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

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 If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission.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

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

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

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

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

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

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 90—State Board of Cosmetology
Chapter 8—Training Hours

PROPOSED RESCISSION

4 CSR 90-8.010 Hours. This rule explained hour requirements.

PURPOSE: This rule is being rescinded and readopted to clarify hour requirements as authorized in section 329.040, RSMo.

AUTHORITY: section 329.230, RSMo 1994. This version of rule filed June 26, 1975, effective July 6, 1975. Amended: Filed March 31, 1988, effective June 27, 1988. Amended: Filed Aug. 2, 1990, effective Dec. 31, 1990. Amended: Filed Dec. 14, 1995, effective June 30, 1996. Rescinded: Filed March 1, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri State Board of Cosmetology, Pamela A. Hoelscher, Executive Director, PO Box 1062, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 90—State Board of Cosmetology
Chapter 8—Training Hours

PROPOSED RULE

4 CSR 90-8.010 Hours

PURPOSE: This rule clarifies hour requirements as authorized in section 329.040, RSMo.

(1) Minimum–Maximum Hours Accepted.

(A) Each school, public institution or salon shall define, for its own purposes, what constitutes a full-time, part-time or evening student, instructor trainee or apprentice, but will be required to designate one (1) of these classifications for each individual enrolled in its program of study and supply the information to the board on the enrollment form supplied by the board.

(B) All students, instructor trainees and apprentices shall be enrolled in a course of study of no less than three (3) hours per day and no more than eight (8) hours per day with a weekly total that is no less than fifteen (15) hours and no more than forty-eight (48) hours.

(2) Change of Status. No student, instructor trainee or apprentice shall be permitted to change his/her designated status of enrollment except by the submission of a properly completed change of status form to the board in accordance with 4 CSR 90-2.010(1)(C).

(3) No training hours may be counted towards satisfaction of more than one course of study or classification in a Missouri cosmetology school.

(4) Credit for Out-of-State Training.

(A) An applicant for the Missouri cosmetology examination, as an apprentice or a student, who has obtained training hours outside Missouri may be given credit for those training hours so long as they were received from a licensed school of cosmetology or licensed apprentice program in the other state.

(B) For purposes of review of an application for examination from an applicant pursuant to section 329.050.2, RSMo, a school of cosmetology or an apprentice program in another state or territory of the United States shall be considered to have substantially the same requirements as an educational establishment licensed pursuant to Chapter 329, RSMo, if the board is satisfied that it has substantially the same requirements as set forth in section 329.040.3–7, RSMo, and rule 4 CSR 90-2.010(5)(A).

(C) Any person that receives credit for out-of-state training but still does not meet the qualifications to take the Missouri cosmetology examination will receive notice from the board of the exact training requirements necessary to completely satisfy the state examination qualifications as set forth in Chapter 329, RSMo.

AUTHORITY: sections 329.040, 329.210 and 329.230, RSMo 2000. This version of rule filed June 26, 1975. effective July 6, 1975. Amended: Filed March 31, 1988, effective June 27, 1988. Amended: Filed Aug. 2, 1990, effective Dec. 31, 1990. Amended: Filed Dec. 14, 1995, effective June 30, 1996. Rescinded and readopted: Filed March 1, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COSTS: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri State Board of Cosmetology, Pamela A. Hoelscher, Executive Director, PO Box 1062, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 220—State Board of Pharmacy
Chapter 2—General Rules

PROPOSED AMENDMENT

4 CSR 220-2.032 Licensure by Examination for Graduates of Nonapproved Foreign Pharmacy Schools. The board is proposing to delete subsection (2)(D) and relettering the remaining subsections accordingly.

PURPOSE: This amendment removes the requirement for Test of English as a Foreign Language (TOEFL) and Test of Spoken English (TSE) examinations since these are a part of the Foreign Pharmacy Graduate Equivalency Certification (FPGEC) certification which is required in the newly numbered subsection (2)(F).

(2) The board shall consider an application only after the applicant submits all of the following required credentials:

[(D) If the applicant is from a country in which the predominate language is not English, the applicant must provide the board with the following:

1. Test of English as a Foreign Language (TOEFL) Certificate in which the applicant has obtained a minimum score of fifty-five (55) in each section and a total score of not less than five hundred fifty (550); and

2. Test of Spoken English (TSE) Certificate in which the applicant has obtained a minimum score of fifty-five (55);]

[(E)] **(D)** Copy of current visa, along with a copy of an employment authorization document such as an Alien Registration Receipt Card, Form I-551 or Employment Authorization Card Form I-688-B, or any other document approved or issued by the United States government permitting employment, if applicant is not a United States citizen, or proof of United States citizenship;

[(F)] **(E)** One (1), two-inch by two-inch (2"× 2") frontal view portrait photograph of the applicant; and

[(G)] **(F)** Foreign Pharmacy Graduate Equivalency Certification (FPGEC) as provided by the National Association of Boards of Pharmacy Foundation Foreign Pharmacy Graduate Examination Committee.

AUTHORITY: sections 338.020, [and] 338.030 ***and 338.140****, RSMo [1994]* ***2000****. Original rule filed Oct. 16, 1985, effective Feb. 24, 1986. Amended:Filed Dec. 24, 1990, effective June 10, 1991. Amended: Filed Dec 15, 1995, effective July 30, 1996. Amended: Filed Nov. 21, 1997, effective June 30, 1998. Amended: Filed March 1, 2001.*

PUBLIC COSTS: The proposed amendment will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: The proposed amendment will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Pharmacy, Kevin Kinkade, Executive Director, PO Box 625, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 220—State Board of Pharmacy
Chapter 4—Fees Charged by the Board of Pharmacy

PROPOSED AMENDMENT

4 CSR 220-4.010 General Fees. The board is proposing to amend subsections (1)(E), (1)(O) and (1)(P).

PURPOSE: This amendment allows the board to implement biennial renewals for pharmacies and drug distributors.

(1) The following fees are established by the State Board of Pharmacy:

(E) Pharmacy Permit Renewal Fee	*[$200.00]* **$400.00**
(O) Original and Renewal Drug Distributor Out-of-State Registration Fee	*[$ 10.00]* **$20.00**
(P) Wholesale Drug Distributor License Renewal Fee	*[$200.00]* **$400.00**

AUTHORITY: sections 338.013, 338.020, 338.035, 338.040, 338.060, 338.070, 338.140, 338.185, 338.220 338.280 and 338.350, [RSMo Supp. 1999 and] RSMo [1994] ***2000****. Emergency rule filed July 15, 1981, effective Aug. 3, 1981, expired Nov. 11, 1981. Original rule filed Aug. 10, 1981, effective Nov. 12, 1981. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed March 1, 2001.*

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

PRIVATE COST: This proposed amendment will not cost private entities more than $500 in the aggregate as the board is merely implementing a biennial renewal.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Pharmacy, Kevin Kinkade, Executive Director, PO Box 625, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 231—Division of Professional Registration
Chapter 2—Designation of License Renewal Dates and Related Information

PROPOSED AMENDMENT

4 CSR 231-2.010 Designation of License Renewal Dates and Related Renewal Information. The division is proposing to amend subsection (1)(D) and various subsections of section (2), (3)(A), delete section (4) and renumber the remaining sections accordingly.

PURPOSE: This amendment designates license renewal dates for the Acupuncturist Advisory Committee, the State Committee of Dietitians, the Interior Design Council, and the Board of Therapeutic Massage and changes the renewal date for drug distributors to November 1.

(1) For the purposes of this rule, definitions of the following terms are:

(D) License means any license, certificate**, registration** or permit which by statute must be renewed every one, two or three (1, 2 or 3) years as required by **statute and/or** rule for an individual, partnership or corporation to practice or operate a regulated profession or activity; and

(2) The license renewal dates designated for each agency assigned to the division are—

(B) Acupuncturist Advisory Committee—March 1;

[(B)] **(C)** Missouri Board for Architects, Professional Engineers, and Land Surveyors—

1. Architects, engineers, land surveyors—January 1; and
2. Firms/corporations—March 1;

[(C)] **(D)** Athletic Trainer Advisory Committee—January 31;

[(D)] **(E)** Office of Athletics—July 1;

[(E)] **(F)** State Board of Barber Examiners—

1. Barber instructors, barber shops, barbers—March 1; and
2. Barber schools—July 1;

[(F)] **(G)** Missouri State Board of Chiropractic Examiners—March 1;

[(G)] **(H)** State Board of Cosmetology—October 1;

[(H)] **(I)** The Missouri Dental Board—December 1;

(J) State Committee of Dietitians—April 1;

[(I)] **(K)** State Board of Embalmers and Funeral Directors—

1. Embalmers, funeral directors—June 1;
2. Preneed providers, preneed sellers—November 1; and
3. Funeral establishments—January 1;

[(J) Office of Employment Agencies—May 1;]

[(K)] **(L)** Board of Geologist Registration—May 1;

[(L)] **(M)** The State Board of Registration for the Healing Arts—February 1;

[(M)] **(N)** Missouri Board of Examiners for Hearing Instrument Specialists—January 1;

(O) Interior Design Council—June 1;

[(N)] **(P)** Landscape Architectural Council—November 1;

[(O)] **(Q)** State Committee on Marital and Family Therapists—March 1;

(R) Board of Therapeutic Massage—

1. Massage Therapy License—January 1; and

2. Massage Therapy Business License—January 1;

[(P)] **(S)** The Missouri State Board of Nursing—

1. Registered nurses—May 1; and
2. Licensed practical nurses—June 1;

[(Q)] **(T)** Missouri Board of Occupational Therapy—July 1;

[(R)] **(U)** The State Board of Optometry—November 1;

[(S)] **(V)** Advisory Committee for Clinical Perfusionists—February 1;

[(T)] **(W)** The Missouri Board of Pharmacy—

1. Pharmacists, pharmacies—November 1;
2. Pharmacy interns—January 1;
3. Drug distributors—*[July 1]* **November 1**; and
4. Pharmacy technicians—June 1;

[(U)] **(X)** Advisory Commission for Professional Physical Therapists—February 1;

[(V)] **(Y)** Advisory Commission for Registered Physician Assistants—February 1;

[(W)] **(Z)** State Board of Podiatric Medicine—March 1;

[(X)] **(AA)** Committee for Professional Counselors—March 1;

[(Y)] **(BB)** State Committee of Psychologists—February 1;

[(Z)] **(CC)** Missouri Real Estate Appraisers Commission—July 1;

[(AA)] **(DD)** Missouri Real Estate Commission—

1. Association, brokers, broker-associates, broker-officers, broker-partners, corporations, partnerships, inactive brokers, professional corporation-broker salespersons, broker-salepersons—July 1; and
2. Inactive salespersons, professional corporation-salespersons, salespersons—October 1;

[(BB)] **(EE)** Missouri Board for Respiratory Care—August 1;

[(CC)] **(FF)** State Committee for Social Workers—October 1;

[(DD)] **(GG)** Advisory Committee for Speech Pathologists and Clinical Audiologists—February 1; and

[(EE)] **(HH)** Missouri Veterinary Medical Board—

1. Veterinarians, veterinary technicians—December 1; and
2. Veterinary facilities—April 1.

(3) For the purpose of paying license renewal fees, the following shall apply:

(A) The division will accept cashier's checks, money orders**,** and personal checks. Negotiable instruments should be made payable to the appropriate licensing board. Individuals who use money orders should retain receipt of proof of purchase for at least six (6) months;

[(4) Effective May 3, 1989, when returning a license renewal application, the licensee shall use the envelope provided. The check or money order shall be stapled to the application; and effective January 1, 1990, no other item shall be attached to the application form or be enclosed with the application in the return envelope.]

[(5)] **(4)** Effective May 3, 1989, the application return date is sixty (60) days prior to license renewal date.

[(6)] **(5)** Failure to receive the application renewal forms or notice does not relieve the licensee of the obligation to renew the license to practice in a timely manner.

[(7)] **(6)** The provisions of this rule are declared severable. If any provision fixed by this rule is held invalid by a court of competent jurisdiction, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction.

*AUTHORITY: section 620.010.14(2), RSMo [Supp. 1997] **2000**. Emergency rule filed Feb. 9, 1982, effective Feb. 19, 1982, expired May 12, 1982. Original rule filed Feb. 9, 1982, effective May 13, 1982. Amended: Filed Jan. 5, 1989, effective April 13, 1989. Emergency amendment filed June 3, 1993, effective June 13, 1993, expired Oct. 10, 1993. Amended: Filed Jan. 29, 1993, effective Sept. 9, 1993. Amended: Filed Nov. 9, 1998, effective June 30, 1999. Amended: Filed March 1, 2001.*

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

PRIVATE COST: This proposed amendment will not cost private entities more than $500 in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Division of Professional Registration; Marilyn Williams, Division Director, PO Box 1335, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 235—State Committee of Psychologists
Chapter 1—General Rules

PROPOSED AMENDMENT

4 CSR 235-1.020 Fees. The committee is amending section (1).

PURPOSE: This amendment increases the Examination for Professional Practice in Psychology (EPPP) as established by the Association of State and Provincial Psychology Boards. This amendment also deletes the copying fees pursuant to Section 610.026, which states fees for copying records shall not exceed the actual cost of document search and duplication.

(1) The following fees are established for the State Committee of Psychologists and are payable to the State Committee of Psychologists:

(B) EPPP Fee	*[$350.00]* **$450.00**
(E) Reexamination Fees—	
1. EPPP Fee	*[$350.00]* **$450.00**
2. Oral Examination Fee	$100.00
3. Jurisprudence Examination Fee	$ 50.00
[(H) Photocopy Fee (per page)	*$ .50]*
[(I)] **(H)** Licensure Verification/Transfer of Score to Other States Fee	$ 25.00
[(J)] **(I)** Replacement of Wall-Hanging License Fee	$ 25.00
[(K)] **(J)** Insufficient Funds Check Service Charge	$ 50.00
[(L)] **(K)** Prior Review Fee (educational experience)	$100.00
[(M)] **(L)** Prior Review Fee (postdegree supervision)	$100.00
[(N)] **(M)** Health Service Provider Application Fee	$100.00
[(O)] **(N)** Health Service Provider Biennial Renewal Fee	$100.00.

*AUTHORITY: sections 337.030.4 **and 337.050**, RSMo [Supp. 1999] **2000**. Emergency rule filed Dec. 9, 1981, effective Jan. 11, 1982, expired April 4, 1982. Original rule filed Dec. 9, 1981, effective April 4, 1982. For intervening history, please consult the **Code of State Regulations**. Amended: Filed March 1, 2001.*

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

PRIVATE COST: This proposed amendment will not cost private entities more than $500 in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Committee of Psychologists, PO Box 1335, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 235—State Committee of Psychologists
Chapter 2—Licensure Requirements

PROPOSED RESCISSION

4 CSR 235-2.060 Licensure by Examination. This rule outlined the requirements and procedures for applying for licensure through examination.

PURPOSE: This rule is being rescinded and readopted to more clearly outline the requirements to apply for licensure by examination.

AUTHORITY: sections 337.020 and 337.050.9, RSMo Supp. 1998. Original rule filed July 30, 1991, effective Feb. 6, 1992. Emergency amendment filed Feb. 28, 1995, effective March 10, 1995, expired July 7, 1995. Amended: Filed March 31, 1995, effective Sept. 30, 1995. Amended: Filed July 26, 1999, effective Feb. 29, 2000. Rescinded: Filed March 1, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri State Committee of Psychologists, PO Box 1335, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 235—State Committee of Psychologists
Chapter 2—Licensure Requirements

PROPOSED RULE

4 CSR 235-2.060 Licensure by Examination

PURPOSE: This rule outlines the requirements and procedures for applying for licensure through examination.

(1) Every applicant for initial licensure by the committee as a psychologist, except those meeting the requirements of section 337.029.1, RSMo, or 4 CSR 235-2.070, shall be required to take and pass all examinations as prescribed by the committee.

(2) Examination Process. The full examination for licensure shall consist of three (3) component examinations. Applicants will not be required to be reexamined over parts of the examination process they have passed.

(A) Objective Examination. Applicants shall be required to take the Examination for Professional Practice in Psychology (herein "EPPP") administered each year at sites, dates and times approved by the committee;

(B) Jurisprudence Examination. A jurisprudence examination based on Missouri law and regulations governing the practice of psychology, professional affairs and ethics will be administered each year at sites, dates and times approved by the committee

(C) Oral Examination. An oral examination will include questions related to areas of ethics, professional practice, and any other subject matter, pertinent to the practice of psychology, about which the committee wishes to examine the applicant. The applicant must

first pass the examinations specified in subsections (A) and (B) hereof before being allowed to take or complete the oral examination.

(3) Passing Scores on Examination.

(A) An applicant, who sat for the EPPP between April 1, 1995 and April 30, 2001, will be deemed to have passed the examination if the score obtained is equal to or greater than seventy percent (70%) at said sitting as computed by the testing service.

(B) Beginning May 1, 2001 an applicant is deemed to have passed the objective examination if s/he has obtained at least the minimum pass point designated by the developer of the examination.

(C) An applicant is deemed to have passed the jurisprudence portion of the examination if s/he has seventy percent (70%) of the total items correct on that examination. An applicant must pass both the objective and jurisprudence examinations before being eligible for the oral examination.

(4) Reexamination. Any applicant who fails the EPPP examination on the first attempt will be allowed to retake the examination at sites, dates and times approved by the committee providing a minimum of three (3) months has elapsed since the previous attempt. No special examination time shall be scheduled. If the examination is failed a second time, the applicant shall not be allowed to retake the examination for a period of six (6) months. The examination can be taken two (2) additional times. If the examination is failed a total of four (4) times, the application process shall cease. The former applicant may reapply for licensure by submitting a new application for consideration by the committee in accordance with the current requirements to become licensed as a psychologist in Missouri.

AUTHORITY: sections 337.050.9[.] and 337.080, RSMo 2000. Original rule filed July 30, 1991 effective Feb. 6, 1992. For intervening history, please consult the ***Code of State Regulations****. Rescinded and readopted: Filed March 1, 2001.*

PUBLIC COST: This proposed rule is estimated to cost the State Committee of Psychologists an estimated $280.50 annually for the life of the rule. It is anticipated that the total annual cost will recur for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee. A detailed fiscal note, which estimates the cost of compliance with this rule, has been filed with the secretary of state.

PRIVATE COST: This proposed rule is estimated to cost private entities approximately $22,641.50 annually for the life of the rule. It is anticipated the total costs will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee. A detailed fiscal note, which estimates the cost of compliance with this rule, has been filed with the secretary of state.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri State Committee of Psychologists, PO Box 1335, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

FISCAL NOTE
PUBLIC ENTITY COST

I. RULE NUMBER

Title: 4 - Department of Economic Development

Division: 235 – State Committee of Psychologists

Chapter: 2 – Licensure Requirements

Type of Rulemaking: Proposed Rule

Rule Number and Name: 4 CSR 235-2.060 Licensure by Examination

Prepared December 13, 2000 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT	
Affected Agency or Political Subdivision	**Estimated Annual Cost of Compliance**
State Committee (issue of license by examination)	**$280.50**
Total annual cost for the life of the rule	**$280.50**

III. WORKSHEET

Licensure by Examination

The board estimates that 50 individuals will apply for licensure by examination annually. The following is a breakdown of the expense and equipment costs associated with printing and mailing the renewal notices to licensees.

CLASSIFICATION	FEE AMOUNT	NUMBER IN CLASS	TOTAL ANNUAL COST
Application Printing Cost	$.15	50	$7.50
Envelope for Board to Mail Application to Licensee	$.16	50	$8.00
Postage for Mailing Application	$.33	50	$16.50
License Printing Cost	$.11	50	$5.50
License Mailing Cost	$.33	50	$16.50
Total expense and equipment costs associated with printing and mailing the renewal notices to licensees:			$62.00

Upon receipt of the application for licensure by examination and supporting documentation the Licensure Technician II reviews the notice/documentation for compliance and updates the information contained on the application to the licensing computer system. The Executive Director reviews any questions or problems on renewal notices and addresses those problems with necessary action such as correspondence, telephone calls or placing on the agenda for Board review.

Staff resources are shared with two other boards. The figures below represent the personal service costs paid by the State Committee of Psychologists for implementation of this rule.

STAFF	ANNUAL SALARY	SALARY TO INCLUDE FRINGE BENEFITS	HOURLY SALARY	COST PER MINUTE	TIME PER NOTICE	COST PER NOTICE	TOTAL ANNUAL COST
Executive Director	$43,718.40	$57,161.81	$27.49	$.46	7 minutes	$3.22	$161.00
Licensure Technician II	$21,664.80	$28,326.74	$13.62	$.23	5 minutes	$1.15	$57.50
						Total:	**$218.50**

It is estimated that the State Committee for Psychologists will incur approximately $218.50 annual personal service expenses for the review and approval of continuing education programs annually for the life of the rule.

IV. ASSUMPTIONS

- Employee's salaries were calculated using their annual salary multiplied by 30.75% for fringe benefits and then were divided by 2080 hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per minute. The cost per minute was then multiplied by the amount of time individual staff spent on the processing reinstatement applications. The total cost was based on the cost per application multiplied by the estimated number of licensees who are anticipated to renew their license annually.

- This proposed rule is estimated to cost the State Committee of Psychologists an estimated $280.50 annually for the life of the rule. It is anticipated that the total annual cost will recur for the life, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee.

FISCAL NOTE
PRIVATE ENTITY COST

I. RULE NUMBER

Title: 4 – Department of Economic Development

Division: 235 – State Committee of Psychologists

Chapter: 2 – Licensure Requirements

Type of Rulemaking: Proposed Rule

Rule Number and Name: 4 CSR 235-2.060 Licensure by Examination

Prepared December 13, 2000 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate annual cost to comply with the rule by the affected entities:
50	Applicants for Licensure by Examination (Application Fee @$450)	$22,500
50	Applicants for Licensure by Examination (Notary @ $2.50)	$125.00
50	Applicants for Licensure by Examination (Application Postage @ $.33)	$16.50
	Total Annual Private Entity Cost	**$22,641.50**

III. WORKSHEET

See table above.

IV. ASSUMPTIONS

1. The board estimated that 50 individuals will apply for licensure by examination annually. The board does not anticipate any annual growth in the number of individuals applying for the above licensure categories.

2. This proposed rule is estimated to cost private entities an estimated $22,641.50 annually for the life of the rule. It is anticipated that the total annual cost will recur for the life, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee.

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 5—General Program Procedures

PROPOSED RULE

9 CSR 10-5.210 Exceptions Committee Procedures

PURPOSE: This rule establishes procedures for requesting an exception from the administrative rules of the Department of Mental Health.

(1) Definition. An exception is a decision by the department not to enforce an administrative rule under the individual circumstances described in the request for an exception and the conditions described in the approval. None of the following are subject matter of an exception:

(A) A contention that the rule is not valid;

(B) A contention that the provider is in fact in compliance with the rule; and

(C) A request for an interpretation of a rule.

(2) Rules Subject to an Exception. Only the following statutes and rules may be the subject of an exception:

(A) Statutes and rules related to crimes that disqualify from employment under section 630.170, RSMo and 9 CSR 10-5.190;

(B) Licensure rules for residential facilities and day programs promulgated under 9 CSR 40.

(C) Certification rules for alcohol and drug abuse programs and psychiatric programs promulgated under 9 CSR 30.

(D) Certification rules under 9 CSR 45 for programs serving persons who are developmentally disabled under the Community Based Waiver Program;

(E) Any other administrative rule promulgated by the Department of Mental Health that specifically allows for an exception.

(3) Who may apply for an exception?

(A) A chief executive officer, or designee, on behalf of a residential facility, day program or specialized service, or an employee thereof.

(B) An individual may request an exception on his or her own behalf with respect to criminal backgrounds under 9 CSR 10-5.190.

(C) A facility operated by the department on behalf of a residential facility, day program or specialized service licensed, operated or funded by the department.

(D) Any other person or entity affected by an administrative rule under subsection (2)(D) of this rule.

(4) How to request an exception.

(A) A person may request an exception by sending to the exceptions committee a written request which—

1. Cites the rule number or statutes number in question;

2. Indicates why and for how long compliance with the rule should be waived; and

3. Is accompanied by supporting documentation, if appropriate.

(B) In addition, the following additional items must be part of a request under 9 CSR 10-5.190 Criminal Record Review.

1. A letter from the offender describing the crime and other factors under paragraphs 1. through 12. of this subsection;

2. A description of the specific crime or crimes;

3. When they occurred;

4. Mitigating circumstances, if any;

5. The sentence of the court, including conviction date, sentence status and release date;

6. Activities and accomplishments since the crime;

7. The names and dates of any rehabilitative services;

8. The type of service and/or program the applicant wishes to provide for mental health clients;

9. Identification of the type of employment or position the applicant wishes to maintain or obtain and the name of the mental health program in which he or she wishes to work or continue working;

10. Changes in personal life since the crime (e.g. marriage, family, and education);

11. References, i.e., written recommendations from at least three (3) persons who verify the applicant's assertions; and

12. Work history, with particular emphasis on work in the mental health field.

(C) Request for exceptions should be sent to Exceptions Committee Coordinator, Office of Quality Management, Department of Mental Health, PO Box 687, Jefferson City, MO 65102.

(5) Response. Within forty-five (45) calendar days of receiving a request for an exception, the exceptions committee shall respond in writing.

(A) The committee may approve a request, approve the request with conditions, deny the request or defer a decision pending receipt of additional information.

(B) An approved exception regarding criminal backgrounds under 9 CSR 10-5.190 becomes null and void if the subject changes employment or if there are other changes in the circumstances described in the request.

(6) Decisions of the exceptions committee are not subject to appeal. However persons aggrieved by a decision may modify and repeat a request after ninety (90) days. Persons requesting an exception under 9 CSR 10-5.190 must wait twelve (12) months before repeating a request.

(7) Documentation. A recipient of an exception shall—

(A) Maintain documentation of all approved exceptions and make the documentation available for review upon request by authorized staff of the department; and

(B) Annually send to the exceptions committee documentation which—

1. Addresses whether the exception has been implemented, the exception is still necessary and its effect on services;

2. Is required under the terms and conditions announced in the letter of approval.

(8) The Department of Mental Health will review the approved exceptions at least annually to determine whether the exception has been properly implemented and whether its implementation is having the intended impact on services.

(9) Expiration Date for an Exception.

(A) An exception becomes null and void without any further action by the department under any of the following circumstances.

1. An expiration date is announced in the letter of approval.

2. The subject for whom the exception was granted changes employment.

3. There are changes in other circumstances described in the request.

(B) If an exception expires under this section, it may be renewed by submission of a new request.

(10) Rescinding Decisions. The exceptions committee may rescind any exception if, in its judgment, any of the following occur:

(A) The provider failed to meet a condition of the exception, or to maintain documentation required under section (7);

(B) It is discovered that the request contained misleading, incomplete or false information; or

(C) The exception results in poor quality of care, or risk/harm to a client or resident.

(11) If the committee rescinds an exception, the committee shall provide all concerned parties with a notice of rescission with an effective date. There shall be no appeal of a rescission of an exception.

AUTHORITY: sections 630.050, 630.656 and 630.170, RSMo 2000. Original rule filed Feb. 23, 2001.

PUBLIC COST: This proposed rule will cost approximately $9,502 during Fiscal Year 2002. Costs will escalate in subsequent years due to inflationary increases. See attached fiscal note.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule by writing to Richard Overmann, Program Coordinator, Office of Quality Management, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days of the publication of this rule in the ***Missouri Register****. No public hearing is scheduled.*

Fiscal Note
Public Entity Cost

I. RULE NUMBER.

Title 9-Department of Mental Health

Division 10-Director, Department of Mental Health

Chapter 5-General Program Procedures

Type of Rulemaking: Proposed Rule

Rule Number and Name: 9 CSR 10-5.210 Exceptions Committee Procedures

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Mental Health	$9502 during fiscal year FY 2002. Cost will escalate in subsequent years due to inflationary increases noted under assumptions below.

III. WORKSHEET

Staff time. The cost of time spent in meetings plus staff support time will be about $8,525 in fiscal year 2002.
Stationary, postage and copying costs = $977.00 in fiscal year 2002.
Total estimated cost in fiscal year 2002 is $9,502.

IV. ASSUMPTIONS AND METHODOLOGY

Inflation. It is assumed that the costs estimated for fiscal year 2002 will experience inflationary increases over the twenty-year life of the rule, as follows:

- 3 % annual increase for expense and equipment; and
- 2.5 % annual increase for personal services.

Staff Time

About 10 staff will attend 12 meetings per year; each meeting requires about 15 minutes preparation and lasts about 45 minutes.
Average salary of members will be about $82,089 during fiscal year 2002, including 30.3 percent in fringe benefits. This is about $39.47 per hour.
The cost for each meeting cost is $39.47 per hour x 10 members x 12 meetings per year = $4,736.

In addition the chairman of the committee will spend on average one day per month in staff work to support the committee. $ 39.47 per hour x 8 hours x 12 days per year = $3,789.
Total staff time is $4,736 + $3,789 = $8,525

Copying, Stationary and Postage Costs.

Coping costs. Each year, the department receives about 48 requests for exceptions. There is an average of 8 pages in each request, including supporting documentation. As each request arrives, staff make 10 copies for distribution to members of the committee and other interested parties. Copying costs are an estimated 25 cents per page including staff time. Total copying costs (48 x 8 x 10 x .25) = $960.00.

Stationary and postage. Each request requires a response involving stationary and postage at approximately thirty-five cents per request. Stationary and postage per year is (48 requests x .35) is approximately = $17.00.
Total copying, stationary and postage costs are $977.00

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

PROPOSED RULE

9 CSR 10-7.010 Treatment Principles and Outcomes

PURPOSE: This rule describes treatment principles and outcomes in Alcohol and Drug Abuse Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), 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) Applying the Treatment Principles. 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) Outcome Domains. 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) Safety for the individual and others in his or 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) Outcome Measures and Instruments. 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 functioning 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 consistent with the needs and schedules of persons served;

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 dropout 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. There is 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;

3. 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;

4. 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

5. 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 hospitalization 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. Consumer satisfaction and feedback.

(7) Essential Treatment Principle—Array of Services.

(A) A range of services shall be available to provide service options consistent with individual need. Emotional, mental, physical and spiritual needs shall be addressed whenever applicable.

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.

3. To best ensure each individual's access to a range of services and supports within the community, the organization shall maintain effective working relationships with other community resources. Community resources include, but are not limited to, other organizations expected to make referrals to and receive referrals from the program.

4. Assistance in accessing transportation, childcare and safe and appropriate housing shall be utilized as necessary for the individual to participate in treatment and rehabilitation services or otherwise meet recovery goals.

5. Assistance in accessing employment, vocational and educational resources in the community shall be offered, in accordance with the individual's recovery goals.

(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;

5. Feedback from referral sources and other community resources; and

6. 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. Improved functioning related to—

A. Occupational/educational status;

B. Legal situation;

C. Social and family relationships;

D. Living arrangements; and

E. Health and wellness;

3. Tapering the intensity and frequency of services, consistent with individual progress; and

4. 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. Family members shall be routinely informed of available services, and the program shall demonstrate the ability to effectively engage family members in a recovery process.

3. 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 Treatment. When clinically indicated for the person served, pharmacological treatment shall be provided or arranged to ameliorate psychiatric and substance abuse problems.

(12) Co-Occurring Disorders. 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.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty 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

PROPOSED RULE

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, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs, 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 and Practice. 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) Information and Orientation. 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, availability of crisis assistance, 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.

3. Each client shall be given the name, address and phone number of the department's client rights monitor and informed that the monitor may be contacted regarding a complaint of abuse, neglect or violation of rights.

(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) Rights Which Cannot Be Limited. 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, corporal 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 certified substance abuse or psychiatric 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. Any tasks and chores beyond routine care and cleaning of activity or bedroom areas within the program must be directly related to recovery and treatment plan goals developed with the individual.

(4) Rights Subject to Limitation. 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 treatment 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. The organization may require a staff member to be present whenever an individual accesses the record.

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

(6) Access to Services. 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) Grievances. 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.

(C) The organization shall cooperate with the department in any review or investigation conducted by the department or its authorized representative.

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

(9) Practices to Promote Safety and Well-Being. 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.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty 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

PROPOSED RULE

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, Comprehensive Substance Treatment and Rehabilitation (CSTAR), Compulsive Gambling Treatment Programs, Community Psychiatric Rehabilitation Programs (CPRP), and Psychiatric Outpatient Programs.

(1) Screening. Each individual requesting services shall have prompt access to a screening in order to determine eligibility and to plan an initial course of action, including referral to other services and resources, as needed.

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

1. Emergency service needs are indicated when a person presents a likelihood of immediate harm to self or others. A person who presents at the program site with emergency service needs shall be seen by a qualified staff member within fifteen (15) minutes of presentation. If emergency service needs are reported by telephone, the program shall initiate face-to-face contact within one (1) hour of telephone contact or shall immediately notify local emergency personnel capable of promptly responding to the report.

2. Urgent service needs are indicated when a person presents a significant impairment in the ability to care for self but does not pose a likelihood of immediate harm to self or others. A person with urgent service needs shall be seen within forty-eight (48) hours.

3. Routine service needs are indicated when a person requests services or follow-up but otherwise presents no significant impairment in the ability to care for self and no apparent harm to self or others. A person with routine service needs shall be seen within fourteen (14) calendar days.

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

(C) The screening—

1. Shall be conducted by trained staff;

2. Shall be responsive to the individual's request and needs; and

3. Shall include notice to the individual regarding service eligibility and an initial course of action. If indicated, the individual shall be linked to other appropriate services and resources in the community.

(2) Assessment and Individualized Treatment Plan. 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 individualized 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 treatment 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 person shall directly participate in developing his/her individualized treatment plan including, but not limited to, signing the treatment plan.

(D) The individualized treatment 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.

(3) Ongoing Service Delivery. The individualized treatment 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 eligibility and utilization criteria. Criteria specified in program rules shall be incorporated into the treatment process, applied to each individual, and used to guide the intensity, duration, and type of services provided. Decisions regarding the level of care and the treatment setting shall be based on—

1. Personal safety and protection from harm;

2. Severity of the psychiatric or substance abuse problem;

3. Emotional and behavioral functioning and need for structure;

4. Social, family and community functioning;

5. Readiness and social supports for recovery;

6. Ability to avoid high risk behaviors; and

7. Ability to cooperate with and benefit from the services offered.

(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.

(4) Crisis Assistance and Intervention. During the course of service delivery, ready access to crisis assistance and intervention is available, when needed. The organization shall provide or arrange crisis assistance twenty-four (24) hours per day, seven (7) days per week which is provided by qualified staff in accordance with any applicable program rules and includes face-to-face intervention, when clinically indicated.

(5) Missed Appointments. If an individual fails to appear at a scheduled program activity, staff shall promptly initiate efforts to contact the person and maintain active program participation.

(A) Such efforts should be initiated within forty-eight (48) hours, unless circumstances indicate a more immediate contact should be made due to the person's symptoms and functioning or the nature of the scheduled service.

(B) Efforts to contact the person shall be documented in the individual's record.

(6) Reviewing Treatment Goals and Outcomes. Progress toward treatment goals and outcomes shall be reviewed on a periodic basis.

(A) Each person shall directly participate in the review of their individualized 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 individualized treatment plan shall be updated and changed as indicated.

(7) Effective Practices. Service delivery shall be consistent with the current state of knowledge and generally accepted practices in the following areas:

(A) Support of personal recovery process which addresses clinical issues such as overcoming denial, recognizing feelings and behavior, encouraging personal responsibility, and constructively using leisure time;

(B) Provision of information and education about the person's disorder(s), principles and availability of self-help groups, and health and nutrition;

(C) Skill development which addresses clinical issues such as communication, stress reduction and management, conflict resolution, decision making, assertiveness and parenting;

(D) Promotion of positive family relationships; and

(E) Relapse prevention.

(8) Clinical Utilization Review. Services may be subject to clinical utilization review when funded by the department or provided through a service network authorized by the department. Clinical

utilization review shall promote the delivery of services that are necessary, appropriate, likely to benefit the individual and provided in accordance with admission criteria and service definitions.

(A) The department shall have authority in all matters subject to clinical utilization review including client eligibility and service definition, authorization and limitations.

(B) Clinical utilization review may be required of any individual's situation and needs prior to initial or continued service authorization.

(C) Clinical utilization review shall include, but is not limited to, unusual patterns of service or utilization for individual clients based on periodic data analysis and norms compiled by the department.

(D) Clinical utilization review may include, but is not limited to, the following situations regarding a program:

1. Unusual patterns of service or utilization, based on periodic data analysis and norms compiled by the department regarding the use of particular services and total service cost; and

2. Compliance issues related to certification standards or contract requirements that can reasonably be monitored through clinical utilization review.

(E) Staff who conduct clinical utilization review shall be credentialed with relevant professional experience.

(9) Continuing Recovery Plan and Discharge Summary. Each individual shall be actively involved in planning for continuing recovery 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 recovery 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

(C) A continuing recovery plan shall be completed prior to discharge. The plan shall identify services, designated provider(s), or other planned activities designed to promote further recovery.

(D) The organization shall consistently implement criteria regarding discharge or successful completion; termination or removal from the program; and readmission following discharge or termination.

(10) Designated or Required Instruments. 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.

(11) Organized Record System. The organization has an organized record system for each individual.

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

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 staff.

(B) 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.

(C) There shall be documentation of services provided and results accomplished. Documentation shall be made with indelible ink or print.

(D) The documentation of services funded by the department or provided through a service network authorized by the department shall include the following:

1. Description of the specific service provided;

2. The date and actual time (beginning and ending times) the service was rendered;

3. Name and title of the person who rendered the service;

4. The setting in which the service was rendered;

5. The relationship of the services to the individual treatment plan; and

6. Description of the individual's response to services provided.

(E) The record of each person served shall include documentation of screening, consent to treatment, orientation, assessment, diagnostic interview, individualized treatment plan and reviews, service delivery and progress reports, and discharge summary with plans for continuing recovery. Where applicable, the record shall also include documentation of referrals to other services or community resources and the outcome of these referrals, signed authorization to release confidential information, missed appointments and efforts to reengage the individual, urine drug screening or other toxicology reports, and crisis or other significant clinical events.

(12) Service System Reporting. For those services funded by the department or provided through a service network authorized by the department, the organization shall provide information to the department which includes, but is not limited to, admission and demographic data, services provided, costs, outcomes, and discharge or transfer information.

(A) The organization shall maintain equipment and capabilities necessary for this purpose.

(B) The organization shall submit information in a timely manner. Information regarding discharge or transfer shall be submitted within the following time frames:

1. Within fifteen (15) days of discharge or transfer from residential or inpatient status;

2. Within thirty (30) days of completing outpatient treatment in a planned manner; and

3. Within one hundred eighty (180) days of the date of last outpatient service delivery if the individual discontinues services in an unplanned manner.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty 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

PROPOSED RULE

9 CSR 10–7.040 Quality Improvement

PURPOSE: This rule describes requirements for quality improvement activities in Alcohol and Drug Abuse Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs, 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 develops and implements a written plan for a systematic quality assessment and improvement process that is accountable to the governing body and addresses those programs and 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. Such data must be collected in a manner that promotes participation by all consumers.

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

(D) Data collection analyses 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.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty 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

PROPOSED RULE

9 CSR 10–7.050 Research

PURPOSE: This rule establishes standards and procedures for conducting research in Alcohol and Drug Abuse Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs, 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. The organization shall have a written policy regarding research activities involving individuals served. The organization may prohibit research activities.

(2) Policies and Practices in Conducting Research. If research is conducted, the organization shall assure that—

(A) Compliance is maintained with all federal, state and local 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;

(B) Participating individuals are not the subject of experimental research without their prior written and informed consent or that of their parents or guardian, if minors;

(C) Participating individuals understand that they may decide not to participate or may withdraw from any research at any time for any reason.

(3) Notice to the Department. If any participating individual is receiving services funded by the department or provided through a service network authorized by the department, the organization shall assure that the research has the prior approval of the department. The organization shall immediately inform the department

of any adverse outcome experienced by an individual served due to participation in a research project.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

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

PROPOSED RULE

9 CSR 10–7.060 Behavior Management

PURPOSE: This rule establishes requirements for the use of restraint, seclusion and time out in Alcohol and Drug Abuse Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs, 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 behavior management plans for selected individuals. If any of these methods of behavior management are to 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) 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.

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

(C) 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 *pro re nata* (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 to seventeen (9–17), 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 practitioner within one (1) hour.

3. Individuals in restraint shall be monitored continuously. Monitoring may be face-to-face by assigned staff or by audiovisual 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 through seventeen inclusively (9–17), or one (1) hour for children under age nine (9). The evaluation shall be based on face-to-face observation and/or interview with the individual.

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

8. Any incident of restraint shall be promptly reported to the person's parent or legal guardian, when applicable.

(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;

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.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty 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

PROPOSED RULE

9 CSR 10–7.070 Medications

PURPOSE: This rule describes training and procedures for the proper storage, use and administration of medications in Alcohol and Drug Abuse Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs, 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 Guidelines, Policies and Practices. The following requirements apply to all programs, where applicable.

(A) 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.

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

(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.

1. 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.

2. Individuals shall not be denied service solely due to not taking prescribed medication as directed. However, a person may be denied service if he or she is unable to adequately participate in and benefit from the service offered due to not taking medication as directed.

(2) Medication Profile. Where applicable, the individual's record shall include a medication profile that includes name, age, weight, current diagnosis, current medication and dosage, prescribing physician, allergies to medication, medication compliance; and other pertinent information related to the individual's medication regimen.

(3) Prescription of Medication. If a program prescribes medications, there shall be documentation of each medication service episode including description of the individual's presenting condition and symptoms, pertinent medical and psychiatric findings, other observations, response to medication, and action taken.

(4) Medication Administration and Related Requirements. The following requirements apply to programs that prescribe or administer medication and to those programs where individuals self-administer medication under staff observation.

(A) Staff Training and Competence. The organization shall ensure the training and competence of staff in the administration of medication 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 shall complete Level I medication aide training in accordance with 13 CSR 15-13.030. This requirement shall not apply to those staff who—

A. Have prior education and training which meets or exceeds the Level I medication aide training hours and skill objectives; or

B. Work in settings where clients self-administer their own medication under staff observation.

2. Staff whose duties are limited to observing clients self-administer their own medication or to documenting that medication is taken as prescribed 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 ongoing refusal of medication.

(D) Medication Errors. The program shall establish and implement policies defining the types of medication errors that must be reported to a licensed physician.

(E) Adverse Drug Reactions. A licensed physician shall be immediately notified of any adverse reaction. The type of reaction, physician recommendation and subsequent action taken by the program shall be documented in the individual's record.

(F) Records and Documentation. 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, administered or self-administered under staff observation.

(G) Emergency Situations. The organization's policies shall address the administration of medication in emergency situations.

1. 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.

2. The organization may prohibit telephone medication orders, if warranted by staffing patterns and staff credentials.

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

(I) 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.

(J) Labeling. All medication shall be properly labeled. Labeling for each medication shall include drug name, strength, amount dispensed, directions for administration, expiration date, name of individual being served, and name of the prescribing physician.

(K) 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.

(L) 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.

(M) 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.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

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

PROPOSED RULE

9 CSR 10–7.080 Dietary Service

PURPOSE: This rule establishes dietary and food service requirements in Alcohol and Drug Abuse Treatment Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs, 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 an 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 a person's individualized treatment 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 Missouri 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 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;

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.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

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

PROPOSED RULE

9 CSR 10-7.090 Governing Authority and Program Administration

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

(1) Governing Body. 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 section (1) 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) Functions of the Governing Body. 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) Meetings. 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) Policy and Procedure Manual. 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 and the public upon request.

(5) Accountability. 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.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty 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

PROPOSED RULE

9 CSR 10-7.100 Fiscal Management

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

(1) Generally Accepted Accounting Principles. 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) Monitoring and Reporting Financial Activity. 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) There are adequate internal controls for safeguarding or avoiding misuse of assets.

(D) The organization has an annual audit by an independent, certified public accountant if required by funding sources or otherwise required by federal or state law or regulation.

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

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

(5) Insurance Coverage. 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) Accountability for the Funds of Persons Served. If the organization is responsible for funds belonging to persons served, 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.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty 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

PROPOSED RULE

9 CSR 10-7.110 Personnel

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

(1) Policies and Procedures. The organization shall maintain personnel policies, procedures and practices in accordance with local, state and federal law and regulation. In addition to the requirements of this rule, the organization must also comply with 9 CSR 10-5.190 regarding criminal record background check and eligibility for employment.

(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 and Trained Staff. 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 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.

1. All staff who provide services or are responsible for the supervision of persons served shall participate in at least thirty-six (36) clock hours of relevant training during a two (2)-year period.

2. Training shall assist staff in meeting the needs of persons served, including persons with co-occurring disorders.

3. The organization shall maintain a record of participation in training and staff development activities.

(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) Ethical Standards of Behavior. 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) Volunteers. 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.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Core Rules Committee, Attn: Rich Overmann,, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty 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

PROPOSED RULE

9 CSR 10-7.120 Physical Plant and Safety

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

(1) Applicable Requirements for All Facilities and for Residential Facilities. This rule is organized as follows:

(A) Sections (2) through (9) apply to all facilities and program sites subject to certification by the department; and

(B) Section (10) applies to residential facilities only.

(2) Safety Inspections. 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) Physical Access. 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) Adequate Space and Furnishings. 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 nonresidential 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) Clean and Comfortable Setting. 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) Off-Site Functions. 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) Emergency Preparedness. 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) Fire Safety. 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 exits 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) Ceiling height shall be at least seven feet ten inches (7'10") in all rooms used by persons served except as follows:

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

2. Existing facilities inspected and approved by the department during a certification site survey prior to the effective date of this rule may request an exception from this ceiling height requirement.

(G) 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.

(H) 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.

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

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

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

(9) Safe Transportation. Where applicable, the organization shall implement measures to ensure safe transportation for persons served.

(A) Vehicles which are used by the organization to transport persons served shall have—

1. Regular inspection and maintenance as legally required; and

2. Adequate first-aid supplies and fire suppression equipment which are secured in any van, bus or other vehicle used to transport more than four (4) clients. Staff which operate such a vehicle shall have training in emergency procedures and the handling of accidents and road emergencies.

(B) All staff who transport persons served shall be properly licensed with driving records acceptable to the agency.

(C) There shall be a current certificate of insurance in accordance with the organization's requirements for all vehicles used to transport persons served, including the personal vehicles of staff members if used for this purpose.

(10) Residential Facilities. In addition to the requirements under section (1) through (8) of 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. Bathroom(s) in close proximity to the bedroom area(s);

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

4. Laundry area or service;

5. Adequate supply of hot water;

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

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

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

9. An area(s) for dining;

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

11. Availability of outdoor activities;

(B) Bedrooms in residential facilities shall:

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

2. Have separate areas for males and females subject to the department's approval;

3. Provide at least sixty (60) square feet of floor space per individual in multiple sleeping rooms and eighty (80) square feet per individual in single sleeping rooms. Additional space shall be required, if necessary to accommodate special medical or other equipment needed by individuals. In the computation of space in a bedroom with a sloped ceiling, floor space shall be limited to that proportion of the room having a ceiling height as required elsewhere in this rule. Square feet of contiguous floor space for each individual shall be computed by using the inside dimensions of the room in which the person's bed is physically located less that square footage of floor space required by any other individuals and less any walled, closed space within the room;

4. 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;

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

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

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

8. Have at least one (1) window which operates as designed;

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

10. 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) 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);

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

1. Smoke detectors powered by the electrical system with an emergency power backup. These detectors shall activate the alarm system. They shall be installed on all floors, including basements. Detectors shall be installed in living rooms or lounges. Heat detectors may be used in utility rooms, furnace rooms and unoccupied basements and attics;

2. Smoke detectors in each sleeping room. Those detectors may be battery operated and are not required to initiate the building fire alarm system;

3. At least one (1) manual fire alarm station per floor arranged to continuously sound the smoke detection alarm system or other continuously sounding manual alarms acceptable to the authority having jurisdiction. The requirement of at least one (1) manual fire alarm station per floor may be waived where there is an alarm station at a central control point under continuous supervision of a responsible employee;

4. An alarm which is audible in all areas. There shall be an annual inspection of the alarm system by a competent authority;

5. 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;

6. Emergency lighting of the means of egress; and

7. 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;

(F) 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.

(G) 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.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty 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

PROPOSED RULE

9 CSR 10-7.130 Procedures to Obtain Certification

PURPOSE: This rule describes procedures to obtain certification as Alcohol and Drug Abuse Programs, Comprehensive Substance Treatment and Rehabilitation Programs (CSTAR), Compulsive Gambling Treatment Programs, 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 section 630.655, 630.010, and 376.779.3 and 4, 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.

(A) A key goal of certification is to enhance the quality of care and services with a focus on the needs and outcomes of persons served.

(B) The primary function of the certification process is assessment of an organization's compliance with standards of care. A further function is to identify and encourage developmental steps toward improved program operations, client satisfaction and positive outcomes.

(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, PO Box 687, Jefferson City, MO 65102.

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

(B) A new applicant shall not use a name which implies a relationship with another organization, government agency or judicial system when a formal organizational relationship does not exist.

(C) Certification fees are not required, except for the Substance Abuse Traffic Offender Program (SATOP). A nonrefundable fee of one hundred twenty-five dollars ($125) is required upon initial application. Renewal fees are as follows:

1. A fee of one hundred 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 fifty (250) individuals;

2. A fee of two hundred 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 fifty (250) but no more than four hundred 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).

(D) The fee schedule may be adjusted annually by the department.

(E) 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 subsections (3)(B) and (C) of this rule by submitting to the department required documentation and verification of its accreditation or other deemed status.

(F) 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.

(G) 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. The department shall determine which standards and requirements are applicable, based on the application submitted and the on-site survey.

(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 subsections (3)(B) and (C).

(B) The department shall conduct an expedited site survey when an organization has attained full accreditation under standards for behavioral healthcare from the Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or the Council on Accreditation of Services to Families and Children (COA).

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, JCAHO or COA; does not provide methadone treatment; 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 copy of the most recent accreditation survey report and verification of the accreditation time period and dates.

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 personnel 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. A surveyor shall immediately cite any deficiency which could result in actual jeopardy to the safety, health or welfare of persons served. The surveyor shall not leave the program until an acceptable plan of correction is presented which assures the surveyor that there is no further risk of jeopardy to persons served.

(E) Within thirty (30) calendar days after the exit conference, the department shall provide a written survey report to the organization's director and governing authority.

1. The report shall note any deficiencies identified during the survey for which there was not prompt, remedial action.

2. The organization shall make the report available to the staff and to the public upon request.

3. Where applicable, 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 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 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 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 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 meet all standards relating to quality of care and the safety, health and welfare of persons served. A two (2)-year time period of certification may be granted when an organization achieves compliance for three (3) consecutive surveys with no deficiencies related to quality of care and the safety, health and welfare of persons served.

(6) The department may investigate any written complaint regarding the operation of a certified program or service.

(7) 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.

(8) 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.

(9) 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.

(10) 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 rate which recoups all reasonable expenses incurred 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.

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

(11) 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.

(12) 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 or the staff of that organization is under investigation for fraud, financial abuse, abuse of persons served, or improper clinical practices.

(B) The department may administratively sanction a certified organization that has been found to have committed fraud, financial abuse, abuse of persons served, or improper clinical practices or that had reason to know its staff were engaged in such 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 (11).

(13) 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, PO 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 shall give the organization forty-five (45) calendar days to fully comply with the standard, unless a different time period is specified by the committee.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty 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

PROPOSED RULE

9 CSR 10-7.140 Definitions

PURPOSE: This rule defines terms used in the certification of psychiatric and substance abuse programs.

(1) The definitions included in this rule shall apply to:

(A) 9 CSR 10-7 Core Rules for Psychiatric and Substance Abuse Programs;

(B) 9 CSR 30-3 Certification Standards for Alcohol and Drug Abuse; and

(C) 9 CSR 30-4 Certification Standards for Mental Health Programs.

(2) Unless the context clearly indicates otherwise, the following terms shall mean:

(A) Abstinence, the non-use of alcohol and other drugs;

(B) Admission, entry into the treatment and rehabilitation process after an organization has determined an individual meets eligibility criteria for receiving its services;

(C) Adolescent, a person between the ages of twelve through seventeen (12–17) years inclusive;

(D) Agency, this term may be used interchangeably with organization. See the definition of organization;

(E) Alcohol or drug-related traffic offense, an offense of driving while intoxicated, driving with excessive blood alcohol content, or driving under the influence of alcohol or drugs in violation of state law;

(F) Alcohol or drug treatment and rehabilitation program, a program certified by the Department of Mental Health as providing treatment and rehabilitation of substance abuse in accordance with service and program requirements under 9 CSR 30-3.100 through 9 CSR 30-3.199;

(G) Applicant, an organization seeking certification from the department under 9 CSR 30;

(H) Assessment, systematically collecting information regarding the individual's current situation, symptoms, status and background,

and developing a treatment plan that identifies appropriate service delivery;

(I) Associate substance abuse counselor, a trainee that must meet requirements for registration, supervision, and professional development as set forth by either—

1. The Missouri Substance Abuse Counselors Certification Board, Inc; or

2. The appropriate board of professional registration within the Department of Economic Development for licensure as a psychologist, professional counselor, or social worker;

(J) Certification, determination and recognition by the Department of Mental Health that an organization complies with applicable rules and standards of care under 9 CSR;

(K) Client, this term may be used interchangeably with individual. See the definition of individual;

(L) Clinical utilization review, a process of service authorization and/or review established by the department and conducted by credentialled staff in order to promote the delivery of services that are necessary, appropriate, likely to benefit the individual, and provided in accordance with admission criteria and service definitions;

(M) Compulsive gambling, the chronic and progressive preoccupation with gambling and the urge to gamble. This term may be used interchangeably with pathological gambling;

(N) Co-occurring disorders, presence of both substance and psychiatric disorders which impede the individual's functioning or ability to manage daily activities, consistent with diagnostic criteria established in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association;

(O) Corporal punishment, purposeful infliction of physical pain upon an individual for punitive or disciplinary reasons;

(P) Crisis, an event or time period for an individual characterized by substantial increase in symptoms, legal or medical problems, and/or loss of housing or employment or personal supports;

(Q) Day, a calendar day unless specifically stated otherwise;

(R) Deficiency, a condition, event or omission that does not comply with a certification rule;

(S) Department, the Department of Mental Health;

(T) Director, the Department of Mental Health director or designee;

(U) Discharge, the time when an individual's active involvement with the program concludes in accordance with treatment plan goals, any applicable utilization criteria, and/or program rules;

(V) Discharge planning, an activity to assist an individual's further participation in services and supports in order to promote continued recovery upon completion of a program or level of care;

(W) Facility, physical plant or site used to provide services;

(X) Family/family members, persons who comprise a household or are otherwise related by marriage or ancestry and are being affected by the psychiatric or substance abuse problems of another member of the household or family;

(Y) Improper clinical practices, performance or behavior which constitutes a repeated pattern of negligence or which constitutes a continuing pattern of violations of laws, rules, or regulations;

(Z) Individual, a person/consumer/client receiving services from a program certified under 9 CSR-30;

(AA) Least restrictive environment and set of services, a reasonably available setting or program where care, treatment, and rehabilitation is particularly suited to the type and intensity of services necessary to implement a person's treatment plan and to assist the person in maximizing functioning and participating as freely as feasible in normal living activities, giving due consideration to the safety of the individual, other persons in the program, and the general public;

(BB) Licensed independent practitioner, a person who is licensed by the state of Missouri to independently perform specified practices in the health care field;

(CC) Medication, a drug prescribed by a physician or other legally authorized professional for the purpose of treating a medical condition;

(DD) Medication (self-administration under staff observation), actions wherein an individual takes prescribed medication, including selection of the appropriate dose from a properly labeled container. The individual has primary responsibility for taking medication as prescribed, with the staff role to ensure client access to their personal medication in a timely manner and to observe clients as they select and ingest medication;

(EE) Mental health, a broad term referring to disorders related to substance abuse, mental illness and/or developmental disability;

(FF) Mental illness, impairment or disorder that impedes an individual's functioning or ability to manage daily activities and otherwise meets eligibility criteria established by the Division of Comprehensive Psychiatric Services;

(GG) Neglect (Class I), in accordance with 9 CSR 10-5.200 this term is defined as the failure of an employee to provide reasonable and necessary services to maintain the physical and mental health of any client or resident when that failure presents either imminent danger to the health, safety or welfare or a client or resident, or a substantial probability that death or physical injury would result;

(HH) Neglect (Class II), in accordance with 9 CSR 10-5.200 this term is defined as the failure of an employee to provide reasonable or necessary services to a client or resident according to the individualized treatment plan, if feasible, or according to acceptable standards of care;

(II) Nonresidential, service delivery by an organization that does not include overnight sleeping accommodations as a component of providing twenty-four (24) hour per day supervision and structure;

(JJ) Organization, an agency that is incorporated and in good standing under the requirements of the Office of the Secretary of State of Missouri and that provides care, treatment or rehabilitation services to persons with mental illness or substance abuse;

(KK) Outcome, a specific measurable result of services provided to an individual or identified target population;

(LL) Peer support, mutual assistance in promoting recovery offered by other persons experiencing similar psychiatric or substance abuse challenges;

(MM) Performance indicator, data used to measure the extent to which a treatment principle, expected outcome, or desired process has been achieved;

(NN) Physical abuse, in accordance with 9 CSR 10-5.200 this term is defined as purposefully beating, striking, wounding or injuring any client or resident, or in any manner whatsoever mistreating or maltreating a client or resident in a brutal or inhumane manner. Physical abuse includes handling a client or resident with any more force than is reasonable or apparently necessary for a client's or resident's proper control, treatment, or management;

(OO) Program, an array of services designed to achieve specific goals for an identified target population in accordance with designated procedures and practices;

(PP) Qualified mental health professional—any of the following:

1. A physician licensed under Missouri law to practice medicine or osteopathy and with training in mental health services or one (1) year of experience, under supervision, in treating problems related to mental illness or specialized training;

2. A psychiatrist, a physician licensed under Missouri law who has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program identified as equivalent by the department;

3. A psychologist licensed under Missouri law to practice psychology with specialized training in mental health services;

4. A professional counselor licensed under Missouri law to practice counseling and with specialized training in mental health services;

5. A clinical social worker with a master's degree in social work from an accredited program and with specialized training in mental health services;

6. A psychiatric nurse, a registered professional nurse licensed under Chapter 335, RSMo with at least two (2) years of experience in a psychiatric setting or a master's degree in psychiatric nursing;

7. An individual possessing a master's or doctorate degree in counseling and guidance, rehabilitation counseling and guidance, rehabilitation counseling, vocational counseling, psychology, pastoral counseling or family therapy or related field who has successfully completed a practicum or has one (1) year of experience under the supervision of a mental health professional;

8. An occupational therapist certified by the American Occupational Therapy Certification Board, registered in Missouri, has a bachelor's degree and has completed a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting, or has a master's degree and has completed either a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting;

9. An advanced practice nurse—as set forth in section 335.011, RSMo, a nurse who has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for advanced practice nurses established by the Board of Nursing; and

10. A psychiatric pharmacist as defined in 9 CSR 30-4.030;

(QQ) Qualified substance abuse professional, a person who demonstrates substantial knowledge and skill regarding substance abuse by being either—

1. A counselor, psychologist, social worker or physician licensed in Missouri who has at least one (1) year of full-time experience in the treatment or rehabilitation of substance abuse;

2. A graduate of an accredited college or university with a master's degree in social work, counseling, psychology, psychiatric nursing or closely related field who has at least two (2) years of full-time experience in the treatment or rehabilitation of substance abuse;

3. A graduate of an accredited college or university with a bachelor's degree in social work, counseling, psychology or closely related field who has at least three (3) years of full-time experience in the treatment or rehabilitation of substance abuse; or

4. An alcohol, drug or substance abuse counselor certified by the Missouri Substance Abuse Counselors Certification Board, Inc;

(RR) Quality improvement, an approach to the continuous study and improvement of the service delivery process and outcomes in order to effectively meet the needs of persons served;

(SS) Recovery, continuing steps toward a positive state of health that includes stabilized symptoms of mental illness, substance abuse or both, meaningful and productive relationships and roles within the community, and a sense of personal well-being, independence, choice and responsibility to the fullest extent possible;

(TT) Rehabilitation, a process of restoring a person's ability to attain or maintain normal or optimum health or constructive activity by providing services and supports;

(UU) Relapse, recurrence of substance abuse in an individual who has previously achieved and maintained abstinence for a significant period of time beyond detoxification;

(VV) Relapse prevention, assisting individuals to identify and anticipate high risk situations for substance use, develop action steps to avoid or manage high risk situations, and maintain recovery;

(WW) Research, in accordance with 9 CSR 60-1.010 this term is defined as experimentation or intervention with or on individuals, including behavioral or psychological research, biomedical research, and pharmacological research. 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;

(XX) Residential, service delivery by an organization that includes overnight sleeping accommodations as a component of providing twenty-four (24) hour per day supervision and structure;

(YY) Restraint, restricting an individual's ability to move by physical, chemical or mechanical methods in order to maintain safety when all other less restrictive interventions are inadequate;

(ZZ) Restraint (chemical), medication not prescribed to treat an individual's medical condition and administered with the primary intent of restraining an individual who presents a likelihood of physical injury to self or others;

(AAA) Restraint (mechanical), the use of any mechanical device that restricts the movement of an individual's limbs or body and that cannot be easily removed by the person being restrained;

(BBB) Restraint (physical), physically holding an individual and restricting freedom of movement to restrain temporarily for a period longer than ten (10) minutes an individual who presents a likelihood of physical injury to self or others;

(CCC) Screening, the process in which a trained staff member gathers and evaluates relevant information through an initial telephone or face-to-face interview with a person seeking services in order to determine that services offered by the program are appropriate for the person;

(DDD) Seclusion, placing an individual alone in a separate room with either a locked door or other method that prevents the individual from leaving the room;

(EEE) Sentinel event, a serious event that triggers further investigation each time it occurs. It is typically an undesirable and rare event;

(FFF) Service, the provision of prevention, care, treatment, or rehabilitation to persons affected by mental illness or substance abuse;

(GGG) Sexual abuse, in accordance with 9 CSR 10-5.200 this term is defined as any touching, directly or through clothing, of the genitals, buttocks or breasts of a client or resident for sexual purpose. Sexual purpose means for the arousing or gratifying of anyone's sexual desires. This definition includes—

1. Causing a resident or client to touch the employee for sexual purposes;

2. Promoting or observing for sexual purpose any activity or performance involving clients or residents including any play, motion picture, photography, dance or other visual or written representation; or

3. Failing to stop or prevent inappropriate sexual activity or performance between clients or residents;

(HHH) Staff member/personnel, an employee of a certified organization or a person providing services on a contractual basis on behalf of the organization;

(III) Substance, alcohol or other drugs, or both;

(JJJ) Substance abuse, unless the context clearly indicates otherwise, a broad term referring to alcohol or other drug abuse or dependency in accordance with criteria established in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association;

(KKK) Supports, array of activities, resources, relationships and services designed to assist an individual's integration into the community, participation in treatment, improved functioning, or recovery;

(LLL) Treatment, application of planned procedures intended to accomplish a change in the cognitive or emotional conditions or the behavior of a person served consistent with generally recognized principles or practices in the mental health field;

(MMM) Treatment plan, a document which sets forth individualized care, treatment and rehabilitation goals and the specific methods to achieve these goals for persons affected by mental illness or substance abuse, and which details the individual's treatment program as required by law, rules and funding sources;

(NNN) Treatment principle, basic precept or approach to promote the effectiveness of care, treatment and rehabilitation services and the dignity and involvement of persons served; and

(OOO) Verbal abuse, in accordance with 9 CSR 10-5.200 this term is defined as referring to a client or resident in the client's or resident's presence with profanity or in a demeaning, nontherapeutic, undignified, threatening or derogatory manner.

(3) Singular terms include the plural and vice versa, unless the context clearly indicates otherwise.

AUTHORITY: sections 630.050 and 630.055, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.010 Definitions. This rule defined special terms used in 9 CSR 30-3.010–9 CSR 30-3.699 regarding certification standards.

PURPOSE: Definitions of special terms are being incorporated in new rules being proposed under 9 CSR 10-7.140 and 9 CSR 30-3.012. The new rule 9 CSR 10-7.140 will apply not only to all substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: sections 313.842, 630.050 and 630.655, RSMo 1994. Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed July 15, 1987, effective July 1, 1988. Amended: Filed Jan. 19, 1988, effective July 1, 1988. Emergency amendment filed Oct. 4, 1988, effective Oct. 14, 1988, expired Jan. 14, 1989. Amended: Filed Oct. 4, 1988, effective Jan. 14, 1989. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Amended: Filed Oct. 13, 1995, effective April 30, 1996. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.020 Procedures to Obtain Certification. This rule described the procedures to obtain certification of substance abuse programs.

PURPOSE: The procedures to obtain certification are being incorporated in new rules under 9 CSR 10-7.130 and 9 CSR 30-3.032. The new rule 9 CSR 10-7.130 will apply not only to substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 1994. Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed May 6, 1985, effective Sept. 1, 1985. Amended: Filed Jan. 19, 1988, effective July 1, 1988. Amended: Filed Aug. 14, 1995, effective Feb. 25, 1996. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RULE

9 CSR 30-3.022 Transition to Enhanced Standards of Care

PURPOSE: This rule describes procedures for programs currently certified under 9 CSR 30-3.010 through 9 CSR 30-3.610 to transition to enhanced standards of care.

(1) Temporary Waivers. Upon the effective date of this rule, the department shall hereby grant a waiver for one (1) year from those new requirements listed in this section which would involve additional and substantial expense to a program currently certified under 9 CSR 30-3.010 through 9 CSR 30-3.610 of Certification Standards for Alcohol and Drug Abuse Programs.

(A) Temporary waivers shall be limited to the following requirements under 9 CSR 30-3.100 Service Delivery Process and Documentation:

1. Five (5) axis diagnosis by an eligible, licensed practitioner;

2. Provision of community support services;

3. Provision of family therapy and codependency counseling for family members;

4. Transportation provided by the program.

(B) Waivers shall be temporary and time-limited.

1. The initial waiver period of one (1) year may be renewed or extended by the department annually thereafter.

2. The total period of waiver shall not exceed three (3) years unless otherwise determined by the department. For those services funded by the department or provided through a service network authorized by the department, the waiver period for any requirement listed in this section shall end when the department makes available additional funding intended to implement the requirement.

(C) Waivers shall not be granted to programs currently certified under 9 CSR 30-3.810 through 9 CSR 30-3.970 Certification Standards for Comprehensive Substance Treatment and Rehabilitation (CSTAR), as standards for these programs are equivalent to the enhanced standards of care required by new rules.

(2) Other Requirements. In addition to this rule, a program must also comply with 9 CSR 10-7.130 Procedures to Obtain Certification that is applicable to both substance abuse and psychiatric programs.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate. Any cost associated with enhanced standards of care is identified under 9 CSR 30-3.100 which requires these standards.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate. Any cost associated with enhanced standards of care is identified under 9 CSR 30-3.100 which requires these standards.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule by writing to the ADA Standards of Care Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.030 Governing Authority. This rule required the delineation of responsibilities and authority of the governing body and director for the operation of the agency and required the agency to maintain a policy and procedure manual.

PURPOSE: The requirements for governing authority in substance abuse programs are being incorporated in new rules being proposed under 9 CSR 10-7.090. The new rule will apply not only to substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RULE

9 CSR 30-3.032 Certification of Alcohol and Drug Abuse Programs

PURPOSE: This rule identifies the types of substance abuse programs eligible for certification and the applicable requirements.

(1) Types of Programs. Certification is available for the following types of alcohol and drug abuse programs and services:

(A) Recovery programs including—

1. Detoxification in accordance with a designated level of care. Levels of care include social setting, modified medical, or medical;

2. Outpatient treatment in accordance with designated levels of care. Levels of care include community-based primary treatment, intensive outpatient rehabilitation, supported recovery, and recovery maintenance;

3. Methadone treatment;

4. Compulsive gambling treatment;

5. Residential treatment;

6. Institutional corrections; and

7. Comprehensive substance treatment and rehabilitation (CSTAR);

(B) Recovery Programs for Specialized Populations. Where applicable, a recovery program shall be further designated and certified as a specialized program for the treatment and rehabilitation of—

1. Adolescents; or

2. Women and children;

(C) Offender education and intervention programs including—

1. Substance Abuse Traffic Offender Program (SATOP) offering designated levels of service. For persons age twenty-one (21) and older, levels of service include offender management, offender education, weekend intervention, and clinical intervention. For persons under the age of twenty-one (21), levels of service include offender management, adolescent diversion education, and youth clinical intervention. The department shall also certify regional SATOP training centers.

2. Required Educational Assessment and Community Treatment Program (REACT) offering a Screening and Education level of service;

(D) Prevention program offering designated levels of service. Levels of service include primary prevention, targeted prevention, and prevention resource center.

(2) Applicable Program Standards. The organization must comply with the standards applicable to each program for which certification is being sought.

(3) Other Rules and Standards. In addition to standards for specific programs and services, the organization must comply with other applicable requirements.

(A) The following Core Rules for Psychiatric and Substance Abuse Programs must be met, unless otherwise stipulated in standards for specific programs and services:

1. 9 CSR 10-7.010 Treatment Principles and Outcomes;
2. 9 CSR 10-7.020 Rights, Responsibilities and Grievances;
3. 9 CSR 10-7.030 Service Delivery Process and Documentation;
4. 9 CSR 10-7.040 Quality Improvement;
5. 9 CSR 10-7.050 Research;
6. 9 CSR 10-7.060 Behavior Management;
7. 9 CSR 10-7.070 Medications;
8. 9 CSR 10-7.080 Dietary Services;
9. 9 CSR 10-7.090 Governing Authority and Program Administration;
10. 9 CSR 10-7.100 Fiscal Management;
11. 9 CSR 10-7.110 Personnel;
12. 9 CSR 10-7.120 Physical Plant and Safety;
13. 9 CSR 10-7.130 Procedures to Obtain Certification;
14. 9 CSR 10-7.140 Definitions;
15. 9 CSR 10-5.190 Criminal Record Review; and
16. 9 CSR 10-5.200 Report of Complaints of Abuse and Neglect.

(B) The following Certification Standards for Alcohol and Drug Abuse Programs must be met, unless otherwise stipulated in standards for specific programs and services:

1. 9 CSR 30-3.012 Definitions;
2. 9 CSR 30-3.022 Transition to Enhanced Standards of Care;
3. 9 CSR 30-3.100 Service Delivery Process and Documentation; and
4. 9 CSR 30-3.110 Service Definitions and Staff Qualifications for Service Delivery.

(4) Approval of Programs and Sites by the Department, When Required. For those services funded by the department or provided through a service network authorized by the department, the department shall have authority to determine and approve each proposed program and/or site prior to the actual delivery of services, including the geographic location, plan of service delivery, and facility.

(A) Any organization subject to this approval process shall submit written notice to the department regarding the proposed program and/or site(s). The notice must include the following information:

1. A determination of need identifying the unserved or underserved target population and the substance abuse treatment, rehabilitation, and other intervention needs of that population. The department shall consider available data, such as current accessibility to and availability of services, prevalence of substance abuse among the target population, applicable emergency room visits and relevant arrest data;
2. A proposed plan of service delivery including, but not limited to, geographic location, facility, services offered, and staffing pattern;
3. A business/capitalization plan demonstrating the organization's financial ability to provide the proposed services to the target population;
4. A description of planning and coordination to meet the needs of the target population in areas such as psychiatric services, housing, etc.; and
5. Documentation of the local community's involvement in and support for the proposed service, such as an advisory committee which includes representatives from the target population and local agencies (such as courts, Board of Probation and Parole, Division of Family Services, mental health providers) with evidence of their involvement via letters of support, minutes of meetings, etc.

(B) An organization which wishes to change its approved program and/or site(s) must obtain approval from the department prior to such change. Any new or different facility must be equal to or better than the original facility.

(C) All methadone treatment programs shall meet the program and/or site approval requirements of this rule, as well as the requirements specified under 9 CSR 30-3.132.

AUTHORITY: sections 302.540, 630.050, 630.655 and 631.102, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule by writing to the ADA Standards of Care Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.040 Client Rights. This rule assured the rights of clients receiving treatment for substance abuse.

PURPOSE: The requirements for client rights promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.020. The new rule will apply not only to substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: sections 630.050, 630.110–630.125, 630.200 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.050 Planning and Evaluation. This rule identified the required components of planning and evaluation.

PURPOSE: The requirements for planning and evaluation promulgated under this rule will be incorporated in new rules being

proposed under 9 CSR 10-7.040. The new rule will apply not only to substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.060 Environment. This rule identified the requirements for a safe, habitable environment for substance abuse agencies.

PURPOSE: The requirements for environment promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.120. The new rule will apply not only to substance abuse programs but also to other programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed Dec. 13, 1983, effective April 12, 1984. Rescinded and readopted: Filed June 2, 1988, effective Nov. 1, 1988. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.070 Fiscal Management. This rule prescribed fiscal policies and procedures.

PURPOSE: The requirements for fiscal management promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.100. The new rule will apply not only to substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: sections 630.050, 630.455 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.080 Personnel. This rule prescribed personnel policies and procedures.

PURPOSE: The requirements for personnel promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.110. The new rule will apply not only to substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: sections 630.050, 630.200 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed July 15, 1987, effective July 1, 1988. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RULE

9 CSR 30-3.100 Service Delivery Process and Documentation

PURPOSE: This rule describes requirements in the delivery and documentation of services for those programs certified under 9 CSR 30-3.120 through 9 CSR 30-3.199.

(1) Other Requirements. In addition to the requirements of this rule, a program must also comply with 9 CSR 10-7.030 Service Delivery Process and Documentation that is applicable to both substance abuse and psychiatric programs.

(2) Available Services. Assessment, individual counseling, group education and counseling, community support and family therapy shall be available to each person participating in substance abuse treatment and rehabilitation in accordance with the individual's clinical needs. Day treatment shall be provided if indicated by the person's level of care.

(3) Services to Family Members. Services shall be available to family members of those persons participating in substance abuse treatment and rehabilitation.

(A) Available services shall include family therapy and individual and group codependency counseling. Groups may include both family members and primary clients when indicated by the goals, content and methods of the group.

(B) Family members shall be routinely informed of available services, and the program shall demonstrate the ability to effectively engage family members in a recovery process.

(C) The program shall not be required to establish a client record for a family member, if group education is the only service provided to the family member and if this service is funded by the department or provided through a service network authorized by the department. However, the program shall be required to maintain documentation of group education services and the participating family members.

(4) Services to Women. A program that lacks certification as a specialized program for women and children must meet the following requirements in order to provide services to women:

(A) Offer gender specific groups which address therapeutic issues relevant to women; and

(B) Have staff with experience and training in the treatment of women.

(5) Services to Adolescents. A program that lacks certification as a specialized program for adolescents must meet the following requirements in order to provide services to adolescents—

(A) Offer groups specifically for adolescents;

(B) Have staff with experience and training in the treatment of adolescents;

(C) Maintain an affiliation agreement and demonstrate an effective working relationship with a certified adolescent program; and

(D) Obtain clinical utilization review authorization that the adolescent may participate in services. Services are limited to supported recovery and recovery maintenance levels of care, unless otherwise authorized by clinical utilization review.

(6) Assessment. Each person with a substance abuse problem shall have an assessment by a qualified substance abuse professional in order to ensure an appropriate level of care and an individualized plan.

(A) The assessment shall be completed within seventy-two (72) hours for residential clients or the first three (3) outpatient visits.

1. The seventy-two (72)-hour period for residential clients does not include weekends and holidays observed by the state of Missouri.

2. The initial treatment plan for the individual must also be completed within this designated time period.

(B) If there is a history of prior services in a substance abuse treatment program or a psychiatric facility, a request for prior treatment records shall be made upon written consent of the client or legal guardian to access the department's client tracking registration admissions and commitments system.

(7) Diagnosis. Eligibility for services shall include a diagnosis of substance abuse or dependency including all five (5) axis as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association.

(A) A face-to-face diagnostic interview shall be conducted as part of the assessment by a licensed psychologist, licensed clinical social worker, board-certified psychiatrist, licensed physician, or other professionals licensed to do so in the state of Missouri.

(B) A diagnostician must also have at least one (1) year experience in treating persons with substance disorders.

(8) Transportation and Supports. Transportation shall be provided or arranged by the program to promote participation in treatment and rehabilitation services and to access other resources and supports in the community. Supports that are funded by the department (such as housing or child care) shall meet contractual and other applicable regulatory requirements.

(9) Program Schedule. A current schedule of groups and other structured program activities shall be maintained.

(A) Each person shall actively participate in the program schedule, with individualized scheduling and services based on the person's treatment goals, level of care, and physical, mental, and emotional status.

(B) Group sessions shall address therapeutic issues relevant to the needs of persons served. Some of these scheduled group sessions may not be applicable to or appropriate for all persons and should be attended by each individual on a designated or selective basis. Examples of designated or selective groups may include parenting, budgeting, anger management, domestic violence, co-occurring disorders, relapse intervention track, etc.

(10) Therapeutic Setting. Services shall be provided in a therapeutic, alcohol and drug-free setting.

(A) Productive, meaningful, age-appropriate alternatives to substance use shall be encouraged for each individual.

(B) Any incident of client use of alcohol or drugs shall be documented in the client's record.

(C) An incident of possession or use of alcohol or drugs may result in termination from the program, particularly in residential settings.

(D) Repeated incidents of possession or use shall result in termination from the program.

(E) The program shall not allow gambling or wagering on its premises or as part of its activities.

(11) Drug Testing. The program should conduct tests to determine and detect a client's use of alcohol and drugs. The program shall identify its goals, policies and procedures regarding drug testing.

(A) The program shall implement written policies and procedures regarding the collection and handling of specimens. Urine or other specimens shall be collected in a manner that communicates respect for persons served while taking reasonable steps to prevent falsification of samples.

(B) A laboratory which analyzes specimens shall meet all applicable state and federal laws and regulations.

(C) The program shall implement written policies and procedures outlining the interpretation of results and actions to be taken when the presence of alcohol and/or drugs has been determined.

(D) Test results shall be addressed with persons served once the results are available, in order to intervene with substance use behavior. Test results and actions taken shall be documented in the client's record.

(12) Reviewing Treatment Goals and Outcomes. The individual treatment plan shall be reviewed on a periodic basis and shall accurately reflect the person's needs and goals. Persons who receive services funded by the department or through a service network authorized by the department shall participate in continuing reviews of their progress and outcomes and updates of their plans within the following time frames:

(A) Ten (10) days for residential treatment and community-based primary treatment;

(B) Thirty (30) days for intensive outpatient rehabilitation;

(C) Ninety (90) days for other levels of care.

(13) Clinical Utilization Review. Services are subject to clinical utilization review when funded by the department or provided through a service network authorized by the department. Clinical utilization review shall promote the delivery of services that are necessary, appropriate, likely to benefit the client, and provided in accordance with admission criteria and service definitions.

(A) The department shall have authority in all matters subject to clinical utilization review including client eligibility and service definition, authorization, and limitations.

(B) Any service matrix or package that is developed by the department or its authorized representative shall include input from service providers.

(C) Clinical utilization review shall include, but is not limited to, the following situations regarding an individual client:

1. Length of stay beyond any specified maximum time period;

2. Service authorization beyond any specified maximum amount or cost;

3. Admission of adolescents into adult programs; and

4. Unusual patterns of service or utilization, based on periodic data analysis and norms compiled by the division.

(D) Clinical utilization review may be required of any client's situation and needs prior to initial or continued service authorization.

(E) The need for clinical utilization review may be identified and initiated by a provider, an individual client, or by the department.

(F) Clinical utilization review may include, but is not limited to, the following situations regarding a program:

1. Unusual patterns of service or utilization, based on periodic data analysis and norms compiled by the division regarding the utilization of particular services and total service costs; and

2. Compliance issues related to certification standards or contract requirements that can reasonably be monitored through clinical review.

(14) Credentialed Staff. Clinical utilization review shall be conducted by credentialed staff with relevant professional experience.

(15) Procedures for Clinical Utilization Review. Procedures shall be made available to all affected programs and services.

(A) Reviews shall be completed in a timely manner not to exceed three (3) working days from the time a request is received.

(B) To the extent feasible, a review request from a provider shall be made prior to the delivery of services.

1. No request made more than ninety (90) days after service provision shall be accepted or authorized by the department.

2. The provider is fully responsible for sending all pertinent information and documentation related to a clinical utilization review request.

(C) It is the responsibility of the provider to request a review regarding the appropriateness of admission and treatment services, if a provider considers a client to meet some but not all admission criteria or if any reasonable question may exist or be raised about client eligibility for services.

(D) The department may require or initiate clinical utilization review of any situation related to client eligibility.

(E) Service authorization for a client may be continued, increased, reduced, or discontinued in accordance with a clinical utilization review decision.

(F) When a review determines that services have been inappropriate, unnecessary, or delivered to a client who does not meet eligibility and admission criteria, all service authorization for the client may be discontinued and any other necessary action may be taken.

(G) The department shall establish procedures for the review and appeal of an adverse clinical utilization review action. The provider may deliver services to the client during a review or appeal period, with the understanding that such services may not be authorized or funded. A provider or client may—

1. Request further review of an adverse action. The request must be in writing, identify the clinical factors warranting further review, and be received or postmarked within fifteen (15) days of the initial clinical utilization review action; and

2. Appeal any clinical utilization review decision to discontinue all service authorization for the client.

A. The appeal must be in writing, identify the reason for the appeal, and be received or postmarked within thirty (30) days of receiving notice that service authorization has been discontinued.

B. The department shall designate an Appeal Panel to make a final determination in the matter. The panel shall include one (1) or more representatives who are not staff members of the department and shall include at least one (1) member who is a substance abuse treatment provider.

C. Unless otherwise determined by the panel, its final decision shall be based on information available at the time of the initial clinical utilization review action.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule is estimated to cost state agencies and political subdivisions $4,704,642 per year upon full implementation of all requirements. The public cost will be incurred by the Department of Mental Health in the form of increased reimbursement to private providers. This increased reimbursement is necessary to achieve higher standards of care. However, 9 CSR 30-3.022 allows for temporary waivers of the four specific standards that will result in increased costs and reimbursement. Because of this waiver provision, there will be no public cost during the first year. In subsequent years, higher standards of care will be phased in as funds permit. Upon full implementation, the cost will recur each year for the remaining life of the rule. See fiscal note.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate as increased reimbursement by the Department of Mental Health will be provided to achieve higher standards of care.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule by writing to the ADA Standards of Care Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Fiscal Note
Public Entity Cost

I. RULE NUMBER.
Title 9- Department of Mental Health
Division 30 – Certification Standards
Chapter 3 – Alcohol and Drug Abuse Programs
Type of Rulemaking: Proposed Rule

Rule Number and Name: 9CSR 30-3.100 Service Delivery Process and Documentation

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Division of Alcohol and Drug Abuse	$4,704,642

III. WORKSHEET
- Providing Community Support Service (1,000 hours * $40.32 hourly rate * 31 providers) - $1,249,920
- Five Axis Diagnosis for All Primary Clients ($25.75 quarter hour rate * 3.43 average units per client per year * 22,832 clients) - $2,016,522
- Family therapy & Co-dependent Counseling, estimate based on ½ time family therapist at each provider ($37,500 annual salary, plus 15% fringe benefits, plus $5,000 overhead, * ½ time, * 31 providers) - $750,000
- Transportation and Supports (increase unit of service rate by 3.25% at 31 providers to cover cost of monthly $440 van payment, $660 part-time driver and $750 operating expense for gas, maintenance, etc.) - $688,200

IV. ASSUMPTIONS AND METHODOLOGY.
- Providing Community Support Service – The number of billable hours for a community support worker was determined by contacting 3 CSTAR providers to determine the number of expected number of billable hours required. This limited survey leads to the estimate of 1,000 hours. The current community support rate is $10.08 per quarter hour or $40.32 per hour. Thirty-providers would be affected by this rule.
- Five Axis Diagnosis for All Primary Clients – The cost of a diagnostician was determined by using the rate for diagnostic evaluation service used by CSTAR providers, $25.75 per quarter hour. Annually, fiscal year 2000, there were 3.43 average units per client. During fiscal year 1999 there were 22,382 clients admitted.
- Family Therapy & Co-dependent Counseling – The total cost to the Division for each provider to hire a ½ time family therapist. Family therapy and codependent counseling for an estimated 1,350 family members at thirty-one providers.
- Transportation and Supports – The costs to the division to provide transportation and supports include van payments, part-time driver and operating expenses for thirty-one providers.
- Inflation is projected at 3 % annually.
- Rule 9 CSR 30-3.022 allows for temporary waivers of the four specific standards that will result in increased costs and reimbursement. Because of this waiver provision, there will be no public cost during the first year. In subsequent years, enhanced standards of care will be phased in as funds permit. Upon full implementation, the cost will recur each year for the remaining life of the rule.

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RULE

9 CSR 30-3.110 Service Definitions and Staff Qualifications

PURPOSE: This rule defines and describes services provided at treatment and rehabilitation programs certified under 9 CSR 30-3.

(1) Other Requirements. Services shall be provided in accordance with applicable program rules. Limitations on group size that are specified in this rule shall apply to those services funded by the department or provided through a service network authorized by the department.

(2) Available Services. Individual counseling, group education and counseling, community support, and family therapy shall be available to each person participating in substance abuse treatment and rehabilitation in accordance with the individual's clinical needs. Day treatment shall be provided if indicated by the person's level of care.

(3) Services to Family Members. Services shall be available to family members of those persons participating in substance abuse treatment and rehabilitation funded by the department or provided through a service network authorized by the department.

(A) Available services shall include family therapy and individual and group codependency counseling.

(B) Family members shall be routinely informed of available services, and the program shall demonstrate the ability to effectively engage family members in a recovery process.

(4) Services shall be designed and organized to promote peer support and to orient clients and family members to self-help groups.

(5) Individual Counseling. Individual counseling is a structured, goal-oriented therapeutic process in which an individual interacts on a face-to-face basis with a counselor in accordance with the individual's rehabilitation plan in order to resolve problems related to substance abuse which interfere with the person's functioning.

(A) Key service functions of individual counseling may include, but are not limited to:

1. Exploration of an identified problem and its impact on functioning;

2. Examination of attitudes, feelings, and behaviors that promote recovery and improved functioning;

3. Identification and consideration of alternatives and structured problem-solving;

4. Decision making; and

5. Application of information presented to the individual's life situation in order to promote recovery and improved functioning.

(B) Individual counseling shall only be performed by a qualified substance abuse professional or an associate counselor.

(6) Family Therapy. Family therapy is a planned, face-to-face, goal-oriented therapeutic interaction with a qualified staff member in accordance with an individual rehabilitation plan. The purpose of family therapy is to address and resolve problems in family interaction related to the substance abuse problem and recovery.

(A) One (1) or more family members must be present at all family therapy sessions. In any calendar month, for fifty percent (50%) of a client's family therapy, the primary client must be present, in addition to one (1) or more members of the client's family.

1. Family members below the age of twelve (12) may be counted as one (1) of the required family members when the child can be shown to have the requisite social and verbal skills to participate in and benefit from the service.

2. Documentation of family therapy shall identify the family member(s) present and their relationship to the client.

(B) Key service functions of family therapy may include, but are not limited to:

1. Utilization of generally accepted principles of family therapy to influence family interaction patterns;

2. Examination of family interaction styles and identifying patterns of dysfunctional behavior;

3. Development of a need or motivation for change in family members;

4. Development and application of skills and strategies for improvement in family functioning; and

5. Generalization and stabilization of change to promote healthy family interaction independent of formal helping systems.

(C) Family therapy may be provided in either the office or home setting. Family therapy shall not include driving time to and from the home setting.

(D) Family therapy shall be performed by a person who—

1. Is licensed in Missouri as a marital and family therapist; or

2. Is certified by the American Association of Marriage and Family Therapists; or

3. Has a doctoral degree or master's degree in psychology, social work or counseling and has at least one (1) year of supervised experience in family counseling and has specialized training in family counseling; or

4. Has a doctoral degree or master's degree in psychology, social work or counseling and receives close supervision from an individual who meets the requirements of paragraph 1., 2., or 3. of subsection (5)(D); or

5. Is a degreed, qualified substance abuse professional who receives close supervision from an individual who meets the requirements of paragraph 1., 2., or 3. of subsection (5)(D).

(7) Codependency Counseling. Codependency counseling is a planned, face-to-face, goal-oriented therapeutic interaction with an individual or a group to address dysfunctional behaviors and life patterns associated with being a member of a family in which an individual has a substance abuse problem and is currently participating in treatment for substance abuse.

(A) Codependency counseling—

1. Shall be provided only to a person who is a member of a client's family; and

2. May be provided on an individual or a group basis.

(B) Key service functions may include, but are not limited to:

1. Exploration of the substance abuse problem and its impact on family functioning;

2. Development of coping skills and self-responsibility for changing dysfunctional patterns of relationships;

3. Examination of attitudes and feelings and long-term consequences of living with a person with a substance abuse problem;

4. Identification and consideration of alternatives and structured problem-solving;

5. Productive and functional decision-making; and

6. Generalization of newly learned information and behavior to other life situations in order to promote improved family or personal functioning.

(C) The usual and customary size of group codependency counseling sessions shall not exceed twelve (12) family members in order to promote participation, disclosure and feedback.

1. In no event shall the size of a group codependency counseling session that includes only family members exceed an average of twelve (12) persons per calendar month.

2. The program may structure some sessions to include both family members and primary clients up to a maximum of twenty (20) persons.

3. Primary clients participating in such sessions shall be considered, for funding purposes, to have received either day treatment or group counseling, depending on the client's level of care.

(D) Codependency group and individual counseling shall be provided by a person who meets requirements as a—

1. Family therapist; or

2. Qualified substance abuse professional with training in family recovery.

(8) Codependency counseling with children services shall be delivered in an age-appropriate manner. Group codependency services shall be provided in groups with similar ages and developmental issues.

(A) Assessments, individual counseling and group counseling services provided to children under age twelve (12) shall be provided by—

1. A social worker, counselor, psychologist or physician licensed in Missouri who has at least one (1) year of full-time experience in the assessment and treatment of children; or

2. A graduate of an accredited college or university with a master's degree in social work, psychology, counseling, psychiatric nursing or closely related field, who has at least two (2) years of full-time equivalent experience in the treatment and assessment of children.

(B) Group codependency services of an educational nature for children under age twelve (12) shall be provided by a graduate of an accredited college or university with a bachelor's degree in counseling, psychology, social work or closely related field.

(C) Codependency counseling for family members below the age of five (5) may only be given when the child can be shown to have the requisite social and verbal skills to participate in and benefit from the service.

(9) Group Counseling. Group counseling is face-to-face, goal-oriented therapeutic interaction among a counselor and two (2) or more clients as specified in individual rehabilitation plans designed to promote clients' functioning and recovery through personal disclosure and interpersonal interaction among group members.

(A) Key service functions of group counseling may include, but are not limited to:

1. Facilitating individual disclosure of issues which permits generalization of the issue to the larger group;

2. Promoting positive help-seeking and supportive behaviors;

3. Encouraging and modeling productive and positive interpersonal communication; and

4. Developing motivation and action by group members through peer pressure, structured confrontation and constructive feedback.

(B) The usual and customary size of group counseling sessions shall not exceed twelve (12) clients in order to promote client participation, disclosure and feedback. In no event shall the size of group counseling sessions exceed an average of twelve (12) clients per calendar month.

(C) Group counseling services shall be provided by a qualified substance abuse professional or an associate counselor.

(10) Group Education. Group education consists of the presentation of general information and application of the information to participants through group discussion in accordance with individualized rehabilitation plans which is designed to promote recovery and enhance social functioning.

(A) Key service functions of group education may include, but are not limited to:

1. Classroom style didactic lecture to present information about a topic and its relationship to substance abuse;

2. Presentation of audiovisual materials which are educational in nature with required follow-up discussion;

3. Promotion of discussion and questions about the topic presented to the individuals in attendance; and

4. Generalization of the information and demonstration of its relevance to recovery and enhanced functioning.

(B) The usual and customary size of group educational sessions shall not exceed thirty (30) clients in order to promote client participation. In no event shall the size of group education sessions exceed an average of thirty (30) clients per calendar month.

(C) Group education services shall be provided by an individual who—

1. Is suited by education, background or experience to teach the information being presented;

2. Demonstrates competency and skill in educational techniques;

3. Has knowledge of the topic(s) being taught; and

4. Is present with clients throughout the group education session.

(D) In addition, staff who provide information about human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) shall have completed a department approved or comparable training program.

(11) Community Support. Community support consists of specific activities with or on behalf of a particular client in accordance with an individual rehabilitation plan to maximize the client's adjustment and functioning within the community while achieving sobriety and sustaining recovery, maximizing the involvement of natural support systems, and promoting client independence and responsibility.

(A) Key service functions of community support include:

1. Participating in the interdisciplinary team meeting in order to identify strengths and needs related to development of the individual's rehabilitation plan;

2. Attending periodic meetings with designated team members and the client, whenever feasible, in order to review and update the rehabilitation plan;

3. Contacting clients who have unexcused absence from the program in order to re-engage the person and promote recovery efforts;

4. Arranging and referring for services and resources and, when necessary, advocating to obtain the services and quality of services to which the person is entitled;

5. Monitoring service delivery by providers external to the program and ensuring communication and coordination of services;

6. Locating and coordinating services and resources to resolve a crisis;

7. Providing experiential training in life skills and resource acquisition;

8. Providing information and education to an individual in accordance with the person's rehabilitation plan; and

9. Planning for discharge.

(B) The following activities shall not be considered a community support unit of service:

1. Reviewing a client's record to ensure that documentation is complete or to conduct quality assurance or other program evaluation;

2. Preparing documentation for the department's management information system or for the client's record, such as progress notes, assessment reports, rehabilitation plans and updates, and initial service plans;

3. Preparing and making clinical utilization review requests;

4. Administering client medications or observing client's self-administer medications;

5. Collecting and processing urine or other specimens for purposes of drug testing;

6. Transporting clients to and from the program;

7. Transporting clients to appointments or other locations in the community, unless the presence of the community support worker is required to resolve an immediate crisis or to address a clearly documented need which the client has previously demonstrated an inability to resolve on his/her own;

8. Routinely visiting the client in the home, unless such visit(s) is clearly and directly related to the rehabilitation plan goals;

9. Meetings with other program staff, except scheduled meetings to develop the initial treatment plan and scheduled treatment plan reviews; and

10. Discussions with the client regarding treatment issues that would be more appropriately addressed by individual counseling, group counseling or education, or other available services.

(C) A client must be reasonably involved in other treatment and rehabilitation services in order to be eligible for community support on an ongoing basis.

(D) The program's staffing pattern and arrangements to provide community support services shall be responsive to the needs, goals and outcomes expected for clients.

(E) Community support services shall be provided by a person who has a bachelor's degree from an accredited college or university in social work, psychology, nursing or a closely related field. Equivalent experience may be substituted on the basis of one (1) year for each year of required educational training.

(12) Day Treatment. Day treatment consists of a comprehensive package of services and therapeutic structured activities provided consistent with an individual rehabilitation plan which are designed to achieve and promote recovery from substance abuse and improve functioning.

(A) Key service functions of day treatment include, but are not limited to, the following:

1. Activities to address the person's immediate need to abstain from substance use;

2. Activities and structure which provide a meaningful, constructive alternative to substance abuse;

3. Activities which promote individual responsibility for recovery;

4. Activities that enhance life skills;

5. Activities that address functional skills;

6. Activities that enhance the use of personal support systems; and

7. Activities which promote development of interests and hobbies to constructively use leisure time.

(B) Required service components which will be used to achieve key service functions of day treatment include:

1. Individual counseling;

2. Group counseling;

3. Group education; and

4. Supervision of clients in structured programming to promote and reinforce a substance-free lifestyle including, but not limited to, organized recreational activities, skill building, structured self-study sessions, promotion of self-help and peer support activities.

(C) The ratio of clients to staff for day treatment shall not exceed the maximum established elsewhere in this rule for group counseling and education.

(13) Ratio of Qualified Substance Abuse Professionals. A majority of the program's staff who provide individual and group counseling shall be qualified substance abuse professionals.

(14) Supervision of Associate Counselors. If an associate counselor provides individual or group counseling, the person shall be registered with and recognized by the Missouri Substance Abuse Counselor's Certification Board, Inc. or by an appropriate board of professional registration within the Department of Economic Development. All counselor functions performed by an associate counselor shall be performed pursuant to the supervisor's control, oversight, guidance and full professional responsibility.

(A) The supervisor shall review and countersign documentation in client records made by the trainee.

(B) Documentation which must be countersigned includes assessments, treatment plans and updates, and discharge summaries.

(15) Credentials for Supervisor of Counselors. Unless otherwise required by these rules, supervision of counselors must be provided by a qualified substance abuse professional who has—

(A) A degree from an accredited college in an approved field of study; or

(B) Four (4) or more years employment experience in the treatment and rehabilitation of persons with substance abuse problems.

(16) Credentials for Supervisor of Community Support Workers. A community support worker shall be supervised by an individual with—

(A) A master's degree from an accredited college or university in social work, counseling, psychology or a closely related field and at least one (1) year of full-time equivalent experience in providing community support services; or

(B) A bachelor's degree from an accredited college or university in social work, counseling, psychology or a closely related field and at least two (2) years of full-time equivalent experience in providing community support services; and

(C) Demonstrated competencies in the areas of supervision and substance abuse treatment and rehabilitation by virtue of experience and/or training.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule by writing to the ADA Standards of Care Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RULE

9 CSR 30-3.120 Detoxification

PURPOSE: This rule describes the goals, eligibility and discharge criteria, levels of care, and performance indicators for detoxification programs.

(1) Goals. Detoxification is the process of withdrawing a person from alcohol, other drugs or both in a safe, humane, and effective manner. The goals of detoxification services are to help persons become—

(A) Alcohol and drug-free in a safe manner without suffering severe physical consequences of withdrawal. Medical services shall be provided or arranged, when clinically indicated; and

(B) Involved in continuing treatment. Each person shall be oriented to treatment resources and recovery concepts and shall be assisted in making arrangements for continuing treatment.

(2) Screening. Upon initial contact, a person shall be screened by a trained staff member and assigned to a level of care based on the signs and symptoms of intoxication, impairment or withdrawal, as well as factors related to health and safety.

(A) A screening protocol approved by a physician shall be used to evaluate the person's physical and mental condition and to guide the level of care decision. The department may require, at its option, the use of a standardized screening protocol for those services funded by the department or provided through a service network authorized by the department.

(B) The assigned level of care shall have the ability to effectively address the person's physical and mental condition.

(3) Eligibility Criteria. In order to be eligible for detoxification services, a person must present symptoms of intoxication, impairment or withdrawal and also must require supervision and monitoring of their physical and mental status to ensure safety. A person qualifies for detoxification services on a residential basis if one or more of the following additional criteria are met:

(A) Demonstrates a current inability to minimally care for oneself;

(B) Lacks a supportive, safe place to go and demonstrates a likelihood of continued use of alcohol or other drugs if free to do so;

(C) Requires ongoing observation and monitoring of vital signs due to a prior history of physical complications associated with withdrawal or the severity of current symptoms of intoxication, impairment or withdrawal; or

(D) Presents a likelihood of harm to self or others as a result of intoxication, impairment or withdrawal.

(4) Certified Levels of Care. A person shall be assigned to one of the following levels of detoxification service in accordance with the screening protocol and admission criteria. An agency may offer and be certified for one or more of the following levels of detoxification service:

(A) Social Setting Detoxification. This level of care is offered by trained staff in a residential setting with services and admission available twenty-four (24) hours per day, seven (7) days per week.

1. Medical personnel are not available on-site to prescribe, dispense or administer medications or to diagnosis and treat health problems.

2. A person, who is admitted to social setting detoxification with medication for an established physical or mental health condition, may continue to self-administer his or her medication;

(B) Modified Medical Detoxification. This level of care is offered by medical staff in a non-hospital setting with services and admission available twenty-four (24) hours per day, seven (7) days per week.

1. Routine medical services are provided, and medications are used, when clinically indicated, to alleviate symptoms of intoxication, impairment or withdrawal.

2. A registered or licensed nurse is on duty at all times. Licensed nursing staff receive clinical supervision by a registered nurse.

3. There is a physician on call at all times;

(C) Medical Detoxification. This level of care is offered by medical staff in a licensed hospital with services and admission available twenty-four (24) hours per day, seven (7) days per week. Emergency and non-emergency medical services are provided, and medications are used, when clinically indicated, to alleviate symptoms of impairment or withdrawal.

(5) Safety and Supervision. All detoxification services shall be provided in a humane manner and shall ensure the safety and well-being of persons served.

(A) There shall be monitoring and assessment of the person's physical and emotional status during the detoxification process.

1. Blood alcohol concentration shall be monitored upon admission and thereafter as indicated. Further testing of urine or blood may be conducted by qualified personnel.

2. Vital signs shall be taken on a regular basis, with the frequency determined by client need based on a standardized assessment instrument.

(B) Staff coverage in residential settings shall ensure the continuous supervision and safety of clients.

1. Two (2) staff members shall be on-site at all times, and additional staff may be required, as warranted by the size of the program and the responsibilities and duties of staff members.

2. Staff providing direct supervision and monitoring of clients shall demonstrate competency in recognizing symptoms of intoxication, impairment and withdrawal; monitoring vital signs; and understanding basic principles and resources for substance abuse treatment.

3. Clients shall be supervised at all times by a staff member with current certification in first aid and cardiopulmonary resuscitation.

(6) Continuing Treatment. Detoxification services shall actively encourage each person to address substance abuse issues and to make arrangements for continuing treatment. There shall be documentation of services delivered and arrangements for continuing treatment. A comprehensive assessment and master treatment plan are not required during detoxification.

(A) Information and education shall be given to each person regarding substance abuse issues.

(B) Individual and group sessions shall be provided, and each person shall be expected to participate in these sessions, to the extent warranted by their physical and mental status.

(C) Each person shall be encouraged to make plans for continuing treatment.

1. Staff shall assist in making referrals and other arrangements, as needed.

2. Any client refusal of treatment services or referrals shall be documented.

(D) A qualified substance abuse counselor shall be available and involved in providing individual and group sessions and making arrangements for continuing treatment.

(7) Discharge Criteria. A person shall be successfully discharged or transferred from the detoxification service when they are physically and mentally able to function without the supervision, monitoring and support of this service.

(8) Performance Indicators. All programs shall collect and review data related to the goals and outcomes for detoxification services.

(A) Each program shall collect data on key indicators that may include, but are not limited to, the following:

1. Client satisfaction with services;

2. Number of medical problems, transfers to hospital, or other sentinel events;

3. Number of clients who leave against staff advice;

4. Number of repeat admissions; and

5. Number of persons who engage in continuing treatment.

(B) Each program shall use this data in its quality improvement process.

(C) The department may require, at its option, the use of designated indicators or measures in order to promote consistency and the wider applicability of this data. The required use of designated indicators shall be applicable only to those services funded by

the department or provided through a service network authorized by the department.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule by writing to the ADA Standards of Care Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RULE

9 CSR 30-3.130 Outpatient Treatment

PURPOSE: This rule describes the levels of outpatient care that may be certified and the goals, eligibility criteria, and available services. Discharge criteria and performance indicators for outpatient programs are also identified.

(1) Available Services. An array of services shall be available on an outpatient basis to persons with substance abuse problems and their family members. The program shall provide all services and comply with the functions required under 9 CSR 30-3.110.

(2) Certified Levels of Care. Outpatient services shall be organized and certified according to levels of care. Each of the levels of care shall vary in the intensity and duration of services offered.

(A) The levels of care may include—

1. Community-based primary treatment. This level of care is the most structured, intensive, and short-term service delivery option with services offered on a frequent, almost daily basis;

2. Intensive outpatient rehabilitation. This level of care provides intermediate structure, intensity and duration of treatment and rehabilitation, with services offered on multiple occasions per week;

3. Supported recovery. This level of care provides treatment and rehabilitation on a regularly scheduled basis, with services offered on approximately a weekly basis unless other scheduling is clinically indicated; and

4. Recovery maintenance. This level of care offers services on an occasional, supportive basis to persons who have achieved substantial progress but require continuing treatment and rehabilitation services to maintain and enhance recovery goals.

(B) All outpatient services and levels of care offered by an organization shall be certified in accordance with this rule. An organization shall be certified as providing one of the following methods of outpatient service delivery:

1. Supported recovery and recovery maintenance;

2. Intensive outpatient rehabilitation, supported recovery and recovery maintenance; or

3. Community-based primary treatment, intensive outpatient rehabilitation, supported recovery and recovery maintenance.

(C) Outpatient services shall be provided in a coordinated manner responsive to each person's needs, progress and outcomes.

1. The organization shall ensure that individuals can access an appropriate level of care.

A. If all four (4) outpatient levels of care are not offered, the organization shall demonstrate that it effectively helps persons to access other levels of care that may be available in the local geographic area, as needed.

B. The organization must demonstrate that it effectively helps persons to access detoxification and residential treatment services, as needed.

2. An organization with multiple service sites shall not be required to offer its certified levels of care at every site, if it can demonstrate that an individual has reasonable access to its levels of care through coordinated service delivery.

3. A light meal shall be served at a site to those individuals who receive services for a period of more than four (4) consecutive hours. Additional meals shall be provided, if warranted by the program's hours of operation.

(3) Individualized Treatment Options. The levels of care shall be used in a manner that provides individualized treatment options and offers service intensity in accordance with the needs, progress and outcomes of each person served.

(A) A person may enter treatment at any level of care in accordance with eligibility criteria.

(B) A person can move from one level of care to another over time in accordance with symptoms, progress, outcomes and other clinical factors.

1. The duration of each level of care shall be time-limited and tailored to the individual's needs.

2. A person may be transferred to a more intensive level of care if there is a continuing inability to make progress toward treatment and rehabilitation goals.

(4) Community-Based Primary Treatment. This level of care is the most structured, intensive, and short-term service delivery option. Structured services shall be offered at least five (5) days per week and should approximate the service intensity of residential treatment.

(A) Eligibility for primary treatment shall be based on—

1. Evidence that the person cannot achieve abstinence without close monitoring and structured support; and

2. Need for frequent, almost daily services and supervision.

(B) Expected outcomes for primary treatment are to—

1. Interrupt a significant pattern of substance abuse;

2. Achieve a period of abstinence;

3. Enhance motivation for recovery; and

4. Stabilize emotional and behavioral functioning.

(C) The program shall offer at least forty (40) hours of service per week.

1. Each person shall be expected to participate in at least forty (40) hours of service per week, unless contraindicated by the individual's medical, emotional, legal, and/or family circumstances.

2. Each person shall participate in at least one (1) hour per week of individual counseling. Additional individual counseling shall be provided, in accordance with the individual's needs.

3. For community-based primary treatment that is funded by the department or provided through a service network authorized by the department, day treatment may be specified as the applicable service for this level of care.

(5) Intensive Outpatient Rehabilitation. This level of care offers an intermediate intensity and duration of treatment. Services should be offered on multiple occasions during each week.

(A) Eligibility for intensive outpatient rehabilitation shall be based on—

1. Ability to limit substance use and remain abstinent without close monitoring and structured support;

2. Absence of crisis that cannot be resolved by community support services;

3. Evidence of willingness to participate in the program, keep appointments, participate in self-help, etc.; and

4. Willingness, as clinically appropriate, to involve significant others in the treatment process, such as family, employer, probation officer, etc.

(B) Expected outcomes for intensive outpatient rehabilitation are to—

1. Establish and/or maintain sobriety;

2. Improve emotional and behavioral functioning; and

3. Develop recovery supports in the family and community.

(C) The program shall offer at least ten (10) hours of service per week.

1. Each person shall be expected to participate in at least ten (10) hours of service per week, unless contraindicated by the individual's medical, emotional, legal, and/or family circumstances.

2. Each person shall participate in at least one (1) hour per week of individual counseling.

(6) Supported Recovery. This level of care offers treatment on a regularly scheduled basis, while allowing for a temporary increase in services to address a crisis, relapse, or imminent risk of relapse. Services should be offered on approximately a weekly basis, unless other scheduling is clinically indicated.

(A) Eligibility for supported recovery shall be based on—

1. Lack of need for structured or intensive treatment;

2. Presence of adequate resources to support oneself in the community;

3. Absence of crisis that cannot be resolved by community support services;

4. Willingness to participate in the program, keep appointments, participate in self-help, etc.;

5. Evidence of a desire to maintain a drug-free lifestyle;

6. Involvement in the community, such as family, church, employer, etc.; and

7. Presence of recovery supports in the family and/or community.

(B) Expected outcomes for supported recovery are to—

1. Maintain sobriety and minimize the risk of relapse;

2. Improve family and social relationships;

3. Promote vocational/educational functioning; and

4. Further develop recovery supports in the community.

(C) The program shall offer at least three (3) hours of service per week. Each person shall be expected to participate in any combination of services determined to be clinically necessary.

(7) Recovery Maintenance. This level of care offers services on an occasional, supportive basis. Services may be offered approximately one (1) or two (2) times per month, although the frequency is variable and largely self-directed in accordance with the individual's needs, progress and outcomes.

(A) Recovery maintenance shall be available to persons who have achieved significant recovery from substance abuse, are living independently in the community (or with minimal external supports and assistance), and are no longer in need of frequent services. In addition, an eligible person shall have a—

1. History of severe problems in maintaining independent functioning prior to admission and need for an extended period of support to achieve stability; or

2. History of prior treatment with a significant period of sobriety but a current situation involving crisis, relapse or other circumstance that poses an imminent risk to ongoing recovery.

(B) Expected outcomes of recovery maintenance are to—

1. Enhance recovery and the accomplishment of personal goals;

2. Minimize risk of relapse and increase relapse prevention skills; and

3. Develop increasingly independent, positive and stable functioning in the community.

(C) Each individual participating in recovery maintenance is expected to participate in any combination of services determined to be clinically necessary.

1. Services may not necessarily be offered on a regularly scheduled basis.

2. Individuals are expected to be utilizing family and/or social supports for ongoing recovery.

(8) Continued Services. The treatment episode or level of care shall be reviewed for the appropriateness of continued services if the person presents repeated relapse incidents, a pattern of noncompliance or poor attendance, threats or aggression toward staff or other clients, or failure to comply with basic program rules.

(9) Discharge Criteria. Each person's length of stay in outpatient services shall be individualized, based on the person's needs and progress in achieving treatment goals.

(A) An individual should be considered for successful completion and discharge from outpatient services upon—

1. Recognizing and understanding his/her substance abuse problem and its impacts;

2. Achieving a continuous period of sobriety;

3. Absence of immediate or recurring crisis that poses a substantial risk of relapse;

4. Stabilizing emotional problems, when applicable (for example, not experiencing serious psychiatric symptoms, taking psychotropic medication as prescribed, etc.);

5. Demonstrating independent living skills;

6. Implementing a relapse prevention plan; and

7. Developing family and/or social networks which support recovery and a continuing recovery plan.

(B) A person may be discharged from outpatient services before accomplishing these goals if—

1. Commitment to continuing services is not demonstrated by the client; or

2. No further progress is imminent or likely to occur.

(10) Performance Indicators. The program shall maintain performance indicators related to the goals and expected outcomes for its outpatient services.

(A) Performance indicators may include, but are not limited to, the following:

1. Consumer satisfaction with services;

2. Feedback from community agencies and referral sources;

3. Number of clients who successfully complete the treatment episode and/or levels of care;

4. Varying, individualized length of stay for successful completion;

5. Number of clients who drop out or are otherwise unsuccessfully discharged;

6. Number of readmissions or hospitalizations within thirty (30) days and other time periods;

7. Rate of involvement in community self-help groups;

8. Rate of participation by family members;

9. Periods of sobriety; and

10. Changes in the functioning of clients (such as Global Assessment of Functioning (GAF) score changes, stabilized living arrangements, emotional symptoms, legal status, family functioning, employment).

(B) Each program shall use performance indicators in its quality improvement process.

(C) The department may establish and require, at its option, the use of designated indicators in order to promote consistency and the wider applicability of this data. The required use of designated indicators shall be applicable only to those services funded by the department or provided through a service network authorized by the department.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RULE

9 CSR 30-3.140 Residential Treatment

PURPOSE: This rule describes the goals, eligibility and discharge criteria, available services, and performance indicators for residential treatment.

(1) Treatment Goals. Residential treatment shall offer an intensive set of services in a structured alcohol- and drug-free setting. Services shall be organized and directed toward the primary goals of—

(A) Stabilizing a crisis situation, where applicable;

(B) Interrupting a pattern of extensive or severe substance abuse;

(C) Restoring physical, mental and emotional functioning;

(D) Promoting the individual's recognition of a substance abuse problem and its effects on his/her life;

(E) Developing recovery skills, including an action plan for continuing sobriety and recovery; and

(F) Promoting the individual's support systems and community reintegration.

(2) Eligibility Criteria. In order to fully participate in and benefit from the intensive set of services offered in residential treatment, a person must meet the following admission and eligibility criteria:

(A) Does not demonstrate symptoms of intoxication, impairment or withdrawal that would hinder or prohibit full participation in treatment services. A screening instrument, that includes vital signs, must be used with all prospective clients to identify symptoms of intoxication, impairment, or withdrawal and, when indicated, detoxification services must be provided or arranged;

(B) Needs an alternative, supervised living environment to ensure safety and protection from harm;

(C) Meets the general treatment eligibility requirement of a current diagnosis of substance abuse or dependence and, in addition, demonstrates one or more of the following—

1. Recent patterns of extensive or severe substance abuse;

2. Inability to establish a period of sobriety without continuous supervision and structure;

3. Presence of significant resistance or denial of an identified substance abuse problem; or

4. Limited recovery skills and/or support system; and

(D) A client may qualify for transfer from outpatient to residential treatment if the person—

1. Has been unable to establish a period of sobriety despite active participation in the most intensive set of services available on an outpatient basis; or

2. Presents imminent risk of serious consequences associated with substance abuse.

(3) Safety and Supervision. The residential setting shall ensure the safety and well-being of persons served.

(A) Staff coverage shall ensure the continuous supervision and safety of clients.

1. There shall be an adequate number of paid staff on duty (awake and dressed) at all times. At least two (2) staff shall be on duty, unless otherwise stipulated in these rules or authorized in writing by the department through the exceptions process. Additional staff shall be required, if warranted by the size of the program and the responsibilities and duties of the staff members.

2. Clients shall be supervised at all times by a staff member with current certification in first aid and cardiopulmonary resuscitation.

(B) The program shall immediately and effectively address any untoward or critical incident including, but not limited to, any incident of alcohol or drug use by a client on its premises.

(4) Intensive Services with Individualized Scheduling. Services shall be responsive to the needs of persons served.

(A) There shall be a current schedule of program activities that offers a minimum of fifty (50) hours of structured, therapeutic activity per week.

1. Therapeutic activities shall be provided seven (7) days per week.

2. Group education and group counseling must constitute at least twenty (20) of the required hours of therapeutic activity per week.

(B) At least one (1) hour of individual counseling per week shall be provided to each client. Additional individual counseling shall be provided, in accordance with the individual's needs.

(5) Discharge Criteria. Each client's length of stay in residential treatment shall be individualized, based on the person's needs and progress in achieving treatment goals.

(A) To qualify for successful completion and discharge from residential treatment, the person should—

1. Demonstrate a recognition and understanding of his/her substance abuse problem and its impacts;

2. Achieve an initial period of sobriety and accept the need for continued care;

3. Develop a plan for continuing sobriety and recovery; and

4. Take initial steps to mobilize supports in the community for continuing recovery.

(B) A person may be discharged before accomplishing these goals if maximum benefit has been achieved and—

1. No further progress is imminent or likely to occur;

2. Clinically appropriate therapeutic efforts have been made by staff; and

3. Commitment to continuing care and recovery is not demonstrated by the client.

(6) Performance Indicators. All programs shall collect and review data related to the goals and outcomes for residential treatment.

(A) Each program shall collect data on key indicators that may include, but are not limited to, the following:

1. Client satisfaction with services;

2. Number of clients who successfully complete residential treatment;

3. Varying, individualized length of stay for those who successfully complete residential treatment;

4. Number of persons who engage in continuing treatment on an outpatient basis;

5. Number of clients who leave against staff advice or are otherwise unsuccessfully discharged;

6. Number of readmissions within thirty (30) days and other time periods;

7. Rate of involvement in community self-help groups;

8. Rate of participation by family members; and

9. Changes in the functioning of clients (such as Global Assessment of Functioning (GAF) score changes, stabilized living arrangements, emotional symptoms and status).

(B) Each program shall use this data in its quality improvement process.

(C) The department may require, at its option, the use of designated indicators or measures in order to promote consistency and the wider applicability of this data. The required use of designated indicators shall be applicable only to those services funded by the department or provided through a service network authorized by the department.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule by writing to the ADA Standards of Care Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RULE

9 CSR 30-3.150 Comprehensive Substance Treatment and Rehabilitation (CSTAR)

PURPOSE: This rule establishes special requirements for service delivery as Comprehensive Substance Treatment and Rehabilitation (CSTAR).

(1) Levels of Care. A CSTAR program shall provide the following levels of care on a nonresidential basis in accordance with requirements for outpatient programs:

(A) Primary treatment;

(B) Intensive outpatient rehabilitation;

(C) Supported recovery; and

(D) Recovery maintenance.

(2) Other Applicable Program Requirements. A CSTAR program shall meet the following additional requirements, when the department determines that they are applicable:

(A) Services offered on a residential basis shall comply with requirements for residential treatment; and

(B) Requirements as a specialized program for adolescents or as a specialized program for women and children shall be met, where applicable.

(3) Medicaid Eligibility. An organization must be certified as a CSTAR program in order to qualify for Medicaid reimbursement of substance abuse treatment services to eligible persons.

(A) A CSTAR program shall comply with applicable state and federal Medicaid requirements.

(B) If there is a change in the Medicaid eligibility or financial status of a person served, the individual shall not be prematurely discharged from the CSTAR program or otherwise denied CSTAR services. The program shall—

1. Continue to provide all necessary and appropriate services until the client meets rehabilitation plan goals and criteria for discharge; or

2. Transition the client to another provider such that there is continuity of clinically appropriate treatment services.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RULE

9 CSR 30-3.160 Institutional Corrections Treatment Programs

PURPOSE: This rule supplements other rules under this chapter by setting forth rules which are specific to institutional corrections treatment programs.

(1) Program Description. An institutional corrections treatment program shall provide treatment and rehabilitation services to persons with substance abuse problems who are incarcerated by the Missouri Department of Corrections. This rule does not apply to those corrections programs or facilities which provide only educational services regarding substance abuse.

(2) Admission Criteria. The program shall provide treatment and rehabilitation for those persons who—

(A) Meet diagnostic criteria for a substance abuse or dependence disorder as described in the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association;* and

(B) Have been ordered by a court of jurisdiction or by the Board of Probation and Parole to participate in a substance abuse treatment program in an institutional setting under the auspices of the Department of Corrections.

(3) Treatment Goals. The program shall provide treatment and rehabilitation in a structured, alcohol- and drug-free setting.

(A) Services shall be organized and directed toward the primary goals of—

1. Stabilizing a crisis situation, where applicable;

2. Interrupting a pattern of extensive or severe substance abuse;

3. Restoring physical, mental and emotional functioning;

4. Promoting the individual's recognition of a substance abuse problem and its effects on his/her life;

5. Developing recovery skills, including an action plan for continuing sobriety and recovery; and

6. Promoting the individual's support systems and community reintegration.

(B) The program shall establish a positive, recovery-oriented, supportive treatment setting that emphasizes personal responsibility and accountability and promotes pro-social interaction.

(C) Services shall promote reality-based, cognitive restructuring approaches to address substance abuse and criminality.

(4) Performance Indicators. All programs shall collect and review data related to the goals and outcomes for institutional corrections treatment.

(A) Each program shall collect data on key indicators that may include, but are not limited to, the following:

1. Client satisfaction with services;

2. Number of persons who successfully complete institutional corrections treatment;

3. Number of persons who leave against staff advice or are otherwise unsuccessfully discharged from the program;

4. Number of persons who engage in continuing treatment in the community;

5. Number of persons who commit further offenses in the community upon release or are re-incarcerated in a correctional facility;

6. Number of persons maintaining a drug-free status as determined by laboratory tests to detect the use of alcohol and drugs; and

7. Changes in the functioning of clients (such as employment and other measures of social and emotional functioning).

(B) Each program shall use this data in its quality improvement process.

(C) The Department of Corrections may require, at its option, the use of designated indicators or measures in order to promote consistency and the wider applicability of this data.

(5) Adapting Other Requirements to Institutional Corrections Treatment Programs and Settings. Requirements referenced under 9 CSR 30-3.022 Certification of Alcohol and Drug Abuse Programs shall be applicable to institutional corrections treatment programs and settings, subject to the modifications and adaptations specified in this rule. The program shall comply with the following requirements without modification or adaptation:

(A) 9 CSR 10-7.010 Treatment Principles and Outcomes;

(B) 9 CSR 10-7.040 Quality Improvement;

(C) 9 CSR 10-7.050 Research;

(D) 9 CSR 10-7.090 Governing Authority and Program Administration;

(E) 9 CSR 10-7.100 Fiscal Management;

(F) 9 CSR 10-7.130 Procedures to Obtain Certification;

(G) 9 CSR 10-7.140 Definitions;

(H) 9 CSR 10-5.190 Criminal Record Review; and

(I) 9 CSR 10-5.200 Report of Complaints of Abuse and Neglect.

(6) Service Definitions and Staff Qualifications. Requirements under 9 CSR 30-3.110 Service Definitions and Staff Qualifications are included by reference and are adapted for institutional corrections treatment programs as follows:

(A) The maximum size of educational groups for clients shall be identified in the organization's policy and procedures manual, approved by its governing authority, and stated in its application for certification.

1. In no case shall the size of the educational groups exceed the capacity for comfort, safety and security.

2. Educational groups shall be supplemented with methods such as worksheets, homework assignments or small discussion groups to enhance clients' understanding and internalization of the information presented.

(B) Educational groups for family members should be offered which provide information about substance abuse and its effects on the family. These groups may include family members and significant others who have an ongoing relationship with the individual that affects the continuing recovery plan.

(7) Service Delivery Process and Documentation. Requirements regarding Service Delivery and Documentation under 9 CSR 10-7.030 and 9 CSR 30-3.100 are included by reference and are adapted for institutional corrections treatment programs as follows:

(A) Individual counseling, group education and counseling, recreation and introduction to self-help groups shall be provided to each client;

(B) Community support, family therapy, and codependency counseling are not required services. However, if these services are offered, service delivery shall be in accordance with applicable standards;

(C) The screening process required under 9 CSR 10-7.030(1) is waived. However, it is the program's responsibility to identify and to refer individuals to appropriate Department of Correction services. The program shall—

1. Comply with Department of Corrections' policy for provision of psychological and medical emergency care; and

2. Coordinate services within the Department of Corrections to ensure the individual's safety;

(D) The assessment shall be completed by a qualified substance abuse professional within ten (10) working days of admission to the treatment program to ensure identification of the appropriate level of care and to develop the individualized treatment plan;

(E) The treatment plan shall be also developed within ten (10) working days of admission to the treatment program and shall accurately reflect the individual's needs and goals;

(F) Treatment plans shall be reviewed and updated as follows, unless a more frequent review is stipulated by the court for an individual:

1. Programs with an expected length of stay of six (6) months or less shall review and update treatment plans every forty-five (45) days;

2. Programs with an expected length of stay of more than six (6) months shall review and update treatment plans every ninety (90) days;

(G) Persons involved in the care and treatment of an individual shall participate in a staffing for the purpose of developing, coordinating, and communicating the treatment plan to all applicable parties;

(H) The program shall facilitate access to and cooperation with all necessary services within the institution including access to pertinent medical records;

(I) The program shall conduct or arrange tests to detect a client's use of alcohol and drugs in accordance with certification standards or Department of Corrections policy and procedure;

(J) The program shall provide an intensive phase of treatment and a less intensive phase including, but not limited to, orientation and work release.

1. During the intensive phase of treatment, each client shall participate in a minimum of thirty (30) hours of planned, structured, therapeutic activity per week.

2. During the less intensive phase of treatment, each client shall participate in a minimum of ten (10) hours of planned, structured, therapeutic activity per week;

(K) Individual counseling shall be provided to each person as follows:

1. Programs with an expected length of stay of six (6) months or less shall provide at least two (2) one-hour sessions per month; and

2. Programs with an expected length of stay of more than six (6) months shall provide at least one (1) one-hour session per month;

(L) Each client shall attend a minimum of two (2) one-hour group counseling sessions per week;

(M) A discharge summary shall be completed and entered in the client's record within fifteen (15) days of discharge or transfer from the program;

(N) For each group session, a group log shall document the type of service, summary of the service, date, actual beginning and ending time, clients' attendance and the signature and title of the staff member providing the service. Group activities may be documented in the client record on a prepared schedule, validated by the initials of the service provider; and

(O) There shall be written policies and procedures to assure the quality of client records.

1. Reviews shall include all applicable forms and documents.

2. Reviews shall include appropriate clinical content of the following documentation: comprehensive assessment; individualized treatment plan and updates; progress notes; continuing recovery plans; and discharge summaries.

3. Random reviews shall be conducted on a quarterly basis.

4. The agency shall maintain a record of files reviewed and include recommendations, corrective actions, and the status of previously identified problems.

5. Files shall reflect date of review and title and signature of person conducting the review.

(8) Client Rights, Responsibilities and Grievances. Requirements under 9 CSR 10-7.020 Client Rights, Responsibilities and Grievances are included by reference and are adapted for institutional corrections treatment programs as follows:

(A) Each individual shall be entitled to these rights, privileges and procedures except where they conflict with rules or official policy governing the rights and privileges of individuals in the custody of the Department of Corrections;

(B) Any deviations from the rights, privileges and procedures defined in 9 CSR 10-7.020 which are necessary for all individuals shall be identified in the organization's policy and procedures manual, approved by its governing authority, and justified in its application for certification;

(C) The following rights enumerated under section 9 CSR 10-7.020(3) may be waived:

1. To receive services in the least restrictive environment;

2. To consult with a private, licensed practitioner at one's own expense;

3. To be paid for work unrelated to treatment, except that the 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. Any tasks and chores beyond routine care and cleaning of activity or bedroom areas within the program must be directly related to recovery and treatment plan goals developed with the individual;

(D) The right to see one's own records applies only to treatment records;

(E) The following rights enumerated under section 9 CSR 10-7.020(4) may be waived:

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 be free from seclusion and restraint;

5. To receive visitors of one's own choosing at reasonable hours; and

6. To communicate by sealed mail with individuals outside the facility;

(F) The right to use the telephone and receive visitors is subject to the policies of the Department of Corrections; and

(G) The organization shall ensure that all individuals have the same legal rights and responsibilities as any other citizen, unless otherwise limited by law or Department of Corrections policy.

(9) Behavior Management. Requirements related to behavior management under 9 CSR 10-7.060 are not applicable to institutional corrections treatment programs.

(10) Medications. Requirements under 9 CSR 10-7.070 Medications are included by reference, except that medication requirements do not apply to an institutional dispensary or other medical unit of the facility where services are provided under contractual agreement.

(11) Dietary Service. Requirements under 9 CSR 10-7.070 Dietary Service are included by reference with the following modification for institutional corrections treatment programs.

(A) An institutional corrections treatment program shall include, as part of its application for certification, evidence that its dietary staff, services and facility comply with applicable requirements established by the Department of Corrections.

(B) If this documentation is provided, the institutional corrections treatment program shall be considered in compliance with 9 CSR 10-7.070 Dietary Service.

(12) Personnel. Requirements under 9 CSR 10-7.100 Personnel are included by reference with additional requirements as follows:

(A) The institutional corrections treatment programs shall have a written plan for professional growth that includes cross training in treatment and corrections, and multi-cultural diversity;

(B) Correctional staff that have direct client contact shall be cross trained in treatment issues and exhibit a philosophy that treatment works; and

(C) Treatment staff shall be cross trained in correction issues and understand that custody and protection of the public, staff and offenders are the first priority of security.

(13) Physical Plant and Safety. This section modifies the requirements under 9 CSR 10-7.110 Physical Plant and Safety for institutional corrections treatment programs. Physical plant and safety standards, which would otherwise be in conflict with Department of Corrections policies and procedures, shall be waived.

(A) The program shall comply with Department of Corrections requirements regarding safety including fire safety and emergency preparedness, security, cleanliness and comfort.

(B) The institutional corrections treatment program shall, upon application for certification, provide evidence that the program meets applicable Department of Corrections requirements in these areas. Where such evidence is provided, the agency shall be considered to be in compliance with environmental standards.

(C) The design and structure of the institutional setting shall be sufficient to accommodate staff, clients and functions of the program.

AUTHORITY: sections 313.842, 630.050 and 630.655, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule by writing to the ADA Standards of Care Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City,

Missouri 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RULE

9 CSR 30-3.190 Specialized Program for Women and Children

PURPOSE: This rule establishes requirements relative to specialized substance abuse programs for women and children.

(1) Eligibility Criteria. The program shall provide treatment, rehabilitation, and other supports solely to women and their children. Services may be offered on a residential or outpatient basis, in accordance with admission and eligibility criteria for those programs and settings specified elsewhere in these rules.

(A) Priority shall be given to women who are pregnant, postpartum, or have children in their physical care and custody. Postpartum shall be defined as up to six (6) months after delivery.

1. The program shall engage in all activities necessary to ensure the actual admission of and services to those women who meet priority criteria.

2. Adolescents who meet priority criteria shall be admitted if, in the staff's clinical judgment, the adolescent can appropriately participate in and benefit from the services and milieu offered.

(B) Programs designated for women and children will ensure that treatment occurs in the context of a family systems model. Each program will provide therapeutic activities designed for the benefit of children. Thus, it is important that children should accompany their mother, unless contraindicated by medical, educational, family, legal or other reasons which are documented in the client's record.

(2) Therapeutic Issues Relevant to Women. The program shall address therapeutic issues relevant to women and shall address their specific needs.

(A) Therapeutic issues relevant to women shall include, but are not limited to, parenting, relationship issues, self-esteem/self-identification, domestic violence, sexuality, health, and spirituality.

(B) Residential treatment and community-based primary treatment shall include planned, supervised activities to promote parent-child bonding.

(3) Supervision of Children. Children shall be supervised at all times.

(A) The parent/guardian should be responsible for providing supervision when the child is not attending day care or participating in other scheduled program activities.

(B) Program staff shall assist the parent in providing age-appropriate activities, training and guidance.

(4) Availability of Day Care and Staffing Patterns. The program shall ensure that child care/day care is available for children while the mother participates in treatment and rehabilitation services.

(A) The program shall obtain licensure as a day care center, unless an exception is granted by the department.

(B) If an exception is granted, the program shall nevertheless meet any licensure requirements that the department determines to be appropriate or applicable to the program. The program shall—

1. Employ a full-time staff person to assume responsibility for day care services. The person shall be qualified by having a minimum of a bachelor's degree in early childhood education or closely related field;

2. Maintain a staff-to-child ratio at the following age-related levels:

A. Birth through two (2) years. Groups composed of mixed ages through two (2) years shall have no less than one (1) adult to four (4) children, with no more than eight (8) children in a group;

B. Age two (2) years. Groups composed solely of two (2)-year-olds shall have no less than one (1) adult to eight (8) children, with no more than sixteen (16) children in a group;

C. Ages three through four (3–4) years. Groups composed solely of three (3)- and four (4)-year-olds shall have no less than one (1) adult to ten (10) children;

D. Ages five (5) and up. Groups composed solely of five (5)-year-olds and older shall have no less than one (1) adult to every sixteen (16) children; and

E. Mixed age groups two (2) years and up. Groups composed of mixed ages of children two (2) years of age and older shall have no less than one (1) adult to ten (10) children with a maximum of four (4) two (2)-year-olds. When there are more than four (4) two (2)-year-olds in a mixed group, there shall be no less that one (1) adult to eight (8) children;

3. If a center has an attendance of more than fifty (50) children, the center director or individual in charge shall not be included in staff/child ratios except during naptime or on an emergency substitute basis;

4. If a center has an attendance of more than thirty (30) children at lunch or dinner time, staff shall be provided for meal preparation, serving and cleanup. The staff shall not be included in staff/child ratios during this time; and

5. Individuals employed for clerical, housekeeping, cleaning and maintenance shall not be included in staff/child ratios while performing those duties.

(C) Day care shall not be funded by the division for children who are thirteen (13) or older, unless there has been specific authorization based on clinical utilization review.

(5) Therapeutic Issues Relevant to Children. The program shall address therapeutic issues relevant to children and shall address their specific needs. Age-appropriate activities, training and guidance shall be offered to meet the following goals:

(A) To build self-esteem;

(B) To learn to identify and express feelings;

(C) To build positive family relationships;

(D) To develop decision-making skills;

(E) To understand chemical dependency and its effects on the family;

(F) To learn and practice nonviolent ways to resolve conflict;

(G) To learn safety practices such as sexual abuse prevention; and

(H) To address developmental needs.

(6) Education for Children. The program shall assist the parent/guardian as necessary to ensure educational opportunities for school age children in accordance with the requirements of the Department of Elementary and Secondary Education.

(7) Documenting Services to Children. The program shall document any services provided to children, including day care and community support.

(A) The record shall document the child's developmental, physical, emotional, social, educational, and family background and current status.

(B) To determine the need for a child to receive services beyond day care and community support, a trained staff member shall complete an initial screening instrument approved by the department. The screening shall include an interview with at least one (1) parent and the child, whenever appropriate.

(C) If indicated by the screening, a qualified staff member will complete an assessment instrument approved by the department.

The assessment will determine the appropriateness of therapeutic services and provide information to guide development of an individual plan. The assessment must be completed before a child receives any services beyond day care and community support.

(D) The child's individual plan and consent for treatment must be signed by the legal guardian.

(8) Staff Training. Service delivery staff and program administration shall demonstrate expertise in addressing the needs of women and children. All service delivery staff shall receive periodic training regarding therapeutic issues relevant to women and children.

(9) Safety and Health. The program shall maintain a safe, healthy environment which is responsive to the physical and medical needs of women and children.

(A) A registered nurse (one (1) full-time equivalent) shall be available within the program.

(B) At least one (1) staff member shall be on duty at all times who has current training in first aid and cardiopulmonary resuscitation for infants, children and adults.

(C) The program shall demonstrate effective working relationship(s) with a physician, hospital, and/or clinic to provide medical care for women, including pregnant and postpartum women, and their children.

(D) The program shall ensure an evaluation of medical need for each woman and child and shall ensure that each woman and child is medically stable to safely and adequately participate in services. For women, the evaluation of medical need shall include:

1. Current physical status, including vital signs; and
2. Any symptoms of intoxication, impairment or withdrawal.

(E) The program shall ensure that recommendations by a physician or licensed health care provider are implemented regarding medical, physical and nutritional needs.

(F) If a specialized program for women and children provides detoxification services, it shall comply with applicable standards under 9 CSR 30-3.120 Detoxification. A specialized program for women and children shall not be required to accept applications for ninety-six (96)-hour civil detention of intoxicated persons due to the presence of children within the facility.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule by writing to the ADA Standards of Care Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RULE

9 CSR 30-3.192 Specialized Program for Adolescents

PURPOSE: This rule establishes requirements relative to specialized substance abuse programs for adolescents.

(1) Age Criteria for Adolescents. The program shall provide treatment, rehabilitation, and other services solely to clients between the ages of twelve through seventeen (12–17) years inclusive and their families. Exceptions to these age requirements may be authorized through clinical utilization review for those individuals in which there is justification and documentation of behavior and experience appropriate for the services available.

(2) Other Eligibility Criteria. The level of care and treatment setting for adolescent services shall be based on problem severity ratings in the following domains:

(A) Substance Abuse Patterns/Withdrawal Risk. This includes factors such as recent use patterns (substances used, frequency, amount, method of administration), consequences of use, progression, tolerance, and withdrawal risk;

(B) Physical Health. This includes physical health conditions that require ongoing care and that may be a factor in treatment planning;

(C) Emotional/Behavioral Functioning. This includes factors such as suicidal ideation or plans, aggressiveness, severe conflict with others, recent running away from home; co-occurring psychiatric disorders, and need for continuous supervision;

(D) Acceptance/Resistance. This includes factors such as blaming others, willingness to acknowledge problems, and attempts to stop or cut back substance use;

(E) Abstinence Potential. This includes factors such as substance use in the past thirty (30) days, longest period of abstinence in the past six (6) months, impulsiveness, general ability to follow through with appointments and responsibilities;

(F) Recovery Environment. This includes factors such as non-using friends, involvement in non-using activities, school attendance and performance, geographic access to treatment services, and involvement of other persons or agencies to support recovery; and

(G) Family/Caregiver Functioning. This includes factors such as appropriateness of rules and consequences, availability of supervision, presence of others in the household with active substance abuse, emotional and psychiatric functioning of caregivers, ability and willingness to participate in the treatment and recovery process.

(3) Treatment Principles and Therapeutic Issues Relevant to Adolescents. The program shall address therapeutic issues relevant to adolescents and shall address their specific needs. The following principles and methods shall be reflected in services delivered to adolescents:

(A) Adolescents are best treated in settings that are programmatically and physically separate from treatment services for adults;

(B) Services shall maintain youth in the family and community setting, whenever clinically feasible;

(C) Services shall support the family and engage the family in a recovery and change process, whenever appropriate. If the parent(s) are not an available and appropriate resource, program staff shall assist in developing alternate social and family support systems for the adolescent;

(D) Services to the family shall be directed to understanding and supporting the youth's recovery process, identifying and intervening with parental substance abuse problems, improving parenting skills and communication skills within the family, and assisting the family in improving its level of functioning;

(E) A cooperative team approach shall be utilized in order to provide a consistent environment and therapeutic milieu;

(F) Cooperation with other youth-serving agencies shall be demonstrated in order to ensure that needs of youth in treatment are met and that services are coordinated. Coordination of service needs are critical with youth due to their involvement with other community agencies and reliance on the family, as well as the fact that substance abuse affects multiple life areas; and

(G) Service delivery shall address—

1. Recovery issues such as peer relationships, use of leisure time, and abuse and neglect;

2. Skill development such as decision-making and study skills; and

3. Information and education regarding adolescent developmental issues and sexuality.

(4) Living Arrangements. Adolescents may be served from a variety of living arrangements including, but not limited to, the following:

(A) Home of the parent/guardian;

(B) Foster home;

(C) Residential settings operated by the program;

(D) Juvenile detention;

(E) Other supervised living arrangements; or

(F) Independent living.

(5) Family Involvement. Each adolescent's living arrangement and family situation shall be reviewed by program staff in order to identify needs and to develop treatment goals and recovery supports for the adolescent and the family.

(A) This review shall be done by a family therapist, if it is conducted in the family's home. Refusal by the family for an in-home assessment shall not constitute automatic denial of treatment services for adolescents.

(B) The program shall actively involve family members in the treatment process, unless contraindicated for legal or clinical reasons which are documented in the client record.

(C) Staff shall orient the parent or legal guardian regarding—

1. Treatment philosophy and design;

2. Discipline and any behavioral management techniques used by the program;

3. Availability of staff to conduct home-based treatment and community support services;

4. Emergency medical procedures; and

5. Expectations about ongoing family participation.

(D) Staff shall seek family participation in treatment planning, service delivery and continuing recovery planning.

1. Services may include family participation in educational and counseling sessions.

2. Family participation in treatment planning shall be documented in the client record. In the event that the family does not participate, then staff shall document efforts to involve the family and reasons why the family did not participate.

(6) Educational and Vocational Opportunities. The program shall assist the adolescent and parent/guardian as necessary to ensure educational and/or vocational opportunities during treatment.

(7) Privilege System. Any system used by the program to modify behavior by requiring certain behaviors to earn privileges or restricting privileges (that is, step-down program) for failure to comply with requirements shall be defined in writing, stated in behavioral terms to the extent possible, and applied consistently to all clients.

(8) Safety and Health. The program shall maintain a safe, healthy environment which is responsive to the physical and medical needs of adolescents.

(A) Adolescents shall be prohibited from smoking on the premises, grounds and any off-site program functions.

(B) In order to identify any medical needs that the adolescent may have, the program shall provide or arrange for a health evaluation by a registered nurse, advanced practice nurse, or physician.

(C) The program shall demonstrate effective working relationship(s) with a physician, hospital, and/or clinic to provide medical care for adolescents.

(9) Staff Training and Supervision. Service delivery staff shall—

(A) Have training and demonstrate expertise regarding the treatment of both substance abuse and other disorders related to adolescents; and

(B) Receive clinical supervision by an appropriately licensed, certified, or otherwise credentialed person with experience in the treatment of adolescents.

(10) Structured Activities Available to Adolescents Living in a Residential Setting. In addition to treatment services, adolescents living in a residential setting operated by the program shall have their awake time structured in activities, such as academic education, completing assignments, attendance at self-help groups, family visits and positive leisure.

(11) Staffing Patterns in a Residential Facility. The following minimum client to staff ratios shall be maintained at all times adolescents are present in a residential facility—

(A) At a facility with six (6) residents or less, one (1) staff member must be providing supervision of clients during program hours and also during designated client sleeping hours;

(B) At a facility with seven through twelve (7–12) residents, two (2) staff members must be providing supervision of clients during program hours and also during designated client sleeping hours;

(C) At a facility with thirteen through eighteen (13–18) residents, three (3) staff members must be providing supervision of clients during program hours, with a required ratio of two (2) staff during designated client sleeping hours;

(D) At a facility with nineteen through twenty-four (19–24) residents, four (4) staff members must be providing supervision of clients during program hours, with a required ratio of two (2) staff during designated client sleeping hours; and

(E) At a foster home funded by the department, a foster parent must be supervising the adolescent(s) at all times.

(12) If the adolescent residential support facility serves a coed population, the staffing pattern shall include at least one (1) female and at least one (1) male staff member at any time residents are present.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than $500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule by writing to the ADA Standards of Care Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.200 Research. This rule prescribed the guidelines to be followed in conducting research.

PURPOSE: The requirements for research promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.050. The new rule will apply not only to substance abuse

programs but also to other programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: sections 630.050, 630.192–630.198 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.210 Clients' Records. This rule prescribed the contents to be found in clients' records.

PURPOSE: The requirements for clients' records promulgated under this rule will be incorporated in new rules being proposed under 9 CSR 10-7.030 and 9 CSR 30-3.100. The new rule 9 CSR 10-7.030 will apply not only to substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: sections 630.050, 630.140 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed Jan. 19, 1988, effective July 1, 1988. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.220 Referral Procedures. This rule prescribed referral procedures for substance abuse programs.

PURPOSE: The requirements for referral procedures under this rule will be incorporated in new rules being proposed under 9 CSR 10-7.010 and 9 CSR 10-7.030. These new rules will apply not only to substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.240 Medication. This rule prescribed procedures to safely store, administer and record medications.

PURPOSE: The requirements for medications promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.070. The new rule will apply not only to substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.250 Dietary Services. This rule identified the requirements for dietary services in substance abuse programs.

PURPOSE: The requirements for dietary services promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.080. The new rule will apply not only to sub-

stance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed June 2, 1988, effective Nov. 1, 1988. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.400 Social Setting Detoxification. This rule prescribed the services needed for social setting detoxification.

PURPOSE: The requirements for social setting detoxification promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 30-3.120.

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.410 Modified Medical Detoxification. This rule prescribed the services needed for modified medical detoxification.

PURPOSE: The requirements for modified medical detoxification promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 30-3.120.

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.420 Medical Detoxification Services. This rule prescribed the services required in medical detoxification.

PURPOSE: The requirements for medical detoxification promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 30-3.120.

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.500 Residential Programs. This rule prescribed policies and procedures for residential substance abuse programs.

PURPOSE: The requirements for residential programs promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 30-3.140.

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.510 Adolescent Program. This rule prescribed policies and procedures for adolescent substance abuse programs.

PURPOSE: The requirements for adolescent programs promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 30-3.192.

AUTHORITY: sections 630.050 and 630.655, RSMo 1994. Original rule filed May 6, 1985, effective Sept. 1, 1985. Amended: Filed Dec. 16, 1988, effective March 15, 1989. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.600 Outpatient Programs. This rule prescribed policies and procedures for outpatient substance abuse and compulsive gambling treatment programs.

PURPOSE: The requirements for outpatient programs promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 30-3.130.

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED AMENDMENT

[9 CSR 30-3.610] 9 CSR 30-3.132 **Methadone Treatment**. The department is changing the rule number and amending and renumbering sections (1)–(14).

PURPOSE: This amendment adds headings to each section of the rule, changes the sequence in which sections are listed, deletes several current requirements, clarifies treatment goals, modifies expected performance outcomes, and reduces the minimum time requirements for successful completion of phases of treatment.

(1) **Eligibility for Certification and Service Delivery.** Prior to delivering methadone treatment services, an agency must apply for and receive provisional certification from the department.

(C) In order to be certified as a methadone treatment program, the program shall comply with *[specific requirements under 9 CSR 30-3.610 and also—*

1. Applicable requirements elsewhere in these rules including 9 CSR 30-3.600 Outpatient Programs; 9 CSR 30-3.210 Client Records; 9 CSR 30-3.220 Referral Procedures; and 9 CSR 30-3.240 Medication; and

2. Other] applicable local, state and federal laws and regulations including those under the jurisdiction of the Food and Drug Administration and the Drug Enforcement Administration.

[(D) A methadone treatment program receiving provisional certification must meet full certification requirements within sixty (60) days of the issuance of provisional certification.]

(2) Treatment Goals and Performance Outcomes. Methadone treatment services shall be organized to achieve key goals and performance outcomes.

(A) Key goals shall include—

1. Developing positive and stable functioning in the community with reduced criminal activity and improved employment status;

2. Reducing or eliminating the use of illicit drugs;

3. Stabilizing emotional and behavioral functioning;

4. Improving social and family relationships; and

5. Improving health status and reducing the spread of infectious disease.

(B) Performance outcomes related to these goals shall be measured in a consistent manner. Measures shall include, but are not limited to—

1. Increasing employment and productive activities. Clients should be involved in employment or other productive activities. For those persons who have been in methadone treatment for six (6) months or longer, seventy percent (70%) shall be working, attending job training or school, be a homemaker, or have a medically documented disability; and

2. Reducing or eliminating the use of illicit drugs. Random urine drug screening shall be used to measure the program's effectiveness in helping clients' progress toward this goal.

A. The following aggregate results shall be expected from random urine drug screening conducted each month—

(I) For all clients tested, seventy percent (70%) shall be free of all drugs; and

(II) For those clients tested who have been in methadone treatment for one consecutive year or longer, eighty percent (80%) shall be free of opiates.

B. In calculating these performance outcomes, the following categories of clients may be exempted—

(I) Persons admitted to the program within the past ninety (90) days;

(II) Persons undergoing administrative withdrawal due to program infraction(s) or other circumstance; and

(III) Persons undergoing withdrawal against medical advice.

(C) If a program does not meet a performance outcome listed in subsection (2)(B) of this rule for three (3) consecutive months, it shall be considered a significant deficiency related to quality of care. The department shall—

1. Place the program on administrative review, require submission of a written plan of correction, and monitor performance for at least ninety (90) days; or

2. Issue conditional certification under the provisions of 9 CSR 10-7.130.

[(11)] **(3) Medical Director**. The program shall have a medical director who is a physician licensed in Missouri. Responsibilities of the medical director include, but are not limited to:

(A) Ensuring that clients meet admission criteria and receive the required physical examination and laboratory testing;

(B) Prescribing methadone with client input; and

(C) Reviewing and signing the client's initial treatment plan and the comprehensive treatment plan on an annual basis.

[(2)] **(4) Services**. The program shall provide a range of treatment and rehabilitation services to address the therapeutic needs of *[its clients and to promote clients' improved social, vocational, legal, family, emotional and behavioral functioning. Clients must receive methadone at a level so as to stabilize the client within ninety (90) days of admission and throughout the treatment process.]* **persons served.**

(A) Services shall include:

1. Individual **counseling**, group **education**, and **counseling,** family *[counseling]* **therapy**, **community support**;

2. Medical evaluations; and

3. Use of methadone for *[detoxification]* **medically supervised withdrawal** from narcotics and for ongoing methadone treatment.

A. *[Detoxification treatment]* **Medically supervised withdrawal** means the dispensing of methadone in decreasing doses to an individual in order to alleviate adverse physiological or psychological effects incidental to withdrawal from the continuous or sustained use of narcotics and in order to bring the individual to a drug-free state within a one hundred eighty (180)-day time period.

B. Ongoing methadone treatment means the dispensing of methadone for more than one hundred eighty (180) days in the treatment of an individual for dependence on heroin or other morphine-like drug.

[(B) The program shall ensure that clients access other social and rehabilitative services; for example, vocational and educational guidance, evaluation, training and placement.]

*[(C)]***(B)** *[The goal of the methadone treatment program shall be the total rehabilitation of the client.]* While eventual withdrawal from the use of all drugs, including methadone, may be an appropriate treatment goal, some clients may remain in methadone treatment for relatively long periods of time.

1. Periodic consideration shall be given to withdrawing from continued methadone treatment, when appropriate to the individual**'s** *[client's]* progress and goals.

2. Such consideration and decisions shall be determined by the client and the program staff as part of an individualized treatment planning process.

*[(3)]***(C)** The program shall offer services at least six (6) days per week.

[(A) The program shall offer] **Services shall be available during** early morning or evening *[services]* so that clients who are employed or otherwise involved in productive, daily activities can access services.

[(B) Clients shall also have access to the program twenty-four (24) hours per day, seven (7) days per week in case of a clinical or medical emergency, and the program shall designate individuals on-call to address client emergencies.]

*[(4)]***(5) Admission Criteria.** The program shall provide treatment and rehabilitation, which includes the use of methadone, to those persons who demonstrate physiologic dependence to heroin and other morphine-like drugs. Priority for admission shall be given to women who are pregnant and to persons who are Human Immunodeficiency Virus (HIV) positive. Persons who are not *[residence]* **residents** of the state of Missouri shall comprise no more than twenty percent (20%) of the clients of the program.

(A) In order to qualify for *[detoxification treatment]* **medically supervised withdrawal**, the applicant must demonstrate physiologic dependence to narcotics. Documentation must indicate clinical signs of dependence, such as needle marks, constricted or dilated pupils, etc.

(B) In order to qualify for initial admission to ongoing methadone treatment, the applicant must demonstrate physiologic dependence and continuous or episodic addiction for the one (1)-year period immediately prior to application for admission. Documentation must indicate clinical signs of dependence, past use patterns and treatment history, etc. The following exceptions may be made to the minimum admission requirements for methadone treatment:

1. The program may place a pregnant applicant on a methadone treatment regimen, regardless of age, if the applicant has had a documented dependency on heroin or other morphine-like drugs in the past and may be in direct jeopardy of returning to such dependency, with its attendant dangers during pregnancy. The applicant need not show evidence of current physiologic dependence if a program physician certifies the pregnancy and, in his/her reasonable clinical judgment, justifies methadone treatment;

2. For an applicant who is under the age of eighteen (18), the program shall document two (2) unsuccessful attempts at drug-free treatment prior to admission to ongoing methadone treatment. The program shall not admit any person under the age of sixteen (16) to a program without the prior approval of the Division of Alcohol and Drug Abuse; and

3. An applicant who has been residing in a correctional institution for one (1) month or longer may enroll in a program within fourteen (14) days before release or discharge or within six (6) months after release from such an institution without evidence of current physiologic dependence on narcotics provided that prior to institutionalization the client would have met the one (1)-year admission criteria.

(C) In order to qualify for readmission to methadone treatment, the applicant must demonstrate current physiologic dependence.

1. The program may waive this requirement if it documents prior methadone treatment of six (6) months or more and discharge within the past two (2) years.

2. At the discretion of its medical director, the program may require an applicant who has received administrative detoxification due to an infraction of program rules to wait a minimum of thirty (30) days prior to applying for readmission.

(D) The medical director may refuse the admission of an applicant and/or methadone treatment to a particular client if, in the reasonable clinical judgment of the medical director, the person would not benefit from such treatment. Prior to such a decision, appropriate staff should be consulted and the reason(s) for the decision must be documented by the medical director.

*[(9)]***(6) Admission and Assessment Protocol**. *[In addition to requirements regarding intake and assessment under 9 CSR 30-3.210 Client Records and 9 CSR 30-3.600 Outpatient Program, t]***T**he methadone treatment program shall—

(A) Verify the applicant is not currently enrolled in another methadone program;

(B) Obtain the applicant's signature on a consent to treatment, ensuring that the client understands the risks and benefits of methadone treatment and the possibility of administrative detoxification for infractions of program rules;

(C) Conduct a complete medical history and physical examination to determine symptoms of withdrawal and the possibility of infectious disease; and

(D) Obtain laboratory testing to determine—

1. Blood count and differential and chemical profile;
2. Serological test for sexually transmitted disease;
3. Routine and microscope urinalysis;
4. Pregnancy test;
5. Toxicology screening for drugs;
6. Intradermal Purified Protein Derivative (PPD) test, administered and interpreted by medical staff; and
7. A chest X-ray, pap smear, or screening for sickle cell disease if the examining medical personnel request these tests.

*[(10)]***(E)** A complete medical history, physical examination, and laboratory testing shall not be required for a client who has had such medical evaluation within the prior thirty (30) days. The program shall have documentation of the medical evaluation and any significant findings.

*[(5)]***(7) Continued Placement and Utilization Criteria.** The program shall utilize a structured approach in providing treatment and rehabilitation services and shall use established criteria for determining client progress. Client progress and movement between the structured phases of treatment shall be based on the following criteria:

(A) Absence of the use of alcohol and other drugs, except as medically prescribed;

(B) Social, vocational, legal, family, emotional and behavioral functioning;

(C) Program attendance as scheduled; and

(D) Other individual goals and accomplishments related to the client's treatment plan.

*[(6)]***(8) Phases of Treatment.** The program shall utilize five (5) structured phases of treatment and rehabilitation to indicate client progress and to establish requirements regarding client attendance and service participation. The requirements listed below for each phase are minimum requirements and the frequency and extent of treatment and rehabilitation services shall be adjusted, based on individual client needs.

(A) Phase I consists of a minimum ninety (90)-day period in which the client attends the program for observation of methadone treatment daily or at least six (6) days a week.

1. **During the initial ninety (90) days,** *[T]***t**he client shall participate in at least four (4) hours of counseling per month with at least two (2) of the hours being individual counseling.

2. **During the initial ninety (90) days,** *[T]***t**he treatment plan shall be reviewed and updated on at least a monthly basis *[during Phase I]*.

3. Prior to client moving to Phase II or receiving take-home medication, the client shall demonstrate a level of stability as evidenced by absence of alcohol and other drug abuse, regularity of program attendance, absence of significant behavior problems, absence of recent criminal activities, and employment, actively seeking employment or attending school if not retired, disabled, functioning as a homemaker, or otherwise economically stable.

(B) Phase II is designated for clients who have been admitted more than three (3) months, but less than *[two (2) years]* **one (1) year** and who have successfully met Phase I criteria.

1. During Phase II, the program may issue no more than two (2) take-home doses of methadone at a time and no more than a total of four (4) take-home doses in a week.

2. The client shall participate in at least two (2) hours of counseling per month during the first three (3) months of Phase II, with at least one (1) of the hours being individual counseling.

3. The client shall participate in at least one (1) hour of individual counseling per month during the remainder of Phase II, or until the client achieves three (3)-day take-home medication status, whichever is longer.

4. The treatment plan shall be reviewed and updated at least every three (3) months during Phase II.

(C) Phase III is designated for clients who have been admitted more than *[two (2) years]* **one (1) year**, but less than *[three (3)]* **two (2)** years and who have successfully met progressive Phase II criteria.

1. During Phase III, the program may issue no more than three (3) take-home doses at a time and no more than a total of five (5) take-home doses in a week.

2. The client shall participate in at least one (1) hour of individual counseling per month during Phase III or until the client achieves six (6)-day take-home medication status, whichever is longer.

3. The treatment plan shall be reviewed and updated at least every six (6) months during Phase III, or more frequently if circumstances warrant.

(D) Phase IV is designated for clients who have been admitted more than *[three (3)]* **two (2)** years and who have successfully met progressive Phase III criteria.

1. During Phase IV, the program may issue six (6)-day take-home doses at a time.

2. The client shall participate in at least one (1) hour of counseling per month during this phase.

3. The treatment plan shall be reviewed and updated at least every six (6) months during this phase.

[4. Urine drug screens shall be done on a monthly basis.]

(E) Phase V is designated for clients who voluntarily seek *[methadone detoxification]* **medically supervised withdrawal** and abstinence from all drugs, including methadone as prescribed. A client may enter this phase at any time in the treatment and rehabilitation process.

1. During Phase V, the program physician determines the take-home dosage schedule.

2. The counselor determines the frequency of counseling sessions with input from the client. At the onset of Phase V, the client may require an increased level of counseling and other support services.

3. Prior to successful completion of this phase, the counselor and client shall develop an aftercare or continuing care plan to integrate the client into a drug-free treatment regimen for ongoing support.

[(7)] **(9) Program Rules.** In order to remain in the program and to successfully progress through the phases of treatment and rehabilitation, a client shall demonstrate progress and shall comply with program rules.

[(A) A client who has been in the program for six (6) months must be working, attending job training or school, be a homemaker, or have a medically documented disability. The department may grant an exception to this requirement upon written request. An exception must be documented in the client record.]

*[(B)]***(A)** An infraction of program rules by a client may result in administrative detoxification **withdrawal** from methadone and termination from the program.

*[(C)]***(B)** For the purpose of these standards, an infraction means threats of violence or actual bodily harm to staff or another client, disruptive behavior, community incidents (loitering, diversion of methadone, sale or purchase of drugs), continued unexcused absences from counseling and other support services, involvement in criminal activities and other serious rule violations.

*[(8)]***(10) Safety and Health.** The program shall establish and implement policies, procedures, and practices which ensure access to its services and which address the safety and health of its clients. The provider shall—

(A) Ensure continued methadone treatment in the event of emergency or natural disaster;

(B) Ensure treatment to persons regardless of sero status, HIV-related conditions, acquired immunodeficiency syndrome (AIDS), or tuberculosis (TB);

[(C) Require six (6)-day per week program attendance when a client receives a daily dose of methadone greater than one hundred (100) milligrams, unless a waiver is obtained from the appropriate authority;]

*[(D)]***(C)** Provide information and education to clients regarding HIV and AIDS;

*[(E)]***(D)** Provide or arrange HIV testing and pre-test and post-test counseling for clients;

*[(F)]***(E)** Provide or arrange testing for tuberculosis and sexually transmitted diseases upon admission and at least annually thereafter;

*[(G)]***(F)** Provide medical evaluations to clients upon admission and at least annually thereafter;

*[(H)]***(G)** Utilize infection control procedures consistent with Occupational Safety and Health Administration guidelines; **and**

*[(I)]***(H)** Arrange for medical care to clients during pregnancy, when necessary, and document the arrangements made and the client's compliance *[; and]***.**

[(J) Prohibit clients to congregate or loiter on the grounds or around the facility.]

(11) Staff Training. All direct service and medical staff shall receive training relevant to service delivery in a methadone treatment setting. Each staff member shall participate in fourteen (14) clock hours of such training during a two (2)-year period.

(12) **Urine Drug Testing.** The program shall use urinalysis testing as a performance measure and as a clinical tool for the purpose of diagnosis and treatment planning.

(A) Each urine sample shall be analyzed for opiates, methadone, amphetamines, cocaine, barbiturates, and benzodiazepines. Testing shall include other drugs as may be indicated by a client's use patterns. In addition, if any other drug or drugs have been determined by a program to be abused in that program's locality, or as otherwise indicated, each test or analysis must include any such drugs.

(B) Drug testing shall be done upon admission, **and random drug testing of each client shall be conducted at least** eight (8) times *[in the first]* **during a** twelve (12)-month period *[of ongoing methadone treatment, and quarterly thereafter unless otherwise required by this rule, program policy or the needs of an individual client]*.

(C) Following admission, the results of a single drug test shall not be the sole basis to determine significant treatment decisions.

[(D) The program shall implement procedures, including the random collection of samples, to effectively minimize the possibility of falsification of the sample.

(E) Laboratories that perform testing shall be in compliance with applicable federal proficiency testing and licensing standards and applicable state standards.]

[(F)] **(D)** A program with thirty percent (30%) or more of its client population having positive drug test results, i.e. dirty urines, shall be placed on administrative review and the agency shall develop an action plan to bring its program into compliance with this performance expectation.

(13) **Take-Home Doses. The program shall implement practices in accordance with the principle that** *[T]***t**ake-home doses of methadone is a privilege given only to those *[clients]* **individuals** who will benefit from it and who have demonstrated responsibility in taking methadone as prescribed.

(14) **Methadone Storage and Security.** The program shall ensure the security of its methadone supply and shall account for all methadone.

*AUTHORITY: sections 630.655[, RSMo 1994] and 631.102, RSMo [Supp. 1997] **2000**. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded and readopted: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed July 29, 1997, effective Jan. 30, 1998. Amended: Filed Feb. 28, 2001.*

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

PRIVATE COST: This proposed amendment will not cost private entities more than $500 in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to the ADA Standards of Care Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED AMENDMENT

[9 CSR 30-3.611] 9 CSR 30-3.134 **Compulsive Gambling Treatment**. The department is changing the rule numbering and amending sections (1)–(7).

PURPOSE: This amendment adds headings to each section of the rule, incorporates service authorization procedures by reference, reduces the required hours of training that is directly related to the treatment of compulsive gambling, and relocates to this rule the definition of "compulsive gambling counselor."

[(1) In order to be certified to provide compulsive gambling treatment, the program shall comply with this rule and also—

(A) Other applicable program and conditional requirements elsewhere in these rules including 9 CSR 30-3.600 Outpatient Program, 9 CSR 30-3.210 Client Records and 9 CSR 30-3.220 Referral Procedures; and

(B) Core requirements as defined in this chapter.]

*[(2)]***(1) Service Functions.** The key functions of compulsive gambling *[therapy]* **treatment and rehabilitation services shall** include:

(A) Using generally accepted treatment principles to promote positive changes in gambling behavior and lifestyle;

(B) Exploring the compulsive gambling and its impact on individual and family functioning;

(C) Helping the person to better understand his/her needs and how to constructively meet them;

(D) Teaching effective methods to deal with urges to gamble; and

(E) Enhancing motivation and creative problem solving for both the individual and his/her family.

*[(3)]***(2) Treatment Goals and Performance Outcomes.** Indicators of positive treatment outcome include the amelioration of gambling behavior, as well as improvements in family relationships, leisure and social activities, educational/vocational functioning, legal status, psychological functioning and financial situation.

*[(4)]***(3) Eligibility Criteria.** *[In order to be eligible]* **Eligibility** for treatment services*[, a persons must meet the]* **shall be based on** criteria for pathological gambling as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association. There must be documentation of the specific behaviors and circumstances demonstrating how the person meets each criteria. **For persons who receive services funded by the department or through a service network authorized by the department, those instruments stipulated or provided by the department shall be used in the admission process and eligibility determination.**

*[(5)]***(4) Available Services.** Compulsive gambling treatment services shall be offered on an individual, family and group basis **in an outpatient setting**. **Available services shall include individual counseling, group education and counseling, family therapy, and codependency counseling for family members.**

[(A) *Each client does not have to participate in all of these available treatment services. However, the provider must clearly justify and document why a particular service or therapy was not appropriate for the client.]*

*[(B)]***(A)** Each client shall be oriented to and encouraged to participate in self-help groups and peer support.

*[(C)]***(B)** *[Clients' f]***F**amily members **of persons with a gambling problem** shall be encouraged to participate in *[the]* **a** recovery process.

[1. Participation by family members shall be consistent with the key service functions identified in this rule.

2.] Such participation does not include counseling sessions for family members on an ongoing basis to resolve other personal problems or other mental disorders.

*[(D)]***(C)** The treatment provider shall arrange other services and make referrals to address other problems that the client or the *[client's]* family may have, such as financial problems, substance abuse or other mental disorders.

[(6) The department's authorization and reimbursement of compulsive gambling therapy for an eligible client shall not exceed twenty-five (25) hours of total service, unless there is specific clinical review and additional service authorization in accordance with procedures established by the department. However, solely for the purpose of determining this twenty-five (25)-hour service limit, five (5) units of therapy on a group basis shall be considered the equivalent of one (1) unit of therapy on an individual or family basis.]

(5) Service Authorization and Utilization Review. Services shall be subject to authorization and clinical utilization review in accordance with 9 CSR 30-3.100 Service Delivery Process and Documentation.

(6) Definition of Compulsive Gambling Counselor. A compulsive gambling counselor is a person who demonstrates substantial knowledge and skill in the treatment and rehabilitation of compulsive gambling by having completed a designated training program sponsored or approved by the division and being either—

(A) A counselor, clinical social worker, psychologist, or physician licensed in Missouri by the Division of Professional Registration; or

(B) A substance abuse counselor I or II certified by the Missouri Substance Abuse Counselor Certification Board.

(7) **Credentialing of Compulsive Gambling Counselors.** The department shall issue a compulsive gambling counselor credential to designate those persons who meet the qualifications specified in *[9 CSR 30-3.010(2)(J)]* **this rule**. This credential shall be a requirement for providing compulsive gambling *[therapy]* **counseling services** eligible for funding by the department.

(A) A person may request an application for this credential from the *[Division of Alcohol and Drug Abuse,]* **Department of Mental Health,** P*[.]*O*[.]* Box 687, Jefferson City, MO 65102.

1. The *[division]* **department** may require an application fee *[not to exceed sixty dollars ($60)]*.

2. The applicant must fully complete the application process and must verify that s/he meets all qualifications specified in *[9 CSR 30-3.010(2)(J)]* **this rule**.

(B) The credential shall be issued for a period of time coinciding with the period of licensure or certification otherwise required of the applicant, up to a maximum period of two (2) years.

(C) The credential may be renewed upon further application and verification that the counselor continues to meet all qualifications. For renewal, the applicant must have received during the past two (2) years at least *[fifteen (15)]* **fourteen (14)** hours of training sponsored or approved by the department that is directly related to the treatment of compulsive gambling.

(D) Credentialed counselors shall adhere to the code of ethics for their profession in *[the practice of]* **providing services for** compulsive gambling *[therapy]*.

1. Any complaint or grievance received by the department regarding a compulsive gambling counselor shall be forwarded to the applicable licensure or certification body.

2. Any sanction arising from a code of ethics violation shall be deemed as applying equally to the compulsive gambling counselor credential.

AUTHORITY: sections 313.842, 630.050 [RSMo Supp. 1996] and 630.655, RSMo [1994] ***2000****. Original rule filed Oct. 13, 1995, effective April 30, 1996. Amended: Filed Jan. 10, 1997, effective Aug. 30, 1997. Amended: Filed Feb. 28, 2001.*

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

PRIVATE COST: This proposed amendment will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to the ADA Standards of Care Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.620 Information and Referral Program. This rule prescribed the components for information and referral programs.

PURPOSE: The rule regarding an Information and Referral Program is no longer needed.

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.621 Central Intake Program. This rule identified the goals and operational requirements for central intake programs.

PURPOSE: The rule regarding a Central Intake Program is no longer needed.

AUTHORITY: sections 630.050, RSMo Supp. 1993 and 630.655, RSMo 1986. Original rule filed Sept. 15, 1994, effective Feb. 26, 1995. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED AMENDMENT

[9 CSR 30-3.630] **9 CSR 30-3.300 Prevention Programs**. The department is changing the rule number and amending sections (1)–(8) and adding one new section.

PURPOSE: This amendment renumbers the rule as part of an overall reorganization and renumbering of standards for alcohol and drug programs. Descriptive headings are being added to each section of the rule. Intervention is being added as a new type of prevention program.

(1) **Program Description.** A prevention program offers a planned, organized set of activities designed to reduce the risk of and incidence of illegal or age-inappropriate use or abuse of alcohol, tobacco and drugs.

(2) **Use of Risk Reduction Strategies.** A prevention program shall implement strategies which reduce the risk of and the incidence of illegal or age-inappropriate use or abuse of alcohol, tobacco and drugs. The program shall implement the following risk reduction strategies in accordance with the type of prevention services and programming it offers:

(3) **Types of Certified Programs.** An agency may be certified to provide one (1) or more of the following types of prevention programs:

(4) Requirements for Certification. A prevention program shall comply with those rules and standards listed under 9 CSR 30-3.032 Certification of Substance Abuse Programs.

(A) Requirements under 9 CSR 10-7.120 Physical Plant and Safety shall be applicable based on the type of services provided by the prevention program and whether services are offered to individuals and groups at the program site.

(B) The following rules and standards shall be waived for prevention programs, unless the department determines that a specific requirement is applicable due to the unique circumstances and service delivery methods of a program:

1. 9 CSR 10-7.010 Treatment Principles and Outcomes;

2. 9 CSR 10-7.020 Rights, Responsibilities and Grievances;

3. 9 CSR 10-7.030 Service Delivery Process and Documentation;

4. 9 CSR 10-7.060 Behavior Management;

5. 9 CSR 10-7.070 Medications;

6. 9 CSR 10-7.080 Dietary Services;

7. 9 CSR 30-3.100 Service Delivery Process and Documentation (ADA); and

8. 9 CSR 30-3.110 Service Definitions and Staff Qualifications (ADA).

[(4) In addition to specific requirements as a prevention program contained in this rule, the program shall also meet core requirements for certification including the following applicable provisions:

(A) 9 CSR 30-3.030 Governing Authority. The agency shall establish and implement policies and procedures which clearly identify the target population for each type

of prevention program and service, the program content, and methods of service delivery;

(B) 9 CSR 30-3.050 Planning and Evaluation. For each type of prevention program and service, the agency shall evaluate outcomes and performance targets as identified by the agency, the division, or both.

1. Measures may include consumer satisfaction, service utilization, participant evaluation, awareness of substance abuse problems, knowledge of resources and services, development of skills to reduce the risk of substance use, and positive individual and community behavioral change.

2. Individual and community behavioral change may include changes in the incidence of drinking and driving, minor in possession offenses, other alcohol and drug related arrests or injuries, and the prevalence and extent of illegal or age-inappropriate use or abuse of alcohol, tobacco and drugs as determined by valid and reliable studies;

(C) 9 CSR 30-3.070 Fiscal Management; and

(D) 9 CSR 30-3.080 Personnel.

1. A staff member who provides prevention services shall be a]

(5) Qualifications of Staff. Services shall be provided by a qualified prevention specialist who demonstrates substantial skill by being—

1. A graduate of an accredited college or university with a bachelor's degree in community development, education, public administration, public health, psychology, sociology, social work or closely related field and have one (1) year or more of full-time equivalent professional experience in education, public health, mental health, human services, or a closely related area. Additional years of experience may be substituted on a year for year basis for the education requirement*[.]*; **or**

2. *[Staff who provide prevention services shall receive an initial program orientation and, in addition, shall participate in thirty (30) clock hours per year of professional development and training appropriate to their responsibilities.]* **An alcohol and drug abuse prevention professional credentialed by an agent acceptable to the department.**

*[(5)]***(6) Documentation of Resources and Services.** All prevention programs shall maintain—

(A) A current listing of resources within the geographic area in order to readily identify available substance abuse treatment and prevention resources, as well as other resources applicable to the target population;

(B) Informational and technical materials that are current, relevant and appropriate to the program's goals, content, and target population.

1. Materials and their use shall accommodate persons with special needs, or the materials can be readily adapted to meet those needs.

2. Materials shall be periodically reviewed by staff and advisory board to ensure relevance to the target population and consistency with current prevention research. The advisory board shall include members of the target population and a broad range of representatives from other community groups and organizations; **and**

[(C) Data regarding the achievement of outcomes and performance targets. The program shall submit the data to the division, as may be required or requested for purposes of funding or statewide data collection; and]

*[(D)]***(C)** A record of all service activities. The record shall—

1. Identify the presenter and participants;

2. Describe the service activity;

3. State how the activity meets the specific needs of the individual, group, or community organization served;

4. Include consents for participation or releases of information, as applicable; and

5. Include or summarize participant evaluations, as applicable.

(7) Performance Indicators. The program shall maintain data and performance indicators related to the goals and expected outcomes for its prevention services.

(A) Performance indicators may include, but are not limited to, the following:

1. Participant evaluation/customer satisfaction with services;

2. Service utilization;

3. Changes in risk and protective factors related to substance use;

4. Changes in the prevalence and extent of the use of alcohol, tobacco, and other drugs; and

5. Changes in the incidence of drinking and driving, minor in possession offenses, and other alcohol and drug related arrests or injuries.

(B) Each program shall use such data and performance indicators in its quality improvement process.

(C) The department may require, at its option, the use of designated indicators in order to promote consistency and the wider applicability of data. The required use of designated indicators shall be applicable only to those services funded by the department or provided through a service network authorized by the department.

*[(6)]***(8) Primary Prevention Program.** A Primary Prevention Program shall offer comprehensive services and activities to a specified target population(s) in its effort to reduce the risk of and incidence of illegal or age-inappropriate use or abuse of alcohol, tobacco and drugs.

(A) A Primary Prevention Program shall offer all of the following types of prevention services: information, education, alternatives, problem identification and referral, community-based process, and environmental services.

1. Unless otherwise indicated, the target population for information, education, alternatives, and problem identification and referral services shall include, but is not limited to, one (1) or more of the following: persons who are at risk for substance abuse; families or friends, or both, of persons at risk for a substance abuse problem; school officials or employers of persons at risk for a substance abuse problem; caretakers and families of elderly or populations with other special needs.

2. Unless otherwise indicated, the target population for community-based process and environmental services shall include, but is not limited to, persons at risk for substance abuse; community groups mobilizing to combat substance abuse, include civic and volunteer organizations; church; schools; business; healthcare facilities and retirement communities; state and municipal governments; and other related community organizations.

(B) Information services shall increase awareness of the nature, extent, and effects of such substance use or abuse.

1. Information services are characterized by one (1)-way communication from the presenter to the target population.

2. In addition to the target populations listed in subsection *[(6)]***(8)**(A), the target population formation services may include the general public.

3. Examples of information service activities include: distributing written materials such as brochures, pamphlets, newsletters, resources directories, and other relevant materials; distributing audiovisual materials such as films, tapes, public service announcements and other relevant materials; functioning as information resource center or clearinghouse; arranging speakers and

presentations; and operating as a designated access point for computerized information networks.

(C) Education services shall develop social and life skills, such as conflict resolution, decision-making, leadership, peer resistance and refusal skills.

1. Education services are characterized by interaction between the facilitator and the participants to promote certain skills and behaviors.

2. Examples of education service activities include classroom or small group sessions for persons of any age, peer leader and helper programs, and parenting and family management classes.

(D) Alternatives shall provide healthy and constructive activities to offset the attraction of such substance use or abuse or to meet needs which otherwise may be fulfilled by these substances.

1. Alternative services engage the target population in recreational and other activities that exclude such substance use or abuse.

2. Examples of alternative service activities include developing and supporting alcohol- and drug-free dances and parties, community service activities, teen institutes and other leadership training and activities for youth, adults, parents, school faculty, or others.

(E) Problem identification and referral services shall assist in arranging support, education and other referrals, as needed, for persons who have become involved in the initial, inappropriate or illegal use of alcohol, tobacco, and drugs.

1. This service does not include a professional or comprehensive assessment and determination of the need for substance abuse treatment.

2. Examples of specific problem identification and referral activities include training and consultation to student assistance programs, employee assistance programs, medication support programs for the elderly and other programs and organizations that may intervene with persons in the target population.

(F) Community-based process shall involve the assessment of community needs and the promotion of community planning and action in order to enhance other prevention and treatment services and to reduce the incidence of such substance use or abuse.

1. The target population shall include community action teams, such as Community 2000 Teams. A community action team must have broad-based community representation and participation, such as civic organizations, neighborhood groups, churches, schools, law enforcement, healthcare and substance treatment facilities, businesses, and governmental organizations.

2. Examples of community-based process activities include assessing community needs and risk factors and recruiting, training, and consulting with community action teams.

(G) Environmental services shall positively effect community policies, attitudes, and norms known to influence the incidence of such substance use or abuse.

1. Environmental services may address legal/regulatory initiatives, service/action initiatives, or both.

2. Examples of environmental services include maintaining current information regarding environmental strategies; training and consulting with community action teams in the development and implementation of such strategies; serving as a resource to school, businesses, and other community organizations in the development of policies; and providing information regarding alcohol and tobacco availability, advertising and pricing strategies.

*[(7)]***(9) Targeted Prevention Program.** A Targeted Prevention Program shall actively intervene with individuals and populations that have multiple risk factors for the illegal or age-inappropriate use or abuse of alcohol, tobacco and drugs. The program shall reduce risk factors and reduce the likelihood of such substance use or abuse.

(A) The target population shall include:

1. Persons at risk of substance abuse, such as out-of-school youth, youth dropouts, or persons prone to violence; and

2. Individuals and groups that influence those persons at risk for substance abuse, such as parents; teachers, families and caretakers of elderly or populations with other special needs; and school based and community groups, including civic and volunteer organizations, churches and other related community organizations.

(B) The program may be located in school or other community settings.

(C) The program shall provide and promote social and emotional support, skill development, counseling, and other preventive services for persons and populations with multiple risk factors.

(D) Examples of specific services and activities include early identification and intervention; efforts to prevent dropping out of school; after-school recreational and educational activities; development of social and life skills such as conflict resolution, decision-making, leadership, peer resistance and refusal skills; group counseling or individual counseling, or both; parent training and consultation with school staff or other community organizations.

*[(8)]***(10) Prevention Resource Center.** A *[statewide]* prevention resource center shall organize, coordinate, train, assist and recognize community**, regional** and state resources in their efforts to reduce the illegal or age-inappropriate use or abuse of alcohol, tobacco and drugs.

(A) The target population shall include community action teams, such as Community 2000 Teams; other community organizations including Primary Prevention Programs; and other community and state resources.

(B) Examples of specific activities include:

1. Conducting statewide and regional workshops and conferences;

2. **Where applicable,** *[D]***d**istributing a statewide newsletter that contains current information about prevention activities and issues;

3. Providing information and technical assistance regarding effective prevention strategies that are based on research findings;

4. Recognizing accomplishments by community action teams and sponsoring recognition events;

5. Coordinating prevention activities and resources development with other state level organizations and state agencies; and

6. Expanding and strengthening the network of community and state organizations involved in *[preventing]* **prevention** activities.

AUTHORITY: section 630.655, RSMo [1994] 2000. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded and readopted: Filed June 27, 1995, effective Dec. 30, 1995. Amended: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed amendment will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to the ADA Standards of Care Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED AMENDMENT

*[9 CSR 30-3.700] **9 CSR 30-3.201*** **Substance Abuse Traffic Offender Programs**. The department is changing the rule number and amending sections (1)-(5) and also adding new sections in order to be consistent with all other rules regarding SATOP programs.

PURPOSE: This amendment renumbers the rule as part of an overall renumbering and reorganization of standards for alcohol and drug programs. Headings are being added to each section of the rule. Section (3) of this amendment adds examples of performance indicators that can be used to demonstrate achievement of program goals and to improve quality. Section (4) includes a description of each type of Substance Abuse Traffic Offender Program that previously was located in 9 CSR 30-3.710 Definitions. Some requirements which were formerly located in 9 CSR 30-3.720 Procedures to Obtain Certification as a SATOP Program have been moved to sections (5) and (6) of this amendment.

[(1) The Department of Mental Health shall certify Substance Abuse Traffic Offender Programs which comply with the provisions of 9 CSR 30-3.710 through 9 CSR 30-3.790].

*[(2)]***(1) Mission.** The Missouri Substance Abuse Traffic Offender Programs (SATOP) is a statewide system of comprehensive, accessible, community-based education and treatment programs designed for individuals arrested for alcohol and drug-related driving offenses. The mission of SATOP is to—

(A) Inform and educate these drivers as to the hazards and consequences of impaired driving;

(B) Promote safe and responsible decision making regarding driving;

(C) Motivate for personal change and growth; and

(D) Contribute to public health and safety in Missouri.

*[(3)]***(2) Program Functions.** Substance Abuse Traffic Offender Programs shall provide or arrange for *[three (3) distinct program levels—]* **assessment screening, education and rehabilitation.**

[(A) Assessment Screening;

(B) Education; and

(C) Rehabilitation.]

(3) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization providing SATOP to demonstrate achievement of the program's mission and functions. Indicators can include, but are not limited to the following:

(A) Characteristics of persons participating in SATOP such as blood alcohol content (BAC) level, type of offenses, prior drinking and driving arrests, prior SATOP participation, etc;

(B) Consistent use of screening criteria including the rate at which persons are assigned to the various types of education, intervention and treatment programs;

(C) Rate at which persons successfully complete SATOP and the various types of programs available;

(D) Reductions in drinking and driving among those who complete SATOP; and

(E) Consumer satisfaction and feedback.

(4) **Types of Programs.** The department shall recognize **and certify** the following types of *[substance abuse traffic offender programs]* **Substance Abuse Traffic Offender Programs**:

(A) *[Alcohol and Drug]* **Adolescent Diversion** Education Programs (ADEP) **which provide offender education to those persons coming under the purview of sections 577.500, 577.525, RSMo and to those under the age of twenty-one (21) coming under the purview of sections 302.510, 302.540 and 577.049, RSMo**;

(B) Youth Clinical Intervention Programs (YCIP) which provide intervention, education, and long-term counseling for offenders who are identified through an assessment screening as having alcohol and/or other substance abuse problems and who are under the age of twenty-one (21). A Youth Clinical Intervention Program shall provide twenty-five (25) hours of therapeutic activity for each offender, including ten (10) hours designed to address the issue of drinking and driving;

(C) Offender Management Units (OMU) which provide assessment screening including an individualized interview, recommendation and referral for further services for those coming under the purview of applicable sections of Chapters 302 and 577, RSMo, or by order of the court;

*[(B)]***(D)** Offender Education Programs (OEP) **which provide basic offender education over the course of ten (10) hours for lower risk first offenders to assist them in understanding the choices they made that led to their arrest and the resulting consequences. All persons completing this course shall develop a personal plan of action to assist them in preventing impaired driving behavior**;

*[(C)]***(E)** Weekend Intervention Programs (WIP) **which provide specialized intervention and education for repeat offenders or offenders showing signs and symptoms of a significant substance abuse problem. A Weekend Intervention Program shall provide a minimum of twenty (20) program hours conducted over a forty-eight (48)-hour weekend**; *[and]*

*[(D)]***(F)** Clinical Intervention Programs (CIP)*[.]* **which provide intervention, education, and long-term counseling for offenders who are identified through the assessment screening process as having alcohol and/or other substance abuse problems and who are not eligible for traditional residential treatment or traditional intensive outpatient services. A Clinical Intervention Program shall provide fifty (50) hours of therapeutic activity for each offender including ten (10) hours designed to address the issue of drinking and driving; and**

(G) SATOP Training Programs which provide regional training to persons seeking to be recognized and certified by the department as a qualified instructor, qualified substance abuse professional, or administrator within SATOP.

(5) Requirements for Program Certification. SATOP programs shall comply with those rules and standards listed under 9 CSR 30-3.032 Certification of Alcohol and Drug Abuse Programs.

(A) Rules under 9 CSR 10-7.120 Physical Plant and Safety shall be applicable based on the type of services provided by the program and whether services are offered to individuals and groups at the program site. In addition:

1. The program must be located in an office, clinic or other professional setting;

2. Assessment screenings must be located in a setting which provides space for private, one-on-one interviews and ensures confidentiality. With the department's written approval, assessment screenings may be conducted at other locations on a limited basis, if confidentiality is assured and the individual agrees to a screening at the alternate site.

(B) Clinical Intervention Programs (CIP) and Youth Clinical Intervention Programs (YCIP) shall meet standards under 9 CSR 30-3.130 Outpatient Treatment and fulfill contract requirements.

1. A YCIP shall also meet standards under 9 CSR 30-3.192 Specialized Program for Adolescents.

2. The waiver of standards listed in subsection (5)(C) of this rule shall not apply to CIP and YCIP programs.

(C) The following rules and standards shall be waived for other types of SATOP programs, unless the department determines that a specific requirement is applicable due to the unique circumstances and service delivery methods of a program:

1. 9 CSR 10-7.010 Treatment Principles and Outcomes;

2. 9 CSR 10-7.030 Service Delivery Process and Documentation;

3. 9 CSR 10-7.060 Behavior Management;

4. 9 CSR 10-7.070 Medications;

5. 9 CSR 10-7.080 Dietary Services;

6. 9 CSR 30-3.100 Service Delivery Process and Documentation (ADA); and

7. 9 CSR 30-3.110 Service Definitions and Staff Qualifications (ADA).

(6) Other Requirements. In addition to the requirements listed under 9 CSR 30-3.032 Certification of Alcohol and Drug Abuse Programs, the department shall use the following criteria in certifying Substance Abuse Traffic Offender Programs:

(A) The department reserves the right to limit the issuance of certification in certain venue areas when it cannot be determined a need exists for the service in that venue and/or when it cannot be determined the proposed service will serve the best interest of SATOP clients in that venue.

1. Determination of need shall be at the department's sole discretion as the designated state authority responsible for SATOP certification.

2. The determination of need shall be based on applicable data, such as the number of DWI arrests within the proposed service area and the number of currently certified SATOP agencies within the proposed service area.

(B) The department must approve any new program site prior to the delivery of SATOP services at the site. The program must submit photographs and a floor plan indicating accessibility compliance for the proposed sites.

(C) The department reserves the right to deny certification to any SATOP program that does not provide a minimum of services to at least fifty (50) persons per year.

(7) Rehabilitation Programs Recognized for SATOP. When the assessment screening indicates the individual's need for treatment and rehabilitation, arrangements should be made for the person to participate in such services.

*[(5)]***(A)** The department shall recognize the following types of **treatment and** rehabilitation programs for alcohol and drug-related traffic offenders:

*[(A)]***1.** Certified Alcohol and/or Drug Treatment and Rehabilitation Programs; *[and]*

*[(B)]***2.** Clinical Intervention Programs (CIP)*[.]***; and**

3. Youth Clinical Intervention Programs (YCIP).

(B) Clinical Intervention Programs (CIP) and Youth Clinical Intervention Programs (YCIP) must—

1. Meet requirements under 9 CSR 30-3.130 Outpatient Treatment; and

2. Remain in compliance with their contract.

(8) Compliance. Failure to adhere to the stipulations, conditions, and requirements set forth in this rule shall be considered cause for revocation or denial of program certification.

*AUTHORITY: sections 302.540, 577.001, 577.049, 577.520, 577.525, 630.050, [and] 630.053, [RSMo Supp. 1997 and] 630.655 and 631.010, RSMo [1994] **2000**. Emergency rule filed April 22, 1983, effective May 2, 1983, expired Aug. 11, 1983. Original rule filed May 13, 1983, effective Sept. 11, 1983. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 28, 2001.*

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

PRIVATE COST: This proposed amendment will not cost private entities more than $500 in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to the ADA Standards of Care Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.710 Definitions. This rule defined terms used in standards for Substance Abuse Traffic Offenders' Programs.

PURPOSE: The definitions of these terms are being incorporated in new rules being proposed under 9 CSR 10-7.140 and 9 CSR 30-3.012. These new rules will apply not only to SATOP but also to other substance abuse programs and to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: sections 302.510, 302.540, 577.001, 577.049, 577.520, 577.525, 630.050 and 630.053, RSMo Supp. 1997, and 630.655 and 631.010, RSMo 1994. Original rule filed Nov. 2, 1987, effective May 15, 1988. Emergency amendment filed Oct. 4, 1988, effective Oct. 14, 1988, expired Jan. 14, 1989. Amended: Filed Oct. 4, 1988, effective Jan. 14, 1989. Emergency amendment filed April 4, 1989, effective April 14, 1989, expired July 14, 1989. Amended: Filed April 4, 1989, effective July 14, 1989. Emergency amendment filed May 3, 1994, effective July 1, 1994, expired Oct. 28, 1994. Emergency amendment filed Oct. 17, 1994, effective Oct. 28, 1994, expired Feb. 24, 1995. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed April 29, 1998, effective Oct. 30, 1998. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.720 Procedures to Obtain Certification. This rule described procedures to obtain certification of Substance Abuse Traffic Offender Programs.

PURPOSE: The procedures to obtain certification promulgated under this rule will be incorporated in new rules being proposed under 9 CSR 10-7.130 and 9 CSR 30-3.032. These new rules will apply not only to SATOP but also to other substance abuse programs and to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: sections 302.540, 577.001, 577.049, 577.520, 577.525, 630.050 and 630.053, RSMo Supp. 1997, and 630.655 and 631.010, RSMo 1994. Original rule filed Nov. 2, 1987, effective May 15, 1988. Emergency amendment filed May 3, 1994, effective July 1, 1994, expired Oct. 28, 1994. Emergency amendment filed Oct. 17, 1994, effective Oct. 28, 1994, expired Feb. 24, 1995. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed April 29, 1998, effective Oct. 30, 1998. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED AMENDMENT

[9 CSR 30-3.730 Administration] ***9 CSR 30-3.202 SATOP Administration and Service Documentation***. The department is changing the rule numbering, the title and amending sections (1)–(19).

PURPOSE: This amendment renumbers the rule as part of an overall renumbering and reorganization of standards for alcohol and drug programs. Headings have been added to each section of the rule. Former sections (2), (3), (11)–(13) are being deleted because the content is now addressed in other rules. Service documentation requirements which were formerly located in 9 CSR 30-3.770 Client Records are now located in sections (14)–(17) of this proposed amendment.

(1) **Program Administrator.** An administrator shall be identified for the program.

(C) All administrators making application for program certification must meet the educational and experiential requirements as either a qualified instructor or a qualified professional and must have attended approved **Substance Abuse Traffic Offender Program (**SATOP**) administrator** training.

[(2) The administrator shall report to a governing body which has full legal authority and responsibility for the overall functioning of the program.

(A) If a public agency, it shall have a description of its administrative framework and lines of authority within which it operates.

(B) If a private agency, it shall have written documentation of the source of authority through charter, constitution, bylaws or license.]

[(3) A written policy and procedure manual shall be maintained which reflects the program's current operations.

(A) The policy and procedure manual shall be reviewed and updated by the governing body annually.

(B) The manual shall be available to staff and the public upon request.

(C) The manual shall comply with local, state, and federal laws and regulations.

(D) The administrator and staff shall follow the policy and procedure manual in operating the program and providing services.]

*[(4)]***(2) Access.** The program shall be accessible to *[students]* **the public** by maintaining reasonable business hours *[or]* **and** ready telephone access*[, or both]*.

*[(5)]***(3) Admission.** All *[students]* **persons** referred by a court or probation and parole shall be accepted for admission. Other *[students]* **individuals** may be accepted upon the approval of the administrator.

*[(6)]***(4) Conflict of Interest.** An agency which operates probation services, court supervision programs, or noncertified counseling programs must keep these functions separate and distinct from the SATOP program.

(A) The agency must clearly communicate to clients that completion or the failure to complete these programs will not effect their SATOP outcome.

(B) Completion of a SATOP at the agency shall not be made a condition of supervision or probation either directly or by inference.

*[(7)]***(5) Notice to Clients.** Written notice shall be provided to *[students]* **clients** regarding the *[course fee]* **cost of the program**, dates, times, location and requirements for successful program completion.

*[(8)]***(6) Attendance Records.** Attendance records shall be maintained for each session.

*[(9)]***(7) Receipts.** Receipts shall be issued for all *[student fees]* **client money** received.

*[(10)]***(9) Behavioral Expectations.** The *[program]* **agency** shall deny access to *[the class of any student]* **any program by a person** who arrives under the influence of mood-altering substances and **shall** remove from *[class]* **any program** any *[student]* **person** who detracts from the *[class]* **program** because of uncooperative behavior.

(A) *[The instructor]* **Program staff** shall have the authority to deny access to and remove a *[student]* **client** from *[class]* **a program**. Testing of blood, breath or urine shall not be required or used in *[an Offender Education Program (OEP)]* **any education program**.

(B) A written report of the incident shall be made by the *[instructor]* **program staff** and reviewed by the administrator**,** who shall make a final disposition.

(C) A *[student]* **person** who has justifiably been denied access to or removed from *[class]* **a program** shall not be considered to have satisfactorily completed the program.

(D) A *[student]* **person** who has justifiably been denied access to or removed from *[class]* **a program** shall not be readmitted to that level of service **without written approval by the department**.

[(11) The program shall provide written notice and ensure the following rights to each student:

(A) To be treated with respect and dignity;

(B) To have records kept confidential;

(C) To be free from verbal and physical abuse;

(D) To not be denied services because of race, sex, creed, marital status, national origin, disability or age; and

(E) To be informed of the right to a second opinion at the time of the initial screening.]

[(12) The program shall develop and implement written policies and procedures related to client abuse, neglect and suspicious and unusual incidents. These procedures shall assure a prompt, impartial investigation and review of any alleged or apparent incidents of abuse or neglect.

(A) The investigations of suspicious or unusual incidents shall follow procedures outlined in 9 CSR 30-3.900 (10).

(B) The agency shall cooperate with the department in completion of all investigations conducted by department staff.

(C) The department may conduct an investigation concurrently with the agency investigation.]

[(13) The agency shall implement a written client grievance procedure to insure a prompt, impartial review of any alleged or apparent incident of violation of client rights or confidentiality.

(A) Students shall be informed of the grievance procedure. They shall also be informed that the department certifies the program and instructed how to contact the department.

(B) The procedure and practices shall be consistent with the principles of due process.

(C) The investigation of any allegation or incident shall be completed within a reasonable period of time not to exceed thirty (30) days.

(D) The agency shall provide written notice to the department of any substantiated complaint, so that notice is received by the department within twenty-four (24) hours of completing the review.

(E) The agency shall cooperate with the department in completion of any inquiries related to client rights conducted by department staff.]

*[(14)]***(10) Assessment Recommendation.** The program shall have written policies and procedures which stipulate the methods of individualized assessment and the conditions under which referrals are made for further services. The written policies and procedures must follow the *[screening]* guidelines outlined in the current edition of the *Safe and Sober Screening Manual* and incorporated herein by reference. The written policies and procedures shall address the client's right to a second opinion and procedures for judicial review, if necessary.

(A) An assessment recommendation shall be delivered in writing to the person with written notice that the person is entitled to have this recommendation reviewed by a court pursuant to sections 302.304 and 302.540, RSMo.

(B) A person who objects to the recommendation may file a motion in the associate division of the circuit court, on a printed form provided by the state courts administrator, to have the court hear and determine such motion.

*[(15)]***(11) Resources and Referrals.** A current resource directory of area self-help groups and substance abuse services shall be maintained.

(A) A person who receives a recommendation for further services shall be given a list of area agencies which includes all certified programs that offer the recommended level of service. *[A person recommended for an Offender Education Program shall be provided a list of all OEPs in their area when reasonable circumstances, such as distance, work schedules, or time factors, prevent them from completing the OEP at the OMU.]*

(B) The person shall sign a statement acknowledging receipt of the list. The statement shall also indicate that he or she is not required to obtain recommended services from the same agency that has conducted the individualized assessment.

[(16)] **(12) Consumer Evaluation and Satisfaction.** All persons *[completing the OEP, ADEP or WIP]* **participating in a SATOP** program shall be asked to complete a course evaluation.

(A) Participants may be encouraged, but not required, to sign the evaluation form.

(B) Evaluations shall be retained by the program for two (2) years or until completion of the next site survey, whichever is longer.

[(17) SATOP programs serving at least two hundred fifty (250) aggregate clients per year shall establish a quality assurance process that includes, but is not limited to, the following functions and indicators:

(A) Verification of necessary experience, education and ongoing competence of staff who deliver Substance Abuse Traffic Offender Program services;

(B) Supervision and training of all staff;

(C) Auditing of student and client records to determine completeness, quality, and timeliness of entries in accordance with certification standards and program policy;

(D) Identification and monitoring of unusual occurrences and issues, including but not limited to, unexplained or suspicious physical injury or death of clients or staff (while staff are on duty), apparent or alleged abuse or neglect which results in physical injury or death, apparent or alleged sexual abuse, serious client illness in the program, client use of alcohol and drugs in the program, disruptive or threatening client behavior; and

(E) Review of the appropriateness of the SATOP screening process as practiced by the agency.]

[(18)] **(13) Data Collection.** The program shall cooperate with all SATOP quality assurance and data collection requirements regarding the program operation, DWI offender demographics, or *[research]* **other** data collection **that may be required by the department**. Failure to submit requested information in a timely fashion may result in administrative sanction or revocation of certification.

(14) Master List of Clients. An agency shall keep a master list of all clients who have been admitted or enrolled in its SATOP program(s) to include: name, dates of attendance, program type and whether the client successfully completed the program.

(15) Client Records. An organized record shall be maintained on each person who participates in a SATOP program.

(A) Records shall be stored in a manner to protect confidentiality.

(B) Records shall be retained for at least two (2) years or until completion of the next site survey, whichever is longer. However, if the agency is contracted with the department, the contract requirements for retaining records shall prevail.

(16) Content of Client Records. Each client record shall include:

(A) Dates of attendance;

(B) Demographic information sufficient to complete the division's annual report form;

(C) Scored pretests and posttests measuring knowledge gain and attitude change;

(D) Proper, signed release of information forms;

(E) Department of Revenue driving record check;

(F) Documentation of an individualized assessment screening, where required. The documentation shall include the name of the qualified professional, date, amount of time spent, summary of the screening instrument results which includes a substance use history, summary of findings, recommendation and student's response to the recommendation;

(G) Where applicable, signed acknowledgment of receiving an assessment screening recommendation, a list of referral resources, and notice that any additional services may be received from a different provider;

(H) Copy of the SATOP Offender Assignment, Report of Offender Compliance, and the SATOP Completion Certificate; and

(I) Program evaluation completed by the client.

(17) Additional Client Record Requirements for ADEP. For Adolescent Diversion Education Program (ADEP) clients who are under the age of eighteen (18) and are not emancipated, there shall be documentation showing—

(A) Efforts to involve the parent or guardian in the program;

(B) Results of the efforts, that is, whether the parent participated and the extent of participation; and

(C) Where applicable, the parent or guardian's view of substance use patterns and possible effects on family, social, legal, emotional, physical, financial, educational and vocational functioning.

*[(19)]***(18) Compliance.** Failure to adhere to the stipulations, conditions, and the requirements set forth in this rule shall be considered cause for revocation or denial of program certification.

AUTHORITY: sections 302.304, 302.540, 577.001, 577.049, 577.520, 577.525, 630.050, [and] 630.053, [RSMo Supp. 1997 and] 630.655 and 631.010, RSMo [1994] 2000. Original rule filed Nov. 2, 1987, effective May 15, 1988. Emergency amendment filed May 3, 1994, effective July 1, 1994, expired Oct. 28, 1994. Emergency amendment filed Oct. 17, 1994, effective Oct. 28, 1994, expired Feb. 24, 1995. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed April 29, 1998, effective Oct. 30, 1998. Amended: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed amendment will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to the ADA Standards of Care Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.740 Environment. This rule identified requirements for the site where Substance Abuse Traffic Offender Programs are held.

PURPOSE: The requirements promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.120. The new rules regarding physical plant will apply not only to SATOP but also to other substance abuse programs and to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: sections 302.540, 577.001, 577.049, 577.520, 577.525, 630.050 and 630.053, RSMo Supp. 1997 and 630.655 and 631.010, RSMo 1994. Original rule filed Nov. 2, 1987, effective May 15, 1988. Emergency amendment filed May 3, 1994, effective July 1, 1994, expired Oct. 28, 1994. Emergency amendment filed Oct. 17, 1994, effective Oct. 28, 1994, expired Feb. 24, 1995. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed April 29, 1998, effective Oct. 30, 1998. Rescinded: Filed Feb. 28, 2001.

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

PRIVATE COST: This proposed rescission will not cost private entities more than $500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED AMENDMENT

[9 CSR 30-3.750] 9 CSR 30-3.204 SATOP **Personnel.** The department is changing the rule number, amending the title, amending sections (1) and (2), deleting sections (3)–(5), adding new section (6) and renumbering the remaining sections.

PURPOSE: This amendment renumbers the rule as part of an overall renumbering and reorganization of standards for alcohol and drug programs. Headings have been added to each section of the rule. The definition of 'qualified instructor' which was formerly located in 9 CSR 30-3.710 Definitions is now located in section (1). Former sections (3)–(5) are being deleted because the content is now addressed in other rules.

(1) **Qualifications of Staff.** The program shall have qualified staff.

(A) Assessments shall be done by qualified **substance abuse** professionals.

(B) Educational activities shall be done by qualified **substance abuse** professionals or by qualified instructors.

(C) A qualified instructor is a graduate of an accredited college or university with a bachelor's degree in counseling, criminal justice, education, psychology, social work or closely related field or a person designated as a Registered Alcohol and Substance Abuse Counselor (RASACII) by the Missouri Substance Abuse Counselors Certification Board, Inc. who is knowledgeable about substance abuse, as evidenced by either—

1. Nine (9) semester hours directly related to substance abuse;

2. One hundred forty-four (144) contact hours of continuing education directly related to substance abuse; or

3. One (1) year of full-time paid employment experience in the prevention, treatment or rehabilitation of substance abuse.

Applicability of full-time experience shall be defined in the SATOP *Personnel Training and Certification Information Guide*.

*[(C)]***(D)** Staff who conduct education and assessment must—

1. Not have had a suspension or revocation of their drivers*['']* licenses within the preceding two (2) years;

2. Not have received a citation or have been charged with any state or municipal alcohol- or drug-related offense within the preceding two (2) years, except when found not guilty in a court of competent jurisdiction;

3. Not have allowed the use of alcohol or other drugs to interfere with the conduct of their SATOP duties;

4. Successfully complete **SATOP** training offered or approved by the division;

[5. Meet education and experience requirements specified in 9 CSR 30-3.710;]

[6.] **5.** Meet criminal record review requirements specified in 9 CSR 10-5.190; and

[7.] **6.** Be certified by the division prior to their employment as **meeting requirements as** a qualified instructor or **qualified substance abuse** professional.

(2) **Certification of Staff.** Individuals certified by the division shall continue to meet all applicable standards and requirements as a condition of their certification.

(A) The division may issue certification for a maximum of three (3) years.

(B) Renewal of certification may be obtained by submitting a satisfactorily completed application for certification and verification of *[five (5) hours per year]* **a total of fifteen (15) hours** of continuing education or training in the substance abuse field during the prior certification period. Continuing education or training must address prevention, education, or specific counseling techniques directly related to the drinking driver or persons with substance abuse problems. A sixty dollar ($60)-renewal fee must accompany the renewal application.

(C) Any administrator of a certified education program or related rehabilitation program *[or related rehabitation program]* and any individual certified by the division has the duty to report the suspected failure of any individual to meet applicable standards and requirements.

[(D) The division shall investigate all written complaints or allegations against individuals working in SATOP programs.]

[(E)] **(D)** Complaints or allegations **against individuals working in SATOP programs** that the division *[shall]* **may** investigate include, but are not limited to:

1. Failure to meet personnel requirements under this rule;

2. Violations of *[student]* **client** rights under *[9 CSR 30-3.730]* **9 CSR 30-3.202**;

3. Fraudulent or false reporting to the division, Department of Revenue, courts or other agency;

4. Performance of duties for which the individual is not certified;

5. Conviction, plea of guilty or suspended imposition of sentence for any felony or alcohol- or drug-related offense; **and**

[6. Scandalous or disgraceful conduct which would bring disrepute upon the Substance Abuse Traffic Offenders' Program; and]

[7.] **6.** Failure to cooperate in any investigation by the division.

*[(F)]***(E)** The division may reprimand, suspend or revoke the certification of any individual who fails to meet standards and requirements or who fails to report suspected violations of those standards and requirements.

*[(G)]***(F)** Suspension or revocation of certification may be appealed to the director of the Department of Mental Health within thirty (30) days after receiving notice of that action. The director 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. If the suspension or revocation involves an allegation of client abuse or threat toward client safety, the department may make a determination to remove the staff person from direct client contact until the hearing is conducted and a disposition is made by the hearing officer.

*[(H)]***(G)** An individual whose certification has been revoked cannot reapply for certification until two (2) years have lapsed. The department's review of a future application will take into consideration the circumstances which led to revocation.

[(3) A personnel record shall be maintained on each qualified instructor, professional and trainer. Staff shall provide transcripts to verify their educational backgrounds.

(4) Each position shall be reflected in a current table of organization.

(5) Staff members including those working under contract shall receive an annual written job performance evaluation that is individually reviewed with them. The evaluation shall include observation of an instructor's classroom performance by the administrator.]

[(6)] **(3) SATOP Training.** Staff with responsibilities for the administration, education or assessment functions of the program, or a combination of these, shall complete a training program offered or approved by the division. Staff may be employed in more than one (1) type of program, when training specific to each type has been completed and the staff member has been appropriately certified by the division.

[(7)] **(4) Guest Speakers and Volunteers.** A program which utilizes guest speakers or volunteers shall have written policies and procedures for their recruitment, selection, training, supervision, dismissal and compensation, where applicable.

(A) The program shall maintain a roster of all approved guest speakers or volunteers and a description of the duties or tasks of each.

(B) Guest speakers shall not be considered instructors for the purpose of these rules.

(C) At no time shall a guest speaker or volunteer assume sole responsibility for the class.

[(8)] **(5) Compliance.** Failure to adhere to stipulations, conditions, and requirements set forth in this rule shall be considered cause for revocation or denial of program certification.

(6) Form number MO 650-2934 is included herein.

*AUTHORITY: sections 302.540, 577.001, 577.049, 577.520, 577.525, 630.050, [and] 630.053, [RSMo Supp. 1997 and] 630.655 and 631.010, RSMo [1994] **2000**. Original rule filed Nov. 2, 1987, effective May 15, 1988. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 28, 2001.*

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

PRIVATE COST: This proposed amendment will not cost private entities more than $500 in the aggregate.

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