MISSOURI REGISTER

Rules Under Consideration

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As defined in section 536.026, RSMo Supp. 1998 "an agency may solicit comments from the public on the subject matter of a rule that the agency is considering proposing. The agency may file a notice of the rule under consideration as a proposed rulemaking with the secretary of state for publication in the *Missouri Register* as soon as practicable after the filing thereof in the secretary's office. The notice may contain the number and the subject matter of the rule as well as a statement indicating where, when, and how persons may comment."

This section complies with this statutory requirement to publish rules being considered for proposal by an agency. These rules carry none of the weight of a proposed rule or amendment. Publishing a rule under consideration places no obligation on the agency to promulgate an actual rule in the future. Rules under consideration are reproduced in the format provided by the agency and are not subject to the secretary of state's formatting requirements.

Following is the Text of Rules Under Consideration Submitted by the Department of Mental Health

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and Substance Abuse Programs

Introduction to Rules Under Consideration

The Department of Mental Health wants to simplify its certification standards for psychiatric and substance abuse programs. Currently the department has 6 different and distinct sets of certification standards for these programs. Historically, a different set of standards has been developed as a major new type of program has been established. There are now distinct sets of standards for Alcohol and Drug Abuse Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Centers (CPRC), and Psychiatric Outpatient Programs.

The department has noted an increasing trend in recent years for organizations to operate multiple types of programs. Currently some organizations operate all five of these programs. The different, and sometimes conflicting, sets of standards create undue complexity and confusion.

The department wants to establish a common set of "core rules" that would apply to programs seeking certification in order to—
- Consolidate and streamline rules
- Simplify the certification process for those organizations which offer multiple types of psychiatric and/or substance abuse programs
- Avoid duplication in the department's certification survey activities

The department convened an 18 member advisory group to develop these Rules Under Consideration. Broader input is now being sought before Proposed Rules are issued. In its work, the advisory group placed a further emphasis on—
- Identifying similarities between types of programs
- Eliminating unnecessary rules
- Accentuating client outcomes and quality improvement

The Rules Under Consideration will replace many of the department's existing rules for psychiatric and substance abuse programs. However, the Rules Under Consideration do not constitute all certification standards applicable to these programs. The department will retain existing rules applicable to particular programs/services in areas such as admission criteria, eligible providers, staffing patterns and qualifications, and service descriptions.

The purpose of the Core Rules is not to add new requirements but to consolidate similar rules applying to different programs. The department does not anticipate that the new rules will create any fiscal impact.

For informational purposes, the following table identifies how these Rules Under Consideration will apply to different types of psychiatric and substance abuse programs.

Program	Treatment Principles and Outcomes	Rights, Responsibilities & Grievances	Service Delivery Process & Documentation	Research	Behavior Mgmt	Medication	Dietary	Governing Authority	Fiscal Mgmt.	Personnel	Physical Plant and Safety	Quality Improvement	Procedures for Cert.
ADA													
CSTAR	X	X	X	X	X	X	X	X	X	X	X	X	X
Treatment	X	X	X	X	X	X	X	X	X	X	X	X	X
Prevention	O	O	O	X	O	O	O	X	X	X	O	X	X
SATOP/ REACT	O	X	O	X	X	X*	X*	X	X	X	X	⊗	X
CPS													
CPRC	X	X	X	X	X	X	X	X	X	X	X	X	X
Outpatient	X	X	X	X	X	X	X	X	X	X	X	X	X

Legend: X = Applicable
X* = Applicable (under certain or limited circumstances)
⊗ = Applicable (based on number of persons served)—
O = Not Applicable

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and Substance Abuse Programs

RULE UNDER CONSIDERATION

9 CSR 10-7.010 Treatment Principles and Outcomes

PURPOSE: This rule describes treatment principles and outcomes in Alcohol and Drug Abuse Treatment Programs, Compulsive Gambling Treatment Programs, Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs. The performance indicators listed in this rule are examples of how a treatment principle can be met and do not constitute a list of specific requirements. The indicators include not only data that may be compiled by a program but also circumstances that a surveyor may observe or monitor, consumer satisfaction and feedback compiled by the department, and other data that the department may compile and distribute. A program may also use additional or other means to demonstrate achievement of these principles and outcomes.

(1) The organization's service delivery shall apply the key principles listed in this rule in a manner that is:
(A) Adapted to the needs of different populations served;
(B) Understood and practiced by staff in providing services and supports; and
(C) Consistent with clinical studies and practice guidelines for achieving positive outcomes.

(2) Services shall achieve positive outcomes in the emotional, behavioral, social and family functioning of individuals. Positive outcomes shall be expected to occur in the following domains:
(A) Assurance of safety for the individual and others in his/her environment;
(B) Improved management of daily activities, including the management of the symptoms associated with a psychiatric and/or substance use disorder and also the reduction of distress related to these symptoms;
(C) Improved functioning related to occupational/educational status, legal situation, social and family relationships, living arrangements, and health and wellness; and
(D) Consumer satisfaction with services.

(3) An organization shall measure outcomes for the individuals it serves and shall collect data related to the domains listed in section (2) of this rule. In order to promote consistency and the wider applicability of outcome data, the department may require, at its option, the use of designated outcome measures and instruments. The required use of particular measures or instruments shall be applicable only to those services funded by the department or provided through a service network authorized by the department.

(4) Essential Treatment Principle—Therapeutic Alliance.
(A)The organization shall promote initial attendance, engagement and development of an ongoing therapeutic alliance by—
1. Treating people with respect and dignity;
2. Enhancing motivation and self-direction through identification of meaningful goals that establish positive expectations;
3. Working with other sources (such as family, guardian or courts) to promote the individual's participation;
4. Addressing barriers to treatment;
5. Providing consumer and family education to promote understanding of services and supports in relationship to individual functional level or symptoms and to promote understanding of individual responsibilities in the process;
6. Encouraging individuals to assume an active role in developing and achieving productive goals; and
7. Delivering services in a manner that is responsive to each individual's age, cultural background, gender, language and communication skills, and other factors, as indicated.
(B) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization to demonstrate achievement of this essential treatment principle. Indicators of a therapeutic alliance can include, but are not limited to, the following:
1. Convenient hours of operation;
2. Geographic accessibility including transportation arrangements, as needed;
3. Rate of attendance at scheduled services;
4. Individuals consistently reporting that staff listen to and understand them;
5. Treatment drop out rate;
6. Rate of successfully completing treatment goals and/or the treatment episode; and
7. Consumer satisfaction and feedback.

(5) Essential Treatment Principle—Individualized Treatment.
(A) Services and supports shall be individualized in accordance with the needs and situation of each individual served.
(B) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization to demonstrate achievement of this essential treatment principle. Indicators can include, but are not limited to, the following:
1. There is variability in the type and amount of services that individuals receive, consistent with their needs, goals and progress;
2. In structured and intensive levels of care, group education/counseling sessions are available to deal with special therapeutic issues applicable to some, but not all, individuals;
3. Services on a one-to-one basis between an individual served and a staff member (such as individual counseling and community support) are routinely available and scheduled, as needed; and

4. Individuals consistently report that program staffs are helping them to achieve their personal goals.

(6) Essential Treatment Principle—Least Restrictive Environment.

(A) Services and supports shall be provided in the most appropriate setting available, consistent with the individual's safety, protection from harm, and other designated utilization criteria.

(B) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization to demonstrate achievement of this essential treatment principle. Indicators can include, but are not limited to, the following:

1. Utilization rate of inpatient and residential treatment;
2. Length of stay for inpatient and residential treatment;
3. Consistent use of admission/placement criteria;
4. Distribution of individuals served among levels of care;
5. Variability in the length of stay for individuals to successfully complete a level of care or treatment episode, consistent with their severity of need and treatment progress; and
6. Consumer satisfaction and feedback.

(7) Essential Treatment Principle—Service Array.

(A) A range of services shall be available to provide service options consistent with individual need.

1. The organization has a process that determines appropriate services and ensures access to the level of care appropriate for the individual.

2. Each individual shall be provided the least intensive and restrictive set of services, consistent with the individual's needs, progress, and other designated utilization criteria.

(B) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization to demonstrate achievement of this essential treatment principle. Indicators can include, but are not limited to, the following:

1. Percentages of individuals who complete inpatient or residential treatment and receive continuing services on an outpatient basis;
2. Readmission rates to inpatient or residential treatment;
3. Number of individuals receiving detoxification who continue treatment;
4. Number of individuals who have progressed from more intensive to less intensive levels of care; and
5. Consumer satisfaction and feedback.

(8) Essential Treatment Principle—Recovery.

(A) Services shall promote the independence, responsibility, and choices of individuals.

1. An individual shall be encouraged to achieve positive social, family and occupational/educational functioning in the community to the fullest extent possible.

2. Every effort shall be made to accommodate an individual's schedule, daily activities and responsibilities when arranging services, unless otherwise warranted by factors related to safety or protection from harm.

3. Individuals shall be encouraged to accomplish tasks and goals in an independent manner without undue staff assistance.

(B) Reducing the frequency and severity of symptoms and functional limitations are important for continuing recovery.

(C) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization to demonstrate achievement of this essential treatment principle. Indicators can include, but are not limited to, the following:

1. Measures of symptom frequency and severity;
2. Utilization rate of inpatient hospitalization and residential treatment;
3. Improved functioning related to—
   A. Occupational/educational status;
   B. Legal situation;
   C. Social and family relationships;
   D. Living arrangements; and
   E. Health and wellness;
4. Tapering the intensity and frequency of services, consistent with individual progress; and
5. Consumer satisfaction and feedback.

(9) Essential Treatment Principle—Peer Support and Social Networks.

(A) The organization shall mobilize peer support and social networks among those individuals it serves.

1. The organization shall encourage participation in self help groups.

2. Opportunities and resources in the community are used by individuals, to the fullest extent possible.

(B) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization to demonstrate achievement of this essential treatment principle. Indicators can include, but are not limited to, the following:

1. Rate of participation in community-based self help groups;
2. Involvement with a wide range of individuals in social activities and networks (such as church, clubs, sporting activities, etc.);
3. Open discussion of therapeutic issues in group counseling and education sessions with individuals giving constructive feedback to one another; and
4. Consumer satisfaction and feedback.

(10) Essential Treatment Principle—Family Involvement.

(A) Efforts shall be made to involve family members, whenever appropriate, in order to promote positive relationships.

1. Family ties and supports shall be encouraged in order to enrich and support recovery goals.

2. When the family situation has been marked by circumstances that may jeopardize safety (such as domestic violence, child abuse and neglect, separation and divorce, or financial and legal difficulties), family members shall be encouraged to participate in education and counseling sessions to better understand these effects and to reduce the risk of further occurrences.

(B) Particular emphasis on family involvement shall be demonstrated by those programs serving adolescents and children.

(C) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization to demonstrate achievement of this essential treatment principle. Indicators can include, but are not limited to, the following:

1. Rate of family participation in treatment planning;
2. Rate of family participation in direct services, such as family therapy;
3. Improved family relationships;
4. Reduction of family conflict; and
5. Satisfaction of family members with services.

(11) Pharmacological treatments shall be used, when clinically indicated.

(12) For individuals with clearly established co-occurring disorders, coordinated services for these disorders shall be provided or arranged.

(A) Each individual shall have access to a full range of services provided by qualified, trained staff.

(B) Each individual shall receive services necessary to fully address his/her treatment needs. The program providing screening and assessment shall—

1. Directly provide all necessary services in accordance with the program's capabilities and certification;

2. Make a referral to a program which can provide all necessary services and maintain appropriate involvement until the individual is admitted to the other program; or

3. Provide those services within its capability and promptly arrange additional services from another program.

(C) Services shall be continuously coordinated between programs, where applicable. Programs shall—

1. Ensure that services are not redundant or conflicting; and
2. Maintain communication regarding the individual's treatment plan and progress.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this rule under consideration with the Core Rules Committee, Attn: Bob McClain, Department of Mental Health, P.O. Box 687, Jefferson City, MO 65102. To be considered, comments must be received within forty-five days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and Substance Abuse Programs

RULE UNDER CONSIDERATION

9 CSR 10-7.020 Rights, Responsibilities, and Grievances

PURPOSE: This rule describes the rights of individuals being served and grievance procedures in Alcohol and Drug Abuse Treatment Programs, Compulsive Gambling Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) The organization shall demonstrate through its policies, procedures and practices an ongoing commitment to the rights, dignity, and respect of the individuals it serves. In addition to the requirements of this rule, the organization must also comply with 9 CSR 10-5.200 regarding protection from abuse and neglect and investigations of any such allegations.

(2) Immediately upon admission, each individual shall be informed and oriented as to what will happen as care and treatment are provided.

(A) An individual who is admitted on a voluntary basis shall be expected to give written, informed consent to care and treatment.

(B) The orientation given to each individual shall address service costs, rights, responsibilities, and grievance procedures.

1. Information regarding responsibilities shall include applicable program rules, participation requirements or other expectations.

2. Information regarding grievance procedures shall include how to file a grievance, time frames, rights of appeal, and notification of outcome.

(C) The orientation information shall be provided in written form using simple, straightforward language understandable to the individual and explained by staff as necessary.

(D) When appropriate, families receive information to promote their participation in or decisions about care and treatment.

(3) Each individual has basic rights to humane care and treatment that cannot be limited under any circumstances.

(A) The following rights apply to all settings:

1. To receive prompt evaluation, care and treatment;

2. To receive these services in the least restrictive environment;
3. To receive these services in a clean and safe setting;
4. To not be denied admission or services because of race, gender, sexual preference, creed, marital status, national origin, disability or age;
5. To confidentiality of information and records in accordance with federal and state law and regulation;
6. To be treated with dignity and addressed in a respectful, age appropriate manner;
7. To be free from abuse, neglect, physical punishment and other mistreatment such as humiliation, threats or exploitation;
8. To be the subject of an experiment or research only with one's informed, written consent, or the consent of an individual legally authorized to act;
9. To medical care and treatment in accordance with accepted standards of medical practice, if the facility or program offers medical care and treatment; and
10. To consult with a private, licensed practitioner at one's own expense.

(B) The following additional rights apply to residential settings, and where otherwise applicable, and shall not be limited under any circumstances:
1. To a nourishing, well-balanced, varied diet
2. To attend or not attend religious services
3. To communicate by sealed mail with the department and, if applicable, legal counsel and court of jurisdiction;
4. To receive visits from one's attorney, physician or clergy in private at reasonable times; and
5. To be paid for work unrelated to treatment, except that an individual may be expected to perform limited tasks and chores within the program that are designed to promote personal involvement and responsibility, skill building or peer support.

(4) Each individual shall have further rights and privileges, which can be limited only to ensure personal safety or the safety of others.

(A) Any limitation due to safety considerations shall occur only if it is—
1. Applied on an individual basis;
2. Authorized by the organization's director or designee;
3. Documented in the individual's record;
4. Justified by sufficient documentation;
5. Reviewed on a regular basis at the time of each individualized plan review; and
6. Rescinded at the earliest clinically appropriate moment.

(B) In all care and treatment settings, each individual shall have the right to see and review one's own record, except that specific information or records provided by other individuals or agencies may be excluded from such review.

(C) The following additional rights and privileges apply to individuals in residential settings, and where otherwise applicable:
1. To wear one's own clothes and keep and use one's own personal possessions;
2. To keep and be allowed to spend a reasonable amount of one's own funds;
3. To have reasonable access to a telephone to make and to receive confidential calls;
4. To have reasonable access to current newspapers, magazines and radio and television programming;
5. To be free from seclusion and restraint;
6. To have opportunities for physical exercise and outdoor recreation;
7. To receive visitors of one's choosing at reasonable hours; and
8. To communicate by sealed mail with individuals outside the facility.

(5) The organization shall ensure that all individuals have the same legal rights and responsibilities as any other citizen, unless otherwise limited by law.

(6) An individual shall not be denied admission or services solely on the grounds of prior treatment, withdrawal from treatment against advice, or continuation or return of symptoms after prior treatment.

(7) The organization shall establish policies, procedures and practices to ensure a prompt, responsive, impartial review of any grievance or alleged violation of rights.

(A) Reasonable assistance shall be given to an individual wishing to file a grievance.

(B) The review shall be consistent with principles of due process.

(8) The organization's policies, procedures and practices shall ensure an opportunity for the individual to designate or establish a surrogate decision maker, if the individual is incapable of understanding or is unable to communicate his or her wishes regarding the treatment plan or a proposed service.

(9) The organization shall demonstrate a commitment to the safety and well-being of the individuals it serves. The organization's policies, procedures and practices shall—

(A) Promote therapeutic progress by addressing matters such as medication compliance, missed appointments, use of alcohol and drugs, and other program expectations or rules;

(B) Encourage appropriate behavior by providing positive instruction and guidance; and

(C) Ensure safety by effectively responding to any threats of suicide, violence or harm. Any use of seclusion or restraint shall be in accordance with 9 CSR 10-7.050 Behavioral Management.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this rule under consideration with the Core Rules Committee, Attn: Bob McClain, Department of Mental Health, P.O. Box 687, Jefferson City, MO 65102. To be considered, comments must be received within forty-five days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and Substance Abuse Programs

RULE UNDER CONSIDERATION

9 CSR 10-7.030 Service Delivery Process and Documentation

PURPOSE: This rule describes requirements for the delivery and documentation of services in Alcohol and Drug Abuse Treatment Programs, Compulsive Gambling Treatment Programs, Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) Each individual requesting services shall have prompt access to a screening in order to determine eligibility and to plan an initial course of action or treatment. The organization shall establish methods to identify urgent, emergent and routine service needs.

(A) At the individual's first contact with the organization (whether by telephone or face-to-face contact), any urgent or emergent needs shall be identified and addressed.

(B) The screening shall include basic information about the individual's presenting situation and symptoms, level of functioning, and the presence of factors related to harm or safety, as well as demographic and other identifying data.

(C) The screening—

1. Shall be conducted by a trained professional;
2. Should be conducted through a face-to-face interview;
3. Shall be responsive to the individual's request and needs; and
4. Shall include notice to the individual regarding service eligibility and a recommended course of action or treatment. If indicated, the individual shall be linked to other appropriate services in the community.

(2) Immediately upon admission, each individual shall be informed and oriented as to what will happen during the course of service delivery.

(A) The orientation shall address individual rights and responsibilities, including grievances and appeals; service costs; and any applicable program rules, participation requirements or other expectations.

(B) This information is provided in written form and is explained by staff as necessary.

(C) When appropriate, families receive information to promote their participation in or decisions about service delivery.

(3) Each individual shall participate in an assessment that more fully identifies their needs and goals and develops an individualized plan. The participation of family and other collateral parties (e.g., referral source, employer, school, other community agencies) in assessment and service plan development shall be encouraged, as appropriate to the age, guardianship, services provided or wishes of the individual.

(A) The assessment shall assist in ensuring an appropriate level of care, identifying necessary services, and developing an individualized plan. The assessment data shall subsequently be used in determining progress and outcomes. Documentation of the screening and assessment must include, but is not limited to, the following:

1. Demographic and identifying information;
2. Statement of needs, goals and treatment expectations from the individual requesting services. The family's perceptions are also obtained, when appropriate and available;
3. Presenting situation/ problem and referral source;
4. History of previous psychiatric and/or substance abuse treatment including number and type of admissions;
5. Health screening;
6. Current medications and identification of any medication allergies and adverse reactions;
7. Recent alcohol and drug use for at least the past thirty (30) days and, when indicated, a substance use history that includes duration, patterns, and consequences of use;
8. Current psychiatric symptoms;
9. Family, social, legal, and vocational/educational status and functioning. The collection and assessment of historical data is also required, unless short-term crisis intervention or detoxification are the only services being provided;
10. Current use of resources and services from other community agencies;
11. Personal and social resources and strengths, including the availability and use of family, social, peer and other natural supports; and
12. Multi-axis diagnosis or diagnostic impression in accordance with the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*.

(B) Recommendations for specialized services may require more extensive diagnostic testing.

(C) Each individual shall directly participate in developing his/her individualized plan.

(D) The individualized plan shall reflect the person's unique needs and goals. The plan shall include, but is not limited to, the following:

1. Measurable goals and outcomes;
2. Services, supports and actions to accomplish each goal/outcome. This includes services and supports and the staff member responsible, as well as action steps of the individual and other supports (family, social, peer, and other natural supports);
3. Involvement of family, when indicated;
4. Service needs beyond the scope of the organization or program that are being addressed by referral or services at another community organization, where applicable;

5. Projected time frame for the completion of each goal/outcome; and
6. Estimated completion/discharge date for the level of care.

(4) The individualized plan shall guide ongoing service delivery. However, services may begin before the assessment is completed and the plan is fully developed.

(A) Services shall be provided in accordance with applicable admission and utilization criteria.

(B) Services shall be appropriate to the individual's age and development and shall be responsive to the individual's social/cultural situation and any linguistic/communication needs.

(C) There is a designated staff member who coordinates services and ensures implementation of the plan. Coordination of care shall also be demonstrated when services and supports are being provided by multiple agencies or programs.

(D) To the fullest extent possible, individuals shall be responsible for action steps to achieve their goals. Services and supports provided by staff shall be readily available to encourage and assist the individuals in their recovery.

(E) Services and supports shall be provided by staff with appropriate licenses or credentials.

(F) During the course of service delivery, ready access to crisis assistance and intervention is available, when needed.

(5) Progress toward treatment goals and outcomes shall be reviewed on a periodic basis.

(A) Each individual shall directly participate in the review of their treatment plan.

(B) The frequency of treatment plan reviews shall be based on the individual's level of care or other applicable program rules. The occurrence of a crisis or significant clinical event may require a further review and modification of the treatment plan.

(C) The treatment plan shall be updated and changed as indicated.

(6) Each individual shall be actively involved in planning for continuing care and discharge. The participation of family and other collateral parties (e.g., referral source, employer, school, other community agencies) in such planning shall be encouraged, as appropriate to the age, guardianship, service provided or wishes of the individual.

(A) A written discharge summary and, where applicable, a continuing care plan shall be prepared upon—
1. Transferring from inpatient or residential treatment to a less restrictive and intensive level of care;
2. Transferring to a different provider;
3. Completing a service episode; or
4. Discontinuing further participation in services.

(B) A discharge summary shall include, but is not limited to, the following:
1. Dates of admission and discharge;
2. Reason for admission and referral source;
3. Diagnosis or diagnostic impression;
4. Description of services provided and outcomes achieved, including any prescribed medication, dosage, and response;
5. Reason for or type of discharge;
6. Medical status and needs that may require ongoing monitoring and support; and
7. Where applicable, plans for continuing care and the designated service provider(s).

(7) In order to promote consistency in clinical practice, eligibility determination, service documentation, and outcome measurement, the department may require the use of designated instruments in the screening, assessment and treatment process. The required use of particular instruments shall be applicable only to those services funded by the department or provided through a service network authorized by the department.

(8) An organized record system shall be maintained for each individual being served which includes documentation of screening, orientation, assessment, treatment planning and reviews, service delivery, and planning for continuing care and discharge.

(A) Records shall be maintained in a manner which ensures confidentiality and safety.

1. The organization shall abide by all local, state and federal laws and regulations concerning the confidentiality of records.

2. If records are maintained on computer systems, there must be a backup system to safeguard records in the event of operator or equipment failure and to ensure security from inadvertent or unauthorized access.

3. The organization shall retain individual records for at least five (5) years or until all litigation, adverse audit findings, or both, are resolved.

4. The organization shall assure ready access to the record by authorized staff and other authorized parties including Department of Mental Health (DMH) staff.

(B) The organization shall implement policies and procedures regarding individuals' access to their own records. Any restrictions to the individual's access to the record or information contained therein must be specified. The organization may require a staff member to be present whenever an individual accesses the record.

(C) All entries in the individual record shall be legible, clear, complete, accurate and recorded in a timely fashion. Entries shall be dated and authenticated by the staff member providing the service, including name and title. Any errors shall be marked through with a single line, initialed and dated.

(D) There shall be documentation of services provided and results accomplished. The documentation of services funded by the department or provided through a service network authorized by the department shall include the following:
1. The specific services rendered;
2. The date and actual time (beginning and ending times) the service was rendered;
3. Who rendered the service;
4. The setting in which the service was rendered;
5. The relationship of the services to the individual plan; and
6. Updates describing the individual's response to services provided.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this rule under consideration with the Core Rules Committee, Attn: Bob McClain, Department of Mental Health, P.O. Box 687, Jefferson City, MO 65102. To be considered, comments must be received within forty-five days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and Substance Abuse Programs

RULE UNDER CONSIDERATION

9 CSR 10-7.040 Research

PURPOSE: This rule describes standards and procedures for conducting research in Alcohol and Drug Abuse Programs, Compulsive Gambling Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Substance

Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) In accordance with 9 CSR 60-1.010 the term research as used in this rule shall be defined as experimentation or intervention with or on departmental patients, clients or individuals, including behavioral or psychological research, biomedical research, pharmacological research and program evaluation. Excluded are those instances where the manipulation or application is intended solely and explicitly for individual treatment of a condition, falls within the prerogative of accepted practice and is subject to appropriate quality assurance review. Also excluded are activities limited to program evaluation conducted by staff members as a regular part of their jobs, the collection or analysis of management information system data, archival research or the use of departmental statistics.

(2) The organization shall have written policy concerning research activities involving the individuals by the program.

(3) The organization shall abide by all local, state and federal laws and regulations concerning the conduct of research including but not limited to sections 630.192, 630.199, 630.194, and 630.115 RSMo, 9 CSR 60-1.010 and 9 CSR 60-1.015.

(4) The organization shall assure that individuals are not the subject of experimental research without their prior written and informed consent or that of their parents or guardian, if minors.

(5) The organization shall assure that individuals participating in research understand that they may decide not to participate or may withdraw from any research at any time for any reason.

(6) The organization shall assure that any research involving individuals served has the prior approval of the Department of Mental Health. The organization shall immediately inform the department of mental health of any adverse outcomes experienced by an individual served due to participation in a research project.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this rule under consideration with the Core Rules Committee, Attn: Bob McClain, Department of Mental Health, P.O. Box 687, Jefferson City, MO 65102. To be considered, comments must be received within forty-five days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and Substance Abuse Programs

RULE UNDER CONSIDERATION

9 CSR 10-7.050 Behavior Management

PURPOSE: This rule establishes requirements for the use of restraint, seclusion and time out in Alcohol and Drug Abuse Treatment Programs, Compulsive Gambling Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) General Policy. Any behavior management methods used by an organization shall promote the rights, dignity and safety of individuals being served. An organization may prohibit by policy and practice the use of behavior management, including physical, mechanical and chemical restraint; seclusion; time out; and the use of positive and negative reinforcement. If any of these methods of behavior management are be used within the organization, it shall develop policies and procedures which define, describe and limit the conditions and circumstances of their use.

(A) Organizations utilizing seclusion and restraint must obtain a separate written authorization from the appropriate division of the Department of Mental Health, in addition to other requirements of this rule. The department may issue such authorization on a time-limited basis subject to renewal.

(B) The organization must prohibit by policy and practice:

1. Aversive conditioning of any kind. Aversive conditioning is defined as the application of startling, unpleasant or painful stimulus or stimuli that have a potentially noxious effect on an individual in an effort to decrease maladaptive behavior;

2. Withholding of food, water or bathroom privileges;

3. Painful stimuli;

4. Corporal punishment; and

5. Use of seclusion, restraint, time out, discipline or coercion for staff convenience.

(C) Behavior management policies and procedures shall be:

1. Approved by the organization's board of directors;

2. Made available to all program employees and providers;

3. Made available to the individuals served, their families and others upon request;

4. Developed with the participation of the individuals and, whenever possible, their family members or advocates, or both; and

5. Consistent with department rules regarding individual rights.

(2) Seclusion and Restraint.

(A) Definitions. The following terms shall mean:

1. Mechanical restraint, the use of any mechanical device that restricts the movement of an individual's limbs or body or physically holding individuals so that they cannot move freely for a period of longer than ten (10) minutes;

2. Seclusion, placing an individual alone in a separate room with either a locked door or other method or procedure that prevents the individual from leaving that room;

3. Chemical restraint, medication administered with the primary intent of restraining an individual who presents a likelihood of serious physical injury to himself or others and not prescribed to treat an individual's medical condition; and

4. Physical restraint, physical holding of an individual which restricts the individual's freedom of movement, to restrain temporarily in an emergency an individual who presents a likelihood of serious physical harm to self or others.

(B) The organization shall assure that seclusion and restraint are only used when an individual's behavior presents an immediate risk of danger to themselves or others and no other safe or effective treatment intervention is possible. It shall only be implemented when alternative, less restrictive interventions have failed. Seclusion and restraint is never a treatment intervention. It is an emergency/security measure to maintain safety when all other less restrictive interventions are inadequate.

(C) Seclusion and restraint shall only be implemented by competent, trained staff.

(D) The organization shall assure that seclusion and restraint is used only when ordered by a licensed, independent practitioner. Orders for seclusion and restraint must define specific time limits. Seclusion and restraint shall be ended at the earliest possible time.

1. Standing or PRN orders for seclusion and restraint are not allowed.

2. An order cannot exceed four (4) hours for adults, two (2) hours for children and adolescents ages nine (9) to seventeen (17), or one (1) hour for children under age nine (9). If nonindependent licensed staff initiates seclusion and restraint, an order must be obtained from a licensed independent clinician within one (1) hour.

3. Individuals in restraint shall be monitored continuously. Monitoring may be face-to-face by assigned staff or by audio-visual equipment.

4. Individuals in seclusion shall be visually monitored at least every fifteen (15) minutes.

5. Individuals in seclusion and restraint are offered regular food, fluid and an opportunity to meet their personal hygiene needs no less than every two (2) hours.

6. The need for continuing seclusion and restraint shall be evaluated by and, where necessary, must be further ordered by a licensed, independent practitioner at least every four (4) hours for adults, two (2) hours for children and adolescents ages nine (9) to seventeen (17), or one (1) hour for children under age nine (9).

7. The organization's clinical director or quality improvement coordinator shall review every episode of seclusion and restraint within seventy-two (72) hours.

(3) Individualized Behavioral Management Plan.

(A) Definitions. The following terms shall mean:

1. Behavioral management plan, array of positive and negative reinforcement to reduce unacceptable or maladaptive interactions and behaviors; and

2. Time out, an individual's voluntary compliance with the request to remove himself or herself from a service area to a separate location.

(B) The need for a behavioral management plan shall be evaluated upon—

1. Any incident of seclusion or restraint;

2. The use of time out two (2) or more times per day; or

3. The use of time out three (3) or more times per week.

(C) Behavioral plan shall include the input of the individual being served and family, if appropriate.

(D) The plan shall identify what the individual is attempting to communicate or achieve through the maladaptive behavior before identifying interventions to change it.

(E) The plan shall be reevaluated within the first seven (7) calendar days and every seven (7) days thereafter to determine whether maladaptive and unacceptable behaviors are being reduced and more functional alternatives acquired.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this rule under consideration with the Core Rules Committee, Attn: Bob McClain, Department of Mental Health, P.O. Box 687, Jefferson City, MO 65102. To be considered, comments must be received within forty-five days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and Substance Abuse Programs

RULE UNDER CONSIDERATION

9 CSR 10-7.060 Medications

PURPOSE: This rule describes training and procedures for the proper storage, use and administration of medications in Alcohol and Drug Abuse Treatment Programs, Compulsive Gambling Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) The following requirements apply to all programs:

(A) The organization shall have written policies and procedures on how medications are prescribed, obtained, stored and used;

(B) The organization shall assure that staff authorized by the organization and by law to conduct medical, nursing and pharmaceutical services do so using sound clinical practices and following all applicable state and federal laws and regulations;

(C) The organization shall implement policies that prevent the use of medications as punishment, for the convenience of staff, as a substitute for services or other treatment, or in quantities that interfere with the individual's participation in treatment and rehabilitation services;

(D) The organization shall allow individuals to take prescribed medication as directed. Individuals cannot be denied service due to taking prescribed medication as directed. If the organization believes that a prescribed medication is subject to abuse or could be an obstacle to other treatment goals, then the organization's treatment staff shall attempt to engage the prescribing physician in a collaborative discussion and treatment planning process. If the prescribing physician is nonresponsive, a second opinion by another physician may be used; and

(E) Where applicable, the individual record shall include a medication profile that includes:

1. Name;
2. Age;
3. Weight;
4. Current diagnosis;
5. Current medication and dosage;
6. Prescribing physician;
7. Allergies;
8. History of compliance; and
9. Other pertinent information related to the individual's medication regimen.

(2) The following requirements apply to programs that prescribe or administer medication, to residential programs, and to those programs where individuals self-administer medication under staff supervision.

(A) Staff Training and Competence. The organization shall ensure the training of staff in the dispensing and administration of medications and observation for adverse drug reactions and medication errors, consistent with each staff individual's job duties.

1. Staff whose duties include the administration of medication or self-administration of medication shall complete medication assistant training within ninety (90) days.

2. Staff responsible for supervision of the self-administration of medication shall consult a physician, pharmacist, registered nurse or reference material regarding the action and possible side effects or adverse reactions of each medication under their supervision. This consultation shall be documented.

(B) Education. If medication is part of the treatment plan, the organization shall document that the individual and family member, if appropriate understands the purpose and side effects of the medication.

(C) Compliance. The program shall take steps to ensure that each individual takes medication as prescribed and the program shall document any refusal of medications. A licensed physician shall be informed of any refusal of medication.

(D) Medication Errors and Adverse Drug Reactions. A licensed physician shall be immediately notified of any medication error or adverse reaction. The medication error or reaction, physician recommendations and subsequent actions taken by the program shall be documented in the individual record.

(E) Medication Records and Prescribing. The organization shall maintain records to track and account for all prescribed medications in residential programs and, where applicable, in nonresidential programs.

1. Each individual receiving medication shall have a medication intake sheet which includes the individual's name, type and amount of medication, dose and frequency of administration, date and time of intake, and name of staff who administered or observed the medication intake. If medication is self-administered, the individual shall sign or initial the medication intake sheet.

2. The amount of medication originally present and the amount remaining can be validated by the medication intake sheet.

3. Documentation of medication intake shall include over-the-counter products.

4. Medication shall be administered in single doses to the extent possible.

5. The organization shall establish a mechanism for the positive identification of individuals at the time medication is dispensed or administered.

(F) Emergency Situations. The organization's policies shall address the administration of medication in emergency situations. Medical/nursing staff shall accept telephone medication orders only from physicians who are included in the organization's list of authorized physicians and who are known to the staff receiving the orders. A physician's signature shall authenticate verbal orders within five (5) working days of the receipt of the initial telephone order.

(G) Periodic Review. The organization shall document that individuals' medications are evaluated at least every six (6) months to determine their continued effectiveness.

(H) Individuals Bringing Their Own Medication. Any medication brought to the program by an individual served is allowed to be administered or self-administered only when the medication is appropriately labeled.

(I) Labeling. All medication shall be properly labeled. Labeling for each medication shall include:

1. Drug name;
2. Strength;
3. Amount dispensed;
4. Directions for administration;
5. Expiration date;
6. Name of individual being served; and
7. Name of physician.

(J) Storage. The organization shall implement written policies and procedures on how medications are to be stored.

1. The organization shall establish a locked storage area for all medications that provides suitable conditions regarding sanitation, ventilation, lighting and moisture.

2. The organization shall store ingestible medications separately from noningestible medications and other substances.

3. The organization shall maintain a list of personnel who have been authorized access to the locked medication area and who are qualified to administer medications.

(K) Inventory. Where applicable, the organization shall implement written policies and procedures for—

1. Receipt and disposition of stock pharmaceuticals must be accurately documented;
2. A log shall be maintained for each stock pharmaceutical that documents receipts and disposition;
3. At least quarterly, each stock pharmaceutical shall be reconciled as to the amount received and the amount dispensed; and
4. A stock supply of a controlled substance must be registered with the Drug Enforcement Administration and the Missouri Department of Health, Bureau of Narcotics and Dangerous Drugs.

(L) Disposal. The organization shall implement written procedures and policies for the disposal of medication.

1. Medication must be removed on or before the expiration date and destroyed.
2. Any medication left by an individual at discharge shall be destroyed within thirty (30) days.
3. The disposal of all medications shall be witnessed and documented by two (2) staff members.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this rule under consideration with the Core Rules Committee, Attn: Bob McClain, Department of Mental Health, P.O. Box 687, Jefferson City, MO 65102. To be considered, comments must be received within forty-five days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and Substance Abuse Programs

RULE UNDER CONSIDERATION

9 CSR 10-070 Dietary Services

PURPOSE: This rule establishes dietary and food service requirements in Alcohol and Drug Abuse Treatment Programs, Compulsive Gambling Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) Dietary Standards for Programs with Incidental Dietary Component.

(A) Programs defined as having only an incidental dietary component shall include:

1. A permanent residence serving no more than four (4) individuals; or

2. Programs and service sites that do not provide for the preparation, storage or provision of food including food brought by the individuals being served.

(B) Programs and service sites defined as having only an incidental dietary component shall address diet and food preparation on the individual's individualized plan, if it is identified as an area in need of intervention based on the assessment.

(C) Where the program does not provide meals, but individuals are allowed to bring their own food, the following standards apply:

1. All appliances must be clean and in safe and proper operating condition; and
2. Hand washing facilities including hot and cold water, soap and hand drying means shall be readily accessible.

(2) Dietary Standards for Programs and Treatment Sites with Minimal Dietary Component.

(A) A program or service site shall be defined as having a minimal dietary component if one of the following criteria apply and it does not meet the definition of incidental dietary component:

1. It provides for the preparation, storage or consumption of no more than one (1) meal a day; or

2. The program or service site has an average length of stay of less than five (5) days.

(B) The following standards apply for programs with a minimal dietary component:

1. Meals shall be nutritious, balanced and varied based on the latest edition of the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The practical application of these recommendations can be met by following the Dietary Guidelines for Americans and the Food Guide Pyramid of U.S. Department of Agriculture and the U.S. Department of Health and Human Services;

2. Special diets for medical reasons must be provided;

3. Menus shall be responsive to the cultural and religious beliefs of individuals;

4. Food will be served at realistic meal times in a pleasant, relaxed dining area;

5. Food will be stored safely, appropriately and sanitarily;

6. Food shall be in sound condition, free from spoilage, filth or other contamination and safe for human consumption;

7. All appliances shall be in safe and proper operating condition;

8. Food preparation areas will be cleaned regularly and kept in good repair. Utensils shall be sanitized according to Misssouri Department of Health standards;

9. Hand washing facilities that include hot and cold water, soap and a means of hand drying shall be readily available; and

10. Paragraphs 5–9 of this subsection shall be met if the site has a current inspection in compliance with 19 CSR 20-1.010.

(3) Dietary Standards for Programs and Treatment Sites with a Substantial Dietary Component.

(A) Programs with a substantial dietary component shall be defined as meeting one of the following criteria and are not the permanent residence of more than four (4) individuals:

1. Programs or treatment sites that serve more than one (1) meal per day; and

2. Programs or treatment sites with an average length of stay of over five (5) days.

(B) Programs with a substantial dietary component shall have the following:

1. An annual inspection finding them in compliance with the provisions of 19 CSR 20-1.010. Inspections should be conducted by the local health department or by the Missouri Department of Health;

2. Those organizations arranging for provision of food services by agreement or contract with the second party shall assure that the provider has demonstrated compliance with this rule;

3. Programs providing meals shall implement a written plan to meet the dietary needs of the individuals being served, including:

A. Written menus developed and annually reviewed by a registered dietitian or qualified nutritionist who has at least a bachelor's degree from an accredited college with emphasis on foods and nutrition. The organization must maintain a copy of the dietitian's current registration or the qualified nutritionist's academic record;

B. Any changes or substitution in menus must be noted;

C. Menus for at least the past three (3) months shall be maintained;

D. The written dietary plan shall insure that special diets for medical reasons are provided. Menu samples shall be maintained showing how special diets are developed or obtained; and

E. Menus shall be responsive to cultural and religious beliefs of individuals;

4. Meals shall be served in a pleasant, relaxed dining area; and

5. Hand washing facilities including hot and cold water, soap and hand drying means shall be readily accessible.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this rule under consideration with the Core Rules Committee, Attn: Bob McClain, Department of Mental Health, P.O. Box 687, Jefferson City, MO 65102. To be considered, comments must be received within forty-five days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and Substance Abuse Programs

RULE UNDER CONSIDERATION

9 CSR 10-7.080 Governing Authority and Program Administration

PURPOSE: This rule describes requirements for and responsibilities of the governing body in Alcohol and Drug Abuse Programs, Compulsive Gambling Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) The organization has a designated governing body with legal authority and responsibility for the operation of the program(s).

(A) The organization is incorporated in the state of Missouri, maintains good standing in accordance with state law and regulation, and has bylaws identifying the structure of its governing body.

(B) Methods for selecting members of the governing body are delineated. A current list of members is maintained.

(C) Requirements of this section are not applicable to government entities, except that a government entity or public agency must have an administrative structure with identified lines of authority to ensure responsibility and accountability for the successful operation of its psychiatric and substance abuse services.

(2) The governing body shall effectively implement the functions of—

(A) Providing fiscal planning and oversight;
(B) Ensuring organizational planning and quality improvement in service delivery;
(C) Establishing policies to guide administrative operations and service delivery;
(D) Ensuring responsiveness to the communities and individuals being served;
(E) Delegating operational management to an executive director and, as necessary, to program managers in order to effectively operate its services; and
(F) Designating contractual authority.

(3) The governing body shall meet at least quarterly and maintain an accurate record of its meetings. Minutes of meetings must identify dates, those attending, discussion items, and actions taken.

(4) The organization maintains a current policy and procedure manual which accurately describes and guides the operation of its services, promotes compliance with applicable regulations, and is readily available to staff.

(5) The organization establishes a formal, accountable relationship with any contractor or affiliate who provides direct service but who is not an employee of the organization.

(6) The organization provides information to the department or its designee, as may be requested, which includes, but is not limited to, information regarding characteristics of individuals, services, costs, and outcomes. The organization shall maintain equipment and capabilities necessary for this purpose.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this rule under consideration with the Core Rules Committee, Attn: Bob McClain, Department of Mental Health, P.O. Box 687, Jefferson City, MO 65102. To be considered, comments must be received within forty-five days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and Substance Abuse Programs

RULE UNDER CONSIDERATION

9 CSR 10-7.090 Fiscal Management

PURPOSE: This rule describes fiscal policies and procedures for Alcohol and Drug Abuse Programs, Compulsive Gambling Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) The organization has fiscal management policies, procedures and practices consistent with generally accepted accounting principles and, as applicable, state and federal law, regulation, or funding requirements.

(2) The organization assigns responsibility for fiscal management to a designated staff member who has the skills, authority and support to fulfill these responsibilities.
(A) There is an annual budget of revenue by source and expenses by category that is approved in a timely manner by the governing body. Fiscal reports are prepared on at least a quarterly basis which compare the budget to actual experience. Fiscal reports are provided to and reviewed by the governing body and administrative staff who have ongoing responsibility for financial and program management.
(B) The organization utilizes financial activity measures to monitor and ensure its ability to pay current liabilities and to maintain adequate cash flows.
(C) The organization has an annual audit if required by funding sources or otherwise required by federal or state law or regulation.

(3) The organization has a current written fee schedule approved by the governing body and available to staff and individuals being served.

(4) Fiscal records shall be retained for at least five (5) years or until any litigation or adverse audit findings, or both, are resolved.

(5) The organization shall have adequate insurance coverage to protect its physical and financial resources. Insurance coverage for all people, buildings and equipment shall be maintained and shall include fidelity bond, automobile liability, where applicable, and broad form comprehensive general liability for property damage, and bodily injury including wrongful death and incidental malpractice.

(6) If the organization is responsible for funds belonging to individuals, there shall be procedures that identify those funds and provide accountability for any expenditure of those funds. Such funds shall be expended or invested only with the informed consent and approval of the individuals or, if applicable, their legally appointed representatives. The individuals shall have access to the records of their funds. When benefits or personal allowance monies are received on behalf of individuals or when the organization acts as representative payee, such funds are segregated for each individual for accounting purposes and are used only for the purposes for which those funds were received.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this rule under consideration with the Core Rules Committee, Attn: Bob McClain, Department of Mental Health, P.O. Box 687, Jefferson City, MO 65102. To be considered, comments must be received within forty-five days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and Substance Abuse Programs

RULE UNDER CONSIDERATION

9 CSR 10-7.100 Personnel

PURPOSE: This rule describes personnel policies and procedures for Alcohol and Drug Abuse Programs, Compulsive Gambling Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) The organization shall maintain personnel policies, procedures and practices in accordance with local, state and federal law and regulation.

(A) The policies and procedures shall include written job descriptions for each position and a current table of organization reflecting each position and, where applicable, the relationship to the larger organization of which the program or service is a part.

(B) Policies and procedures shall be consistently and fairly applied in the recruitment, selection, development and termination of staff.

(2) Qualified staff shall be available in sufficient numbers to ensure effective service delivery.

(A) The organization shall ensure that staff possess the training, experience and credentials to effectively perform their assigned services and duties;

(B) A background screening shall be conducted in accordance with 9 CSR 10-5.190;

(C) Qualifications and credentials of staff shall be verified prior to employment, with primary source verification completed within ninety (90) days;

(D) There is a clinical supervision of direct service staff that ensures adequate supervisory oversight and guidance, particularly for those staff who may lack credentials for independent practice in Missouri.

(E) Training and continuing education opportunities are available to all direct service staff, in accordance with their job duties and any licensing or credentialing requirements.

(F) When services and supervision are provided twenty-four (24) hours per day, the organization maintains staff on duty, awake and fully dressed at all times. A schedule or log is maintained which accurately documents staff coverage.

(3) Staff shall adhere to ethical standards of behavior in their relationships with individuals being served.

(A) Staff shall maintain an objective, professional relationship with individuals being served at all times.

(B) Staff shall not enter dual or conflicting relationships with individuals being served which might affect professional judgment or increase the risk of exploitation.

(C) The organization shall establish policies and procedures regarding staff relationships with both individuals currently being served and individuals previously served.

(4) If the agency uses volunteers, it shall establish and consistently implement policies and procedures to guide the roles and activities of volunteers in an organized and productive manner. The agency shall ensure that volunteers have a background screening in accordance with 9 CSR 10-5.190 and adequate supervision.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this rule under consideration with the Core Rules Committee, Attn: Bob McClain, Department of Mental Health, P.O. Box 687, Jefferson City, MO 65102. To be considered, comments must be received within forty-five days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and Substance Abuse Programs

RULE UNDER CONSIDERATION

9 CSR 10-7.110 Physical Plant and Safety

PURPOSE: This rule describes requirements for the physical facilities and safety in Alcohol and Drug Treatment Abuse Programs, Compulsive Gambling Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) This rule is organized as follows:

(A) Sections (2) through (8) apply to all facilities and program sites subject to certification by the Department of Mental Health; and

(B) Section (9) applies to residential facilities only.

(2) Each individual shall be served in a safe facility.

(A) All buildings used for programmatic activities or residential services by the organization shall meet applicable state and local fire safety and health requirements. At the time of the initial application and after that, whenever renovations are made, the organization shall submit to the department verification that the facility complies with requirements for the building, electrical system, plumbing, heating system and, where applicable, water supply.

(B) The organization shall maintain documentation of all inspections and correction of all cited deficiencies to assure compliance with applicable state and local fire safety and health requirements. These inspection and documentation requirements may be waived for a nonresidential service site that operates less than three (3) hours per day, two (2) days per week.

(C) A currently certified organization that relocates any program into new physical facilities shall have the new facilities comply with this rule in order to maintain certification. All additions or expansions to existing physical facilities must meet the requirements of this rule.

(3) Individuals are able to readily access the organization's services. The organization shall demonstrate an ability to remove architectural and other barriers that may confront individuals otherwise eligible for services.

(4) Individuals are served in a setting with adequate space, equipment and furnishings for all program activities and for maintaining privacy and confidentiality.

(A) In keeping with the specific purpose of the service, the organization shall make available—

1. A reception/waiting area;
2. Private areas for individual counseling and family therapy;
3. A private area(s) for group counseling, education and other group services;
4. An area(s) for indoor social and recreational activities in residential settings and in non-residential settings where individuals are scheduled for more than four (4) hours per day; and
5. Separate toilet facilities for each sex, except where reasonable evidence is shown to the department that this is not necessary.

(B) The organization shall have appropriate furnishings which are clean and in good repair.

(C) The use of appliances such as television, radio and stereo equipment shall not interfere with the therapeutic program.

(5) Individuals are served in settings that are clean and comfortable, in good repair, and in safe operating order. The organization shall—

(A) Provide adequate and comfortable lighting;

(B) Maintain a comfortable room temperature between sixty-eight degrees Fahrenheit (68°F) and eighty degrees Fahrenheit (80°F);

(C) Provide screens on outside doors and windows if they are to be kept open;

(D) Provide effective pest control measures;

(E) Store refuse in covered containers so as not to create a nuisance or health hazard;

(F) Maintain the facility free of undesirable odors;

(G) Provide stocked, readily accessible first-aid supplies; and

(H) Take measures to prevent, detect and control infections among individuals and personnel, and have protocols for proper treatment.

(6) If the organization offers certain services at locations in the community other than at its facilities, the organization shall take usual and reasonable precautions to preserve the safety of individuals participating in these off-site locations.

(7) The organization shall have an emergency preparedness plan.

(A) The plan shall address medical emergencies and natural disasters.

(B) Evacuation routes shall be posted, or the organization shall maintain a written evacuation plan.

(C) Staff shall demonstrate knowledge and ability to effect the emergency preparedness plan and, where applicable, the evacuation plan.

(D) Emergency numbers for the fire department, police and poison control shall be posted and readily visible near the telephone.

(8) The organization shall maintain fire safety equipment and practices to protect all occupants.

(A) Portable ABC type fire extinguishers shall be located on each floor used by individuals being served so that no one will have to travel more than one hundred feet (100') from any point to reach the nearest extinguisher. Additional fire extinguishers shall be provided, where applicable, for the kitchen, laundry and furnace areas.

(B) Fire extinguishers shall be clearly visible and maintained with a charge.

(C) There shall be at least two (2) means of exit on each floor used by individuals being served, which are independent of and remote from one another.

1. Outside fire escape stairs may constitute one (1) means of exit in existing buildings. Fire escape ladders shall not constitute one (1) of the required means of exit.
2. The means of exit shall be free of any item that would obstruct the exit route.
3. Outside stairways shall be substantially constructed to support people during evacuation. Newly constructed fire exit shall meet requirements of the National Fire Protection Association (NFPA) *Life Safety Code*.

4. Outside stairways shall be reasonably protected against blockage by a fire. This may be accomplished by physical separation, distance, arrangement of the stairs, protection of openings exposing the stairs or other means acceptable to the fire authority.

5. Outside stairways at facilities with three (3) or more stories shall be constructed of noncombustible material, such as iron or steel.

(D) Unless otherwise determined by the fire inspector based on a facility's overall size and use, the requirement of two (2) or more means of exit on each floor shall be waived for those sites that meet each of the following conditions:

1. Do not offer overnight sleeping accommodations;

2. Do not cook meals on a regular basis; and

3. Do not provide services on-site to twenty (20) or more individuals at a given time as a usual and customary pattern of service delivery.

(E) The requirement for two (2) means of exit from the second floor shall be waived for a residential facility if it serves no more than four (4) individuals and each of those individuals—

1. Is able to hear and see;

2. Is able to recognize a fire alarm as a sign of danger;

3. Is ambulatory and able to evacuate the home without assistance in an emergency; and

4. Has staff available in the event that assistance is needed.

(F) Combustible supplies and equipment, such as oil base paint, paint thinner and gasoline, shall be separated from other parts of the building in accordance with stipulations of the fire authority.

(G) The use of wood, gas or electric fireplaces shall not be permitted unless they are installed in compliance with the NFPA codes and the facility has prior approval of the department.

(H) The *Life Safety Code* of the NFPA shall prevail in the interpretation of these fire safety standards.

(I) Fire protection equipment required shall be installed in accordance with NFPA codes.

(J) The facility shall be smoke-free, unless otherwise stipulated in program specific rules.

(9) Residential Facilities. In addition to the requirements under sections (1) through (8) of the this rule, residential facilities shall also meet the following additional requirements:

(A) Residential facilities shall provide—

1. At least one (1) toilet, one (1) lavatory with a mirror and one (1) tub or shower for each six (6) individuals provided overnight sleeping accommodations;

2. Privacy for personal hygiene, including stalls or other means of separation acceptable to the department when a bathroom has multiple toilets, urinals or showers;

3. Laundry area or service;

4. Adequate supply of hot water;

5. Lockable storage space for the use of each individual being served;

6. Furniture and furnishings suitable to the purpose of the facility and individuals;

7. Books, newspapers, magazines, educational materials, table games and recreational equipment, in accordance with the interests and needs of individuals;

8. An area(s) for dining;

9. Windows which afford visual access to out-of-doors and, if accessible from the outside, are lockable; and

10. Availability of outdoor activities;

(B) Bedrooms in residential facilities shall—

1. Provide at least sixty (60) square feet of space per individual, except that additional space shall be required, if necessary to accommodate special medical or other equipment needed by individuals;

2. Have no more than four (4) individuals per bedroom;

3. Have a separate bed with adequate headroom for each individual. Cots and convertibles shall not be used. If bunk beds are used they shall be sturdy, have braces to prevent rolling from the top bunk, and be convertible to two (2) floor beds if an individual does not desire a bunk bed;

4. Provide storage space for the belongings of each individual, including space for hanging clothes;

5. Encourage the display of personal belongings in accordance with treatment goals;

6. Provide a set of linens, a bedspread, a pillow and blankets as needed;

7. Have at least one (1) window;

8. Have a floor level which is no more than three feet (3') below the outside grade on the window side of the room; and

9. Not be housed in a mobile home, unless otherwise stipulated in program specific rules;

(C) Activity space in residential facilities shall—

1. Total eighty (80) square feet for each individual, except that additional space shall be required, if necessary to accommodate special medical or other equipment needed by individuals. Activity space includes the living room, dining room, counseling areas, recreational and other activity areas. Activity space does not include the laundry area, hallways, bedrooms, bathrooms or supply storage area; and

2. Not be used for other purposes if it reduces the quality of services;

(D) Ceiling height in residential facilities shall be at least seven feet ten inches (7'10") in all rooms used by individuals except as follows:

1. Halls shall have a ceiling height of at least seven feet six inches (7'6"); and

2. Bedrooms, bathrooms and activity areas that were approved for individual use in existing facilities shall have a ceiling height of at least seven feet six inches (7'6");

(E) In all residential facilities, fire safety precautions shall include:

1. An adequate fire detection and notification system which detects smoke, fumes and/or heat, and which sounds an alarm which can be heard throughout the facility above the noise of normal activities, radios and televisions;

2. Bedroom walls and doors that are smoke resistant. Transfer grilles are prohibited;

3. A range hood and extinguishing system for a commercial stove or deep fryer. The extinguishing system shall include automatic cutoff of fuel supply and exhaust system in case of fire; and

4. An annual inspection in accordance with the *Life Safety Code* of the National Fire Protection Association (NFPA);

(F) Residential facilities with more than four (4) individuals shall provide—

1. A primary means of egress which is a protected vertical opening. Protected vertical openings shall have doors that are self-closing or automatic closing upon detection of smoke. Doors shall be at least one and one-half inches (1 1/2") in existing facilities and one and three-fourths inches (1 3/4") in new construction, of solid bonded wood core construction or other construction of equal or greater fire resistance;

2. Emergency lighting of the means of egress;

3. Readily visible, approved exit signs, except at doors leading directly from rooms to an exit corridor and except at doors leading obviously to the outside from the entrance floor. Every exit sign shall be visible in both the normal and emergency lighting mode;

(G) In residential facilities with more than twenty (20) individuals—

1. Neither of the required exits shall be through a kitchen;

2. No floor below the level of exit discharge, used only for storage, heating equipment or purposes other than residential occupancy shall have unprotected openings to floors used for residential purposes;

3. Doors between bedrooms and corridors shall be one and one-half inches (1 1/2") in existing facilities, and one and three-fourths inches (1 3/4") in new construction, solid bonded wood core construction or other construction of equal or greater fire resistance;

4. Unprotected openings shall be prohibited in interior corridors serving as exit access from bedrooms; and

5. A primary means of egress which is an enclosed vertical opening. This vertical opening shall be enclosed with twenty (20)-minute fire barriers and doors that are self-closing or automatic closing upon detection of smoke; and

(H) In detoxification programs—

1. The means of exit shall not involve windows;

2. The interior shall be fully sheathed in plaster or gypsum board, unless the group can evacuate in eight (8) minutes or less; and

3. Bedroom doors shall be one and one-half inches (1 1/2") in existing facilities, and one and three-fourths inches (1 3/4") in new construction, solid bonded wood core construction or other construction of equal or greater fire resistance, unless the group can evacuate in eight (8) minutes or less.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this rule under consideration with the Core Rules Committee, Attn: Bob McClain, Department of Mental Health, P.O. Box 687, Jefferson City, MO 65102. To be considered, comments must be received within forty-five days after publication of this notice in the ***Missouri Register.*** *No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10— Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and Substance Abuse Programs

RULE UNDER CONSIDERATION

9 CSR 10-7.120 Quality Improvement

PURPOSE: This rule describes requirements for quality improvement activities in Alcohol and Drug Abuse Programs, Compulsive Gambling Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs. This rule shall be applicable to a SATOP program or a REACT program only if the aggregate number of individuals served is 250 per year.

(1) The organization develops and implements a written plan for a systematic quality assessment and improvement process that is accountable to the governing body and includes services certified by the department.

(A) An individual or committee is designated as responsible for coordinating and implementing the quality improvement plan.

(B) Direct service staff and consumers are involved in the planning, design, implementation and review of the organization's quality improvement activities.

(C) Records and reports of quality improvement activities are maintained.

(D) The organization updates its plan for quality assessment and improvement at least annually.

(2) Data are collected to assess quality, monitor service delivery processes and outcomes, identify opportunities for improvement, and monitor improvement efforts.

(A) Data collection shall reflect priority areas identified in the plan.

(B) Consumer satisfaction data shall be included as part of the organization's quality assessment and improvement process.

(C) Data are systematically aggregated and analyzed on an ongoing basis.

(D) Data collection analysis are performed using valid, reliable processes.

(E) The organization compares its performance over time and with other sources of information.

(F) Undesirable patterns in performance and sentinel events are intensively analyzed.

(3) The organization develops and implements strategies for service improvement, based on the data analysis.

(A) The organization evaluates the effectiveness of those strategies in achieving improved services delivery and outcomes.

(B) If improved service delivery and outcomes have not been achieved, the organization revises and implements new strategies.

(4) The department may require, at its option, the use of designated measures or instruments in the quality assessment and improvement process, in order to promote consistency in data collection, analysis, and applicability. The required use of particular measures or instruments shall be applicable only to those programs or services funded by the department or provided through a service network authorized by the department.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this rule under consideration with the Core Rules Committee, Attn: Bob McClain, Department of Mental Health, P.O. Box 687, Jefferson City, MO 65102. To be considered, comments must be received within forty-five days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 7—Core Rules for Psychiatric and Substance Abuse Programs

RULE UNDER CONSIDERATION

9 CSR 10-7.130 Procedures to Obtain Certification

PURPOSE: This rule describes procedures to obtain certification as Alcohol and Drug Abuse Programs, Compulsive Gambling Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Substance Abuse Traffic Offender Programs (SATOP), Required Education Assessment and Community Treatment Programs (REACT), Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) Under sections 376.779.5., 630.010 and 630.655 RSMo, the department is mandated to develop certification standards and to certify an organization's level of service, treatment or rehabilitation as necessary for the organization to operate, receive funds from the department, or participate in a service network authorized by the department and eligible for Medicaid reimbursement. However, certification in itself does not constitute an assurance or guarantee that the department will fund designated services or programs.

(2) An organization may request certification by completing an application form, as required by the department for this purpose, and submitting the application form, and other documentation, as may be specified, to the Department of Mental Health, P.O. Box 687, Jefferson City, MO 65102.

(A) Certification fees are not required except for the Substance Abuse Traffic Offender Program (SATOP) as follows:

1. A fee of one hundred and twenty-five dollars ($125) is required if the aggregate number of individuals being served in the SATOP program(s) during the preceding state fiscal year was less than two hundred and fifty (250) individuals;
2. A fee of two hundred and fifty dollars ($250) is required if the aggregate number of individuals being served in the SATOP program(s) during the preceding state fiscal year was at least two hundred and fifty (250) but no more than four hundred and ninety-nine (499); or
3. A fee of five hundred dollars ($500) is required if the aggregate number of individuals being served in the SATOP program(s) during the preceding state fiscal year was at least five hundred (500).

(B) The department will review a completed application within thirty (30) calendar days of receipt to determine whether the applicant organization would be appropriate for certification. The department will notify the organization of its determination. Where applicable, an organization may qualify for expedited certification in accordance with (3)(B) and (C) of this rule by submitting to the department required documentation and verification of its accreditation or other deemed status.

(C) An organization that wishes to apply for recertification shall submit its application forms to the department at least sixty (60) days before expiration of its existing certificate.

(D) An applicant can withdraw its application at any time during the certification process, unless otherwise required by law.

(3) The department shall conduct a site survey at an organization to assure compliance with standards of care and other requirements.

(A) The department shall conduct a comprehensive site survey for the purpose of determining compliance with core rules and program/service rules, except as stipulated in (3)(B) and (C).

(B) The department shall conduct a expedited site survey when an organization has attained full accreditation under standards for behavioral healthcare from Commission on Accreditation of Rehabilitation Facilities (CARF), the American Osteopathic Association (AOA), or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

1. The survey shall monitor compliance with applicable program/service rules promulgated by the department.
2. The survey shall not monitor core rules, except for those requirements designated by the department as essential to—

A. Providing and documenting services funded by the department or provided through a service network authorized by the department;

B. Assuring the qualifications and credentials of staff members providing these services;

C. Protecting the rights of individuals being served, including mechanisms for grievances and investigations; and

D. Funding, contractual, or other legal relationship between the organization and the department.

(C) The department shall grant a certificate, upon receipt of a completed application, to an organization which has attained full accreditation under standards for behavioral healthcare from CARF, AOA, or JCAHO; does not receive funding from the department; and does not participate in a service network authorized by the department.

1. The organization must submit a current written description of those programs and services for which it is seeking certification by the department.

2. The department shall review its categories of programs and services available for certification and shall determine those which are applicable to the organization. The department, at its option, may visit the organization's program site(s) solely for the purpose of clarifying information contained in the organization's application and its description of programs and services, and/or determining those programs and services eligible for certification by the department.

(4) The department shall provide advance notice and scheduling of routine, planned site surveys.

(A) The department shall notify the applicant regarding survey date(s), procedures and a copy of any survey instrument that may be used. Survey procedures may include, but are not limited to, interviews with organization staff, individuals being served and other interested parties; tour and inspection of treatment sites; review of organization administrative records necessary to verify compliance with requirements; review of personal records and service documentation; observation of program activities; and review of data regarding practice patterns and outcome measures, as available.

(B) The applicant agrees, by act of submitting an application, to allow and assist department representatives in fully and freely conducting these survey procedures and to provide department representatives reasonable and immediate access to premises, individuals, and requested information.

(C) An organization must engage in the certification process in good faith. The organization must provide information and documentation that is accurate, and complete. Failure to participate in good faith, including falsification or fabrication of any information used to determine compliance with requirements, may be grounds to deny issuance of or to revoke certification.

(D) The surveyor(s) shall hold entrance and exit conferences with the organization to discuss survey arrangements and survey findings, respectively.

(E) Within thirty (30) calendar days after the exit conference, the department shall provide a written report to the organization and shall note any deficiencies identified during the survey for which there has not been prompt, remedial action. The department shall send a notice of deficiency by certified mail, return receipt requested.

(F) Within thirty (30) calendar days of the date that a notice of deficiency is presented by certified mail to the organization, it shall submit to the department a plan of correction.

1. The plan must address each deficiency, specifying the method of correction and the date the correction shall be completed.

2. Within fifteen (15) calendar days after receiving the plan of correction, the department shall notify the organization of its decision to approve, disapprove, or require revisions of the proposed plan.

3. In the event that the organization has not submitted a plan of correction acceptable to the department within ninety (90) days of the original date that written notice of deficiencies was presented by certified mail to the organization, it shall be subject to expiration of certification.

(5) The department may grant certification on a temporary, provisional, conditional, or compliance status. In determining certification status, the department shall consider patterns and trends of performance identified during the site survey.

(A) Temporary status shall be granted to an organization if the survey process has not been completed prior to the expiration of an existing certificate and the applicant is not at fault for failure or delay in completing the survey process.

(B) Provisional status for a period of one hundred and eighty (180) calendar days shall be granted to a new organization or program based on a site review which finds the program in compliance with requirements related to policy and procedure, facility, personnel, and staffing patterns sufficient to begin providing services.

1. In the department's initial determination and granting of provisional certification, the organization shall not be expected to fully comply with those standards which reflect ongoing program activities.

2. Within one hundred and eighty (180) calendar days of granting provisional certification, the department shall conduct a comprehensive or expedited site survey and shall make a further determination of the organization's certification status.

(C) Conditional status shall be granted to an organization which, upon a site survey by the department, is found to have numerous or significant deficiencies with standards that may affect quality of care to individuals but there is reasonable expectation that the organization can achieve compliance within a stipulated time period.

1. The period of conditional status shall not exceed one hundred and eighty (180) calendar days. The department may directly monitor progress, may require the organization to submit progress reports, or both.

2. The department shall conduct a further site survey within the one hundred and eighty (180)-day period and make a further determination of the organization's compliance with standards.

(D) Compliance status for a period of one (1) year shall be awarded to an organization which, upon a site survey by the department, is found to fully assure individual safety, health and welfare and to meet all standards relating to quality of care. A two (2)-year time period may be granted if an organization meets performance criteria established by the department for Continuing Compliance with Distinction.

(6) The department may conduct a scheduled or unscheduled site survey of an organization at any time to monitor ongoing compliance with these rules. If any survey finds conditions that are not in compliance with applicable certification standards, the department may require corrective action steps and may change the organization's certification status consistent with procedures set out in this rule.

(7) The department shall certify only the organization named in the application, and the organization may not transfer certification without the written approval of the department.

(A) A certificate is the property of the department and is valid only as long as the organization meets standards of care and other requirements.

(B) The organization shall maintain the certificate issued by the department in a readily available location.

(C) Within seven (7) calendar days of the time a certified organization is sold, leased, discontinued, moved to a new location, has a change in its accreditation status, appoints a new director, or changes programs or services offered, the organization shall provide written notice to the department of any such change.

(D) A certified organization that establishes a new program or type of program shall operate that program in accordance with applicable standards. A provisional review, expedited site survey or comprehensive site survey shall be conducted, as determined by the department.

(8) The department may deny issuance of and may revoke certification based on a determination that—

(A) The nature of the deficiencies results in substantial probability of or actual jeopardy to individuals being served;

(B) Serious or repeated incidents of abuse or neglect of individuals being served or violations of rights have occurred;

(C) Fraudulent fiscal practices have transpired or significant and repeated errors in billings to the department have occurred;

(D) Failure to participate in the certification process in good faith, including falsification or fabrication of any information used to determine compliance with requirements;

(E) The nature and extent of deficiencies results in the failure to conform to the basic principles and requirements of the program or service being offered; or

(F) Compliance with standards has not been attained by an organization upon expiration of conditional certification.

(9) The department, at its discretion, may—

(A) Place a monitor at a program if there is substantial probability of or actual jeopardy to the safety, health or welfare of individuals being served.

1. The cost of the monitor shall be charged to the organization at a reasonable rate established by the department.

2. The department shall remove the monitor when a determination is made that the safety, health and welfare of individuals being served is no longer at risk; and

(B) Take other action to ensure and protect the safety, health or welfare of individuals being served.

(10) An organization which has had certification denied or revoked may appeal to the director of the department within thirty (30) calendar days following notice of the denial or revocation being presented by certified mail to the organization. The director of the department shall conduct a hearing under procedures set out in Chapter 536, RSMo and issue findings of fact, conclusions of law and a decision which shall be final.

(11) The department shall have authority to impose administrative sanctions.

(A) The department may suspend the certification process pending completion of an investigation when an organization that has applied for certification the staff of that organization, is under investigation for fraud, financial abuse, personal abuse or improper clinical practices.

(B) The department may administratively sanction a certified organization that has been found to have committed fraud, financial abuse, personal abuse or improper clinical practices or that had reason to know its staff were engaged in improper practices.

(C) Administrative sanctions include, but are not limited to, suspension of certification, clinical utilization review requirements, suspension of new admissions, denial or revocation of certification, or other actions as determined by the department.

(D) The department shall have the authority to refuse to accept for a period of up to twenty-four (24) months an application for certification from an organization that has had certification denied or revoked or that has been found to have committed fraud, financial abuse or improper clinical practices or whose staff and clinicians were engaged in improper practices.

(E) An organization may appeal these sanctions pursuant to section (10).

(12) An organization may request the department's exceptions committee to waive a requirement for certification if the head of the organization provides evidence that a waiver is in the best interests of the individuals it serves.

(A) A request for a waiver shall be in writing and shall include justification for the request.

(B) The request shall be submitted to Exceptions Committee, Department of Mental Health, P.O. Box 687, Jefferson City, MO 65102.

(C) The exceptions committee shall hold meetings in accordance with Chapter 610, RSMo and shall respond with a written decision within forty-five (45) calendar days of receiving a request.

(D) The exceptions committee may issue a waiver on a time-limited or other basis.

(E) If a waiver request is denied, the exceptions committee may give the organization forty-five (45) calendar days to fully comply with the standard, unless a different time period is specified by the committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this rule under consideration with the Core Rules Committee, Attn: Bob McClain, Department of Mental Health, P.O. Box 687, Jefferson City, MO 65102. To be considered, comments must be received within forty-five days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

OFFICE OF ADMINISTRATION
Division of Purchasing

BID OPENINGS

Sealed Bids in one (1) copy will be received by the Division of Purchasing, Room 580, Truman Building, P.O. Box 809, Jefferson City, MO 65102, telephone (573) 751-2387 at 2:00 p.m. on dates specified below for various agencies throughout Missouri. Bids are available to download via our homepage: http://www.state.mo.us/oa/purch/purch.htm. Prospective bidders may receive specifications upon request.

B1Z00097 Outboard Motors 12/1/99;
B1Z00119 Mail Management System 12/1/99;
B3Z00082 Vending Services; I-44 Rest Areas 12/1/99;
B1Z00130 Bakery Products 12/2/99;
B1Z00132 Truck: Tractor 12/2/99;
B1Z00133 Mail Tracking System 12/2/99;
B1Z00134 Dairy Products 12/2/99;
B3Z00066 Audit Services-Counties 12/3/99;
B1Z00125 Paper: Bath Tissue & Towels 12/6/99;
B1Z00129 Generator, Portable, Trailer Mounted 12/6/99;
B1Z00138 Electrical Supplies: Sam A. Baker State Park 12/6/99;
B1Z00139 Electrical Supplies: Meramec State Park 12/6/99;
B2Z00040 Cartridge Recharging Supplies 12/6/99;
B1Z00126 Paper: Office and Printing 12/7/99;
B1Z00128 Supplies: Janitorial 12/7/99;
B1Z00140 Boom: Articulating 12/7/99;
B3Z00085 Educational Services-Program Evaluation 12/7/99;
B1Z00136 Grocery-3rd Quarter, January-March 12/8/99;
B3Z00071 Refugee Resettlement Program 12/8/99;
B1Z00142 Tractor and Lawn Equipment 12/9/99;
B1Z00143 Janitorial Supplies 12/10/99;
B1Z00163 Windshield: Auto Replacement & Repair 12/13/99.

It is the intent of the state of Missouri, Division of Purchasing to purchase the following as a single feasible source without competitive bids. If suppliers exist other than the one identified, contact (573) 751-2387 immediately.

1.) Epidemiology of Speech, Language, and Hearing in Low Birth Weight Infants, supplied by Research Medical Center.
2.) Software Maintenance, supplied by Unisoft Systems, Inc.
3.) Special Education Expenditure Project, supplied by American Institute for Research.

Joyce Murphy, CPPO,
Director of Purchasing

Rule Changes Since Update to Code of State Regulations

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—21 (1996), 22 (1997), 23 (1998) and 24 (1999). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable and RUC indicates a rule under consideration.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
	OFFICE OF ADMINISTRATION				
1 CSR 10	State Officials' Salary Compensation Schedule				23 MoReg 2473 24 MoReg 2535
1 CSR 10-15.010	Commissioner of Administration		24 MoReg 2577		
1 CSR 20-5.010	Personnel Advisory Board		24 MoReg 2578		
1 CSR 20-5.015	Personnel Advisory Board		24 MoReg 2578		
1 CSR 20-5.020	Personnel Advisory Board		24 MoReg 2579		
1 CSR 20-5.025	Personnel Advisory Board		24 MoReg 2580		
	DEPARTMENT OF AGRICULTURE				
2 CSR 10-5.005	Market Development	24 MoReg 2269			
2 CSR 10-5.010	Market Development		23 MoReg 2676		
2 CSR 60-1.010	Grain Inspection and Warehousing		This Issue		
2 CSR 60-4.011	Grain Inspection and Warehousing		This Issue		
2 CSR 60-4.040	Grain Inspection and Warehousing		This IssueR		
2 CSR 60-4.070	Grain Inspection and Warehousing		This Issue		
2 CSR 60-4.110	Grain Inspection and Warehousing		This Issue		
2 CSR 60-4.140	Grain Inspection and Warehousing		This Issue		
2 CSR 60-4.150	Grain Inspection and Warehousing		This Issue		
2 CSR 60-4.180	Grain Inspection and Warehousing		This Issue		
2 CSR 60-5.010	Grain Inspection and Warehousing		This Issue		
2 CSR 60-5.020	Grain Inspection and Warehousing		This IssueR This Issue		
2 CSR 60-5.030	Grain Inspection and Warehousing		This IssueR		
2 CSR 60-5.040	Grain Inspection and Warehousing		This Issue		
2 CSR 60-5.050	Grain Inspection and Warehousing		This Issue		
2 CSR 60-5.070	Grain Inspection and Warehousing		This Issue		
2 CSR 60-5.080	Grain Inspection and Warehousing		This Issue		
2 CSR 60-5.100	Grain Inspection and Warehousing		This Issue		
2 CSR 60-5.120	Grain Inspection and Warehousing		This Issue		
2 CSR 70-13.010	Plant Industries		24 MoReg 1821	24 MoReg 2712	
2 CSR 70-13.015	Plant Industries		24 MoReg 1821	24 MoReg 2712	
2 CSR 70-13.020	Plant Industries		24 MoReg 1822	24 MoReg 2712	
2 CSR 70-13.025	Plant Industries		24 MoReg 1822	24 MoReg 2712	
2 CSR 70-13.030	Plant Industries		24 MoReg 1823	24 MoReg 2713	
2 CSR 70-13.035	Plant Industries		24 MoReg 1825	24 MoReg 2713	
2 CSR 70-13.040	Plant Industries		24 MoReg 1827	24 MoReg 2713	
2 CSR 80-2.180	State Milk Board	24 MoReg 2675	This Issue		
2 CSR 90-30.050	Weights and Measures		24 MoReg 1195	24 MoReg 2505	
2 CSR 90-30.060	Weights and Measures		24 MoReg 1200R	24 MoReg 2508R	
2 CSR 90-30.070	Weights and Measures		24 MoReg 1200	24 MoReg 2508	
2 CSR 90-30.080	Weights and Measures		24 MoReg 1203	24 MoReg 2509	
2 CSR 90-30.090	Weights and Measures		24 MoReg 1203	24 MoReg 2509	
2 CSR 90-30.100	Weights and Measures		24 MoReg 1207	24 MoReg 2509	
2 CSR 100-8.010	Agricultural and Small Business Authority	24 MoReg 1787R	24 MoReg 1829R	24 MoReg 2713R	
	DEPARTMENT OF CONSERVATION				
3 CSR 10-1.010	Conservation Commission		This Issue		
3 CSR 10-4.115	Conservation Commission		24 MoReg 1479 24 MoReg 2581	24 MoReg 2156	
3 CSR 10-4.116	Conservation Commission		24 MoReg 1484 24 MoReg 2582	24 MoReg 2156	
3 CSR 10-4.125	Conservation Commission		24 MoReg 2583		
3 CSR 10-5.205	Conservation Commission		24 MoReg 1486 24 MoReg 2583	24 MoReg 2157	
3 CSR 10-5.210	Conservation Commission		24 MoReg 2586		
3 CSR 10-5.215	Conservation Commission		24 MoReg 1486 24 MoReg 2586	24 MoReg 2157	
3 CSR 10-6.405	Conservation Commission		24 MoReg 1487 24 MoReg 2586	24 MoReg 2158	
3 CSR 10-7.405	Conservation Commission		24 MoReg 2587		
3 CSR 10-7.440	Conservation Commission		N.A.		24 MoReg 2509
3 CSR 10-8.505	Conservation Commission		24 MoReg 2587		
3 CSR 10-9.442	Conservation Commission		N.A.		24 MoReg 2510

Rule Number	Agency	Emergency	Proposed	Order	In Addition
	DEPARTMENT OF ECONOMIC DEVELOPMENT				
4 CSR 10-2.160	Missouri State Board of Accountancy		24 MoReg 2625		
4 CSR 40-1.021	Office of Athletics	21 MoReg 2680			
4 CSR 40-5.070	Office of Athletics	21 MoReg 1963			
4 CSR 70-2.040	State Board of Chiropractic Examiners		24 MoReg 2201		
4 CSR 70-2.050	State Board of Chiropractic Examiners		24 MoReg 2201		
4 CSR 70-2.070	State Board of Chiropractic Examiners		24 MoReg 2202		
4 CSR 70-2.090	State Board of Chiropractic Examiners		24 MoReg 1722	24 MoReg 2590	
4 CSR 90-13.020	State Board of Cosmetology		23 MoReg 1952		
4 CSR 90-13.040	State Board of Cosmetology		24 MoReg 1724	24 MoReg 2713	
4 CSR 90-13.060	State Board of Cosmetology		24 MoReg 1724	24 MoReg 2713	
4 CSR 100	Division of Credit Unions				24 MoReg 2647 24 MoReg 2721
4 CSR 105-1.010	Credit Union Commission		24 MoReg 1829		
4 CSR 105-2.010	Credit Union Commission	24 MoReg 1787	24 MoReg 1833		
4 CSR 105-3.010	Credit Union Commission	24 MoReg 1788	24 MoReg 1839		
4 CSR 105-3.020	Credit Union Commission	24 MoReg 1789	24 MoReg 1839		
4 CSR 105-3.030	Credit Union Commission	24 MoReg 1790	24 MoReg 1839		
4 CSR 120-2.060	Board of Embalmers and Funeral Directors		24 MoReg 2128		
4 CSR 120-2.100	Board of Embalmers and Funeral Directors		24 MoReg 2129		
4 CSR 150-2.001	State Board of Registration for the Healing Arts		23 MoReg 2565		
4 CSR 150-2.065	State Board of Registration for the Healing Arts		23 MoReg 2566		
4 CSR 150-3.080	State Board of Registration for the Healing Arts		24 MoReg 1497	24 MoReg 2636	
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12 CSR 40-80.050	State Lottery		24 MoReg 1738	24 MoReg 2644	
12 CSR 40-80.090	State Lottery		24 MoReg 1738	24 MoReg 2644	
12 CSR 40-80.100	State Lottery		24 MoReg 1738	24 MoReg 2644	
12 CSR 40-90.010	State Lottery		24 MoReg 1739R	24 MoReg 2644R	
12 CSR 40-90.020	State Lottery		24 MoReg 1739R	24 MoReg 2644R	
12 CSR 40-90.030	State Lottery		24 MoReg 1739R	24 MoReg 2645R	
12 CSR 40-90.040	State Lottery		24 MoReg 1739R	24 MoReg 2645R	
12 CSR 40-90.050	State Lottery		24 MoReg 1740R	24 MoReg 2645R	

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12 CSR 40-90.070	State Lottery		24 MoReg 1740R	24 MoReg 2645R	
12 CSR 40-90.080	State Lottery		24 MoReg 1740R	24 MoReg 2645R	
12 CSR 40-90.090	State Lottery		24 MoReg 1741R	24 MoReg 2646R	
12 CSR 40-90.100	State Lottery		24 MoReg 1741R	24 MoReg 2646R	
12 CSR 40-90.110	State Lottery		24 MoReg 1741	24 MoReg 2646	
12 CSR 40-90.120	State Lottery		24 MoReg 1741R	24 MoReg 2646R	
12 CSR 60-1.010	Motor Vehicle Commission		24 MoReg 2702R		
12 CSR 60-1.020	Motor Vehicle Commission		24 MoReg 2702R		
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12 CSR 60-1.060	Motor Vehicle Commission		24 MoReg 2703R		
12 CSR 60-2.010	Motor Vehicle Commission		24 MoReg 2704R		
12 CSR 60-2.020	Motor Vehicle Commission		24 MoReg 2704R		
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12 CSR 60-2.050	Motor Vehicle Commission		24 MoReg 2705R		
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12 CSR 60-2.070	Motor Vehicle Commission		24 MoReg 2705R		
12 CSR 60-2.080	Motor Vehicle Commission		24 MoReg 2705R		
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12 CSR 60-2.100	Motor Vehicle Commission		24 MoReg 2706R		
12 CSR 60-2.110	Motor Vehicle Commission		24 MoReg 2706R		
12 CSR 60-2.120	Motor Vehicle Commission		24 MoReg 2706R		
12 CSR 60-2.130	Motor Vehicle Commission		24 MoReg 2707R		
12 CSR 60-2.140	Motor Vehicle Commission		24 MoReg 2707R		
12 CSR 60-2.150	Motor Vehicle Commission		24 MoReg 2707R		
12 CSR 60-2.160	Motor Vehicle Commission		24 MoReg 2708R		
12 CSR 60-2.170	Motor Vehicle Commission		24 MoReg 2708R		
12 CSR 60-3.010	Motor Vehicle Commission		24 MoReg 2708R		
12 CSR 60-4.010	Motor Vehicle Commission		24 MoReg 2708R		
12 CSR 60-4.020	Motor Vehicle Commission		24 MoReg 2709R		
12 CSR 60-4.030	Motor Vehicle Commission		24 MoReg 2709R		
12 CSR 60-4.040	Motor Vehicle Commission		24 MoReg 2709R		
12 CSR 60-4.050	Motor Vehicle Commission		24 MoReg 2710R		
12 CSR 60-4.060	Motor Vehicle Commission		24 MoReg 2710R		
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13 CSR 15-14.022	Division of Aging	24 MoReg 1474	24 MoReg 2054	This Issue	
13 CSR 40-2.300	Division of Family Services	23 MoReg 2133T			
13 CSR 40-2.305	Division of Family Services	23 MoReg 2133T			
13 CSR 40-2.310	Division of Family Services	23 MoReg 2133T			
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13 CSR 40-2.320	Division of Family Services	23 MoReg 2134T			
13 CSR 40-2.325	Division of Family Services	23 MoReg 2134T			
13 CSR 40-2.330	Division of Family Services	23 MoReg 2134T			
13 CSR 40-2.335	Division of Family Services	23 MoReg 2134T			
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13 CSR 40-2.355	Division of Family Services	23 MoReg 2135T			
13 CSR 40-2.360	Division of Family Services	23 MoReg 2135T			
13 CSR 40-2.365	Division of Family Services	23 MoReg 2135T			
13 CSR 40-2.370	Division of Family Services	23 MoReg 2135T			
13 CSR 40-19.020	Division of Family Services	24 MoReg 2270	24 MoReg 2394		
13 CSR 40-80.010	Division of Family Services		24 MoReg 2395		
13 CSR 70-3.020	Medical Services		23 MoReg 1191		
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13 CSR 70-3.030	Medical Services		24 MoReg 1743		
13 CSR 70-3.130	Medical Services		24 MoReg 1747		
13 CSR 70-4.080	Medical Services		24 MoReg 2396		
13 CSR 70-4.080(5)	Medical Services		24 MoReg 2398		
13 CSR 70-4.090	Medical Services	24 MoReg 2569	24 MoReg 2399		
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13 CSR 70-10.015(13)	Medical Services	24 MoReg 2572	24 MoReg 2401		
13 CSR 70-10.030	Medical Services	24 MoReg 711	24 MoReg 200		
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13 CSR 70-10.040	Medical Services		24 MoReg 1672	This Issue	
13 CSR 70-10.050	Medical Services	24 MoReg 2574	24 MoReg 1673	24 MoReg 2595	
13 CSR 70-10.080	Medical Services	24 MoReg 2574	24 MoReg 2404		
13 CSR 70-10.110	Medical Services	24 MoReg 2575	24 MoReg 2406		
13 CSR 70-15.010	Medical Services				24 MoReg 1972
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13 CSR 70-15.040	Medical Services		24 MoReg 1540	24 MoReg 2596	
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13 CSR 70-20.031	Medical Services		24 MoReg 202 24 MoReg 1675	24 MoReg 2720	
13 CSR 70-20.032	Medical Services		24 MoReg 202		
13 CSR 70-94.020	Medical Services		24 MoReg 1543	24 MoReg 2596	
13 CSR 73-2.015	Board of Nursing Home Administrators	This Issue	This Issue		
13 CSR 73-2.020	Board of Nursing Home Administrators	This Issue	This Issue		
13 CSR 73-2.070	Board of Nursing Home Administrators	This Issue	This Issue		
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15 CSR 30-4.010	Secretary of State		24 MoReg 2413		
15 CSR 30-15.010	Secretary of State		24 MoReg 2417		
15 CSR 30-15.020	Secretary of State		24 MoReg 2417		
15 CSR 30-45.030	Secretary of State		24 MoReg 2147R 24 MoReg 2147		
15 CSR 50-4.010	Treasurer		24 MoReg 2417		
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15 CSR 60-11.010	Attorney General		24 MoReg 1103		
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16 CSR 10-6.020	Public School Retirement System		24 MoReg 1751	24 MoReg 2646	
16 CSR 10-6.040	Public School Retirement System		24 MoReg 2235		
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16 CSR 10-6.060	Public School Retirement System		24 MoReg 2235		
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19 CSR 20-8.010	Health and Communicable Disease Prevention	24 MoReg 2275R	24 MoReg 2423R		
19 CSR 20-8.020	Health and Communicable Disease Prevention	24 MoReg 2275R	24 MoReg 2423R		
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19 CSR 20-28.060	Health and Communicable Disease Prevention		24 MoReg 1543	24 MoReg 2530	
19 CSR 30-1.002	Health Standards and Licensure		24 MoReg 572		
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19 CSR 30-1.006	Health Standards and Licensure		24 MoReg 580		
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19 CSR 30-1.017	Health Standards and Licensure		24 MoReg 591		
19 CSR 30-1.019	Health Standards and Licensure		24 MoReg 598		
19 CSR 30-1.020	Health Standards and Licensure		24 MoReg 598R		
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19 CSR 30-70.150	Health Standards and Licensure	24 MoReg 2281	24 MoReg 2435		
19 CSR 30-70.160	Health Standards and Licensure	24 MoReg 2283	24 MoReg 2439		
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19 CSR 30-70.310	Health Standards and Licensure	24 MoReg 2291	24 MoReg 2465		
19 CSR 30-70.320	Health Standards and Licensure	24 MoReg 2292	24 MoReg 2465		
19 CSR 30-70.330	Health Standards and Licensure	24 MoReg 2295	24 MoReg 2471		
19 CSR 30-70.340	Health Standards and Licensure	24 MoReg 2296	24 MoReg 2471		
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19 CSR 30-70.360	Health Standards and Licensure	24 MoReg 2297	24 MoReg 2472		
19 CSR 30-70.370	Health Standards and Licensure	24 MoReg 2298	24 MoReg 2473		
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19 CSR 30-70.390	Health Standards and Licensure	24 MoReg 2300	24 MoReg 2477		
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19 CSR 30-70.510	Health Standards and Licensure	24 MoReg 2301	24 MoReg 2478		
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19 CSR 30-70.600	Health Standards and Licensure	24 MoReg 2302	24 MoReg 2482		
19 CSR 30-70.610	Health Standards and Licensure	24 MoReg 2304	24 MoReg 2483		
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19 CSR 40-13.010	Maternal, Child and Family Health		24 MoReg 515		
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19 CSR 60-50.430	Missouri Health Facilities Review	24 MoReg 1806R 24 MoReg 1806	24 MoReg 1933R 24 MoReg 1933	This IssueR This Issue	
19 CSR 60-50.450	Missouri Health Facilities Review	24 MoReg 1818R 24 MoReg 1818	24 MoReg 1947R 24 MoReg 1947	This IssueR This Issue	
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20 CSR 10-1.020	General Administration		24 MoReg 1545	24 MoReg 2530	
20 CSR 200-5.010	Financial Examination		24 MoReg 1550	24 MoReg 2531	
20 CSR 200-6.100	Financial Examination		24 MoReg 1553	24 MoReg 2531	
20 CSR 200-7.200	Financial Examination		24 MoReg 1555	24 MoReg 2531	
20 CSR 200-8.100	Financial Examination		24 MoReg 1559	24 MoReg 2531	
20 CSR 200-9.600	Financial Examination		24 MoReg 1562	24 MoReg 2531	
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20 CSR 400-1.150	Life, Annuities and Health		24 MoReg 1574	24 MoReg 2532	
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20 CSR 500-1.100	Property and Casualty		24 MoReg 1585	24 MoReg 2532	
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2 CSR 10-5.005 Price Reporting Requirements for Livestock Purchases by Packers . . . . . .March 2, 2000

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2 CSR 80-2.180 Adoption of the *Grade A Pasteurized Milk Ordinance* with Administrative Procedures—Recommendations of the United States Public Health Service/Food and Drug Administration (PMO) . . . . . .May 1, 2000

Missouri Agricultural and Small Business Development Authority

2 CSR 100-8.010 Description of Operation, Definitions, Applicant Requirements, Procedures for Grant Approval, Funding of Grants, and Amending the Rules for the Missouri Value-Added Grant Program . . . . . .February 24, 2000

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Credit Union Commission

4 CSR 105-2.010 Rules of Procedure . . . . . .January 7, 2000

4 CSR 105-3.010 Definitions . . . . . .January 7, 2000

4 CSR 105-3.020 Criteria for Additional Membership Groups . . . . . .January 7, 2000

4 CSR 105-3.030 Economic Advisability . . . . . .January 7, 2000

Public Service Commission

4 CSR 240-33.150 Verification of Orders for Changing Telecommunications Service Provider . . .Terminated November 30, 1999

Department of Elementary and Secondary Education

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5 CSR 80-800.290 Application for Substitute Certificate of License to Teach . . . . . .January 26, 2000

Department of Transportation

Missouri Highways and Transportation Commission

7 CSR 10-2.010 Overdimension and Overweight Permits . . . . . .May 16, 2000

7 CSR 10-2.010 Overdimension and Overweight Permits . . . . . .May 16, 2000

7 CSR 10-10.010 Definitions . . . . . .May 16, 2000

7 CSR 10-10.040 Contractor Performance Questionnaire Used in Evaluating Contractor Performance . . . . . .May 16, 2000

7 CSR 10-10.050 Procedure and Schedule for Completing the Contractor Performance Questionnaire . . . . . .May 16, 2000

7 CSR 10-10.070 Procedure for Annual Rating of Contractors . . . . . .May 16, 2000

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8 CSR 60-3.040 Employment Practices Related to Men and Women . . . . . .March 24, 2000

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9 CSR 30-4.030 Certification Standards Definitions . . . . . .February 17, 2000

9 CSR 30-4.034 Personnel and Staff Development . . . . . .February 17, 2000

9 CSR 30-4.035 Client Records of a Community Psychiatric Rehabilitation Program . . . . . .February 17, 2000

9 CSR 30-4.039 Service Provision . . . . . .February 17, 2000

9 CSR 30-4.042 Admission Criteria . . . . . .February 17, 2000

9 CSR 30-4.043 Treatment Provided by a Community Psychiatric Rehabilitation Program . . . . . .February 17, 2000

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10 CSR 60-3.010 Construction Authorization, Final Approval of Construction Owner-Supervised Program and Permit to Dispense Water . . . . . .March 27, 2000

10 CSR 60-3.020 Continuing Operating Authority . . . . . .March 27, 2000

10 CSR 60-3.030 Technical, Managerial, and Financial Capacity . . . . . .March 27, 2000

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Missouri Gaming Commission

11 CSR 45-17.020 Procedure for Applying for Placement on List of Disassociated Persons . . . . . .January 20, 2000

11 CSR 45-13.055 Immediate Revocation or Suspension of License—Expedited Hearing . . . . . .February 24, 2000

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12 CSR 10-23.446 Notice of Lien . . . . . .February 23, 2000

Department of Social Services

Division of Aging

13 CSR 15-10.060 Hiring Restrictions—Good Cause Waiver . . . . . .January 10, 2000

13 CSR 15-14.012 Construction Standards for New Intermediate Care and Skilled Nursing Facilities and Additions to and Major Remodeling of Intermediate Care and Skilled Nursing Facilities . . . . . .February 24, 2000

13 CSR 15-14.022 Fire Safety Standards for New and Existing Intermediate Care and Skilled Nursing Facilities . . . . . .February 24, 2000

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13 CSR 40-19.020 Low Income Home Energy Assistance Program . . . . . .March 28, 2000

Division of Medical Services

13 CSR 70-4.090 Uninsured Working Parents' Health Insurance Program . . . . . .Terminated October 15, 1999

13 CSR 70-10.015 Prospective Reimbursement Plan for Nursing Facility Services . . . . . .March 29, 2000

13 CSR 70-10.030 Prospective Reimbursement Plan for Nonstate-Operated Facilities for ICF/MR Services . . . . .March 29, 2000

13 CSR 70-10.050 Pediatric Nursing Care Plan . . . . . .March 29, 2000

13 CSR 70-10.080 Prospective Reimbursement Plan for HIV Nursing Care Services . . . . . .March 29, 2000

13 CSR 70-10.110 Nursing Facility Reimbursement Allowance . . . . . .March 29, 2000

13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Plan; Outpatient Hospital Reimbursement Methodology . . . . . .December 24, 1999

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15 CSR 50-4.020 Missouri Higher Education Savings Board . . . . . .March 11, 2000

Department of Health

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19 CSR 20-8.010 Accreditation of Lead Training Program . . . . . .February 25, 2000

19 CSR 20-8.020 Licensing of Lead Inspectors, Lead Abatement Workers and Lead Abatement Supervisors/Contractors . . . . . .February 25, 2000

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19 CSR 30-40.303 Medical Director Required for All: Ambulance Services and—Emergency Medical Response Agencies that Provide Advanced Life Support Services, Basic Life Support Services Utilizing Medications or Providing Assistance With Patients' Medications, or Basic Life Support Services Performing Invasive Procedures Including Invasive Airway Procedures; Dispatch Agencies Providing Prearrival Medical Instructions; and EMS Training Entities . . . . . .February 3, 2000

19 CSR 30-40.303 Medical Director Required for All: Ambulance Services and Emergency Medical Response Agencies That Provide Advanced Life Support Services, Basic Life Support Services Utilizing Medications or Providing Assistance With Patients' Medications, or Basic Life Support Services Performing Invasive Procedures Including Invasive Airway Procedures; Dispatch Agencies Providing Pre-arrival Medical Instructions; and Training Entities . . . . . .February 3, 2000

19 CSR 30-70.110 Definitions and Abbreviation for Lead Abatement and Assessment Licensing . . . . . .February 25, 2000

19 CSR 30-70.120 General . . . . . .February 25, 2000

19 CSR 30-70.130 Application Process and Requirements for the Licensure of Lead Inspectors . . . . . .February 25, 2000

19 CSR 30-70.140 Application Process and Requirements for the Licensure of Risk Assessors . . . . . .February 25, 2000

19 CSR 30-70.150 Application Process and Requirements for the Licensure of Lead Abatement Workers . . . .February 25, 2000

19 CSR 30-70.160 Application Process and Requirements for the Licensure of Lead Abatement Supervisors . .February 25, 2000

19 CSR 30-70.170 Application Process and Requirements for the Licensure of Project Designers . . . . . .February 25, 2000

19 CSR 30-70.180 Application Process and Licensure Renewal Requirements for Lead Abatement Contractors .February 25, 2000

19 CSR 30-70.190 Renewal of Lead Occupation Licenses . . . . . .February 25, 2000

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19 CSR 30-70.200 Application Process and Requirements for the Licensure of Risk Assessors Who Possessed a Valid Missouri Lead Inspector License on August 28, 1998 . . . . . .February 25, 2000

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