SFY 2017 payments are the 2013 cost reports, which are adjusted by the applicable trends published in 13 CSR 70-15.010 and the 2.7% trend for SFY 2017, which is the subject of this proposed amendment.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 15—Hospital Program**

PROPOSED AMENDMENT

13 CSR 70-15.110 Federal Reimbursement Allowance (FRA). The division is amending subsection (1)(A).

PURPOSE: This amendment provides for the State Fiscal Year (SFY) 2017 trend factor to be applied to the inpatient and outpatient adjusted net revenues determined from the Federal Reimbursement Allowance (FRA) fiscal year cost report to determine the inpatient and outpatient adjusted net revenues subject to the FRA assessment.

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

(A) Definitions.

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

2. Base cost report—Desk-reviewed Medicare/Medicaid cost report. The Medicare/Medicaid Cost Report version 2552-96 (CMS 2552-96) shall be used for fiscal years ending on or after September 30, 1996. The Medicare/Medicaid Cost Report version 2552-10 (CMS 2552-10) shall be used for fiscal years beginning on and after May 1, 2010. When a hospital has more than one (1) cost report with periods ending in the base year, the cost report covering a full twelve- (12-) month period will be used. If none of the cost reports covers a full twelve (12) months, the cost report with the latest period will be used. If a hospital's base cost report is less than or greater than a twelve- (12-) month period, the data shall be adjusted, based on the number of months reflected in the base cost report, to a twelve- (12-) month period.

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

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

5. Department—Department of Social Services.

6. Director—Director of the Department of Social Services.

7. Division—MO HealthNet Division, Department of Social Services.

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

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

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

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

12. Hospital—A place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment, or care for not fewer than twenty-four (24) hours in any week of three (3) or more

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

F. Total "Adjusted Net Revenue" will be allocated between

“Net Inpatient Revenue” and “Net Outpatient Revenue” as follows:

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

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

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

G. The trend indices listed below will be applied to the apportioned inpatient adjusted net revenue and outpatient adjusted net revenue in order to inflate or trend forward the adjusted net revenues from the FRA fiscal year cost report to the current state fiscal year to determine the inpatient and outpatient adjusted net revenues subject to the FRA assessment.

(I) SFY 2009 = 5.50%

(II) SFY 2009 Missouri Specific Trend = 1.50%

(III) SFY 2010 = 3.90%

(IV) SFY 2010 Missouri Specific Trend = 1.50%

(V) SFY 2011 = 3.20%

(VI) SFY 2012 = 5.33%

(VII) SFY 2013 = 4.4%

(VIII) SFY 2014 =

(a) Inpatient Adjusted Net Revenues—0%

(b) Outpatient Adjusted Net Revenues—3.70%

(IX) SFY 2015 =

(a) Inpatient Adjusted Net Revenues—0%

(b) Outpatient Adjusted Net Revenues—4.30%

(X) SFY 2016 =

(a) Inpatient Adjusted Net Revenues—0%

(b) Outpatient Adjusted Net Revenues—3.90%

(XI) SFY 2017 =

(a) Inpatient Adjusted Net Revenues—0%

(b) Outpatient Adjusted Net Revenues—4.10%

14. Net operating revenue—Gross charges less bad debts, less charity care, and less contractual allowances times the trend indices listed in 13 CSR 70-15.010(3)(B).

15. Other operating revenues—The other operating revenue is total other revenue less government appropriations, less donations, and less income from investments times the trend indices listed in 13 CSR 70-15.010(3)(B).

AUTHORITY: section 208.201, RSMo Supp. 2013, section 208.453, RSMo Supp. 2014, and section 208.455, RSMo 2000. Emergency rule filed Sept. 21, 1992, effective Oct. 1, 1992, expired Jan. 28, 1993. Emergency rule filed Jan. 15, 1993, effective Jan. 25, 1993, expired May 24, 1993. Original rule filed Sept. 21, 1992, effective June 7, 1993. For intervening history, please consult the Code of State Regulations. Emergency amendment filed June 20, 2016, effective July 1, 2016, expires Dec. 27, 2016. Amended: Filed June 23, 2016.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately three million six-hundred thousand (\$3.6 million) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities approximately nineteen million one-hundred thousand (\$19.1 million) 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, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty (30) days after publication of this notice in the Missouri Register. If to be hand-delivered, comments must be brought to the MO HealthNet Division at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

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

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

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Hospitals which provide health care services in Missouri that are owned or controlled by the state, counties, cities, or hospital districts	Estimated cost for SFY 2017 \$3.6 million

III. WORKSHEET

	No. of Facilities	Inpatient Revenues	Outpatient Revenues	Total
Public Facilities Revenues	42	\$1,468,857,240	\$1,491,541,028	\$2,960,398,268
FRA Assessment Rate		5.95%	5.95%	5.95%
Total Assessment without Trend		\$87,397,006	\$88,746,691	\$176,143,697
Revenue Trend for SFY 2017		0.00%	4.10%	
Total Revenues Trended		\$1,468,857,240	\$1,552,694,210	\$3,021,551,450
FRA Assessment Rate		5.95%	5.95%	5.95%
Total Assessment with Trend		\$87,397,006	\$92,385,305	\$179,782,311
Impact of Trend (Assessment with trend less Assessment without trend)				\$3,638,614
Prior SFY Total Assessment using Prior Year Methodology				\$180,181,769
Increase of Total Assessment over Prior SFY				(\$399,458)

IV. ASSUMPTIONS

This fiscal note reflects the total assessment to be collected during SFY 2017 of approximately \$180 million and is a decrease of approximately \$399,458 from SFY 2016. The impact of the 4.1% trend on outpatient revenues is approximately \$3.6 million.

The fiscal note is based on establishing the FRA assessment rate at 5.95% and a trend of 4.1% on outpatient revenues effective for dates of service beginning July 1, 2016. The FRA assessment rate of 5.95% is levied upon Missouri hospitals' trended, inpatient and outpatient net adjusted revenue in accordance with the Missouri Partnership Plan.

**FISCAL NOTE
PRIVATE COST**

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

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

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
103	Hospitals	Estimated cost for SFY 2017 \$19.1 million

III. WORKSHEET

	No. of Facilities	Inpatient Revenues	Outpatient Revenues	Total
Private Facilities Revenues	103	\$7,582,772,372	\$7,829,090,151	\$15,411,862,523
FRA Assessment Rate		5.95%	5.95%	5.95%
Total Assessment without Trend		\$451,174,956	\$465,830,864	\$917,005,820
Revenue Trend for SFY 2017		0.00%	4.10%	
Total Revenues Trended		\$7,582,772,372	\$8,150,082,847	\$15,732,855,219
FRA Assessment Rate		5.95%	5.95%	5.95%
Total Assessment with Trend		\$451,174,956	\$484,929,929	\$936,104,886
Impact of Trend (Assessment with trend less Assessment without trend)				\$19,099,066
Prior SFY Total Assessment using Prior Year Methodology				\$907,342,387
Increase of Total Assessment over Prior SFY				\$28,762,499

IV. ASSUMPTIONS

This fiscal note reflects the total assessment to be collected during SFY 2017 of approximately \$936.1 million and is an increase of approximately \$28.8 million from SFY 2016. The impact of the 4.1% trend on outpatient revenues is approximately \$19.1 million.

The fiscal note is based on establishing the FRA assessment rate at 5.95% and a trend of 4.1% on outpatient revenues effective for dates of service beginning July 1, 2016. The FRA assessment rate of 5.95% is levied upon Missouri hospitals' trended, inpatient and outpatient net adjusted revenue in accordance with the Missouri Partnership Plan.