

Volume 27, Number 3
Pages 213-298
February 1, 2002



MATT BLUNT

SECRETARY OF STATE

MISSOURI
REGISTER

The *Missouri Register* is an official publication of the state of Missouri, under the authority granted to the secretary of state by sections 536.015 and 536.033, RSMo 2000. Reproduction of rules is allowed; however, no reproduction shall bear the name *Missouri Register* or "official" without the express permission of the secretary of state.

The *Missouri Register* is published semi-monthly by

SECRETARY OF STATE

MAT T BLUNT

Administrative Rules Division

James C. Kirkpatrick State Information Center
600 W. Main
Jefferson City, MO 65101
(573) 751-4015

DIRECTOR

LYNNE C. ANGLE

ADMINISTRATIVE STAFF

SANDY SANDERS

KIM MOSELEY

EDITORS

BARBARA MCDUGAL

JAMES MCCLURE

ASSOCIATE EDITORS

CURTIS W. TREAT

SALLY L. REID

TIFFANY M. DAVIS

PUBLISHING STAFF

WILBUR HIGHBARGER

CARLA HERTZING

JOHN C. STEGMANN

ISSN 0149-2942, USPS 320-630; periodical postage paid at Jefferson City, MO
Subscription fee: \$56.00 per year

POSTMASTER: Send change of address notices and undelivered copies to:

MISSOURI REGISTER
Office of the Secretary of State
Administrative Rules Division
PO Box 1767
Jefferson City, MO 65102

The *Missouri Register* and *Code of State Regulations* (CSR) are now available on the Internet. The Register address is <http://mosl.sos.state.mo.us/moreg/moreg.htm> and the CSR is <http://mosl.sos.state.mo.us/csr/csr.htm>. These web sites contain rulemakings and regulations as they appear in the Registers and CSR. These web sites do not contain the official copies of the Registers and CSR. The official copies remain the paper copies published by the Office of the Secretary of State pursuant to sections 536.015 and 536.031, RSMo 2000. While every attempt has been made to ensure accuracy and reliability, the Registers and CSR are presented, to the greatest extent practicable as they appear in the official publications. The Administrative Rules Division may be contacted by e-mail at rules@sosmail.state.mo.us.

The secretary of state's office makes every effort to provide program accessibility to all citizens without regard to disability. If you desire this publication in alternate form because of a disability, please contact the Division of Administrative Rules, PO Box 1767, Jefferson City, MO 65102, (573) 751-4015. Hearing impaired citizens should contact the director through Missouri relay, (800) 735-2966.



IN THIS ISSUE:

FROM THIS ANGLE217

EMERGENCY RULES

Department of Mental Health
 Certification Standards219

PROPOSED RULES

Department of Conservation
 Conservation Commission226

Department of Mental Health
 Certification Standards226

Department of Natural Resources
 Clean Water Commission235
 Soil and Water Districts Commission247

Department of Public Safety
 Adjutant General247
 Department of Fire Safety247

Department of Revenue
 State Tax Commission250

Elected Officials
 Secretary of State251

ORDERS OF RULEMAKING

Department of Conservation
 Conservation Commission253

Department of Economic Development
 Board of Examiners for Hearing Instrument Specialists255
 Public Service Commission256

Department of Elementary and Secondary Education
 Missouri Commission for the Deaf257

Department of Natural Resources
 Air Conservation Commission275

Department of Social Services
 Division of Medical Services276

Elected Officials
 Attorney General277

Department of Insurance
 Financial Examination277

IN ADDITIONS

Department of Conservation
 Conservation Commission278

Department of Health and Senior Services
 Missouri Health Facilities Review Committee278

DISSOLUTIONS279

BID OPENINGS

Office of Administration
 Division of Purchasing280

RULE CHANGES SINCE UPDATE281
EMERGENCY RULES IN EFFECT289
REGISTER INDEX291

Register Filing Deadlines	Register Publication	Code Publication	Code Effective
Nov. 1, 2001 Nov. 15, 2001	Dec. 3, 2001 Dec. 17, 2001	Dec. 31, 2001 Dec. 31, 2001	Jan. 30, 2002 Jan. 30, 2002
December 3, 2001 December 17, 2001	January 2, 2002 January 16, 2002	January 29, 2002 January 29, 2002	February 28, 2002 February 28, 2002
January 2, 2002 January 16, 2002	February 1, 2002 February 15, 2002	February 28, 2002 February 28, 2002	March 30, 2002 March 30, 2002
February 1, 2002 February 15, 2002	March 1, 2002 March 15, 2002	March 31, 2002 March 31, 2002	April 30, 2002 April 30, 2002
March 1, 2002 March 15, 2002	April 1, 2002 April 15, 2002	April 30, 2002 April 30, 2002	May 30, 2002 May 30, 2002
April 1, 2002 April 15, 2002	May 1, 2002 May 15, 2002	May 31, 2002 May 31, 2002	June 30, 2002 June 30, 2002
May 1, 2002 May 15, 2002	June 3, 2002 June 17, 2002	June 30, 2002 June 30, 2002	July 30, 2002 July 30, 2002
June 3, 2002 June 17, 2002	July 1, 2002 July 15, 2002	July 31, 2002 July 31, 2002	August 30, 2002 August 30, 2002
July 1, 2002 July 15, 2002	August 1, 2002 August 15, 2002	August 31, 2002 August 31, 2002	September 30, 2002 September 30, 2002

Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the web site at <http://mosl.sos.state.us/moreg/pubschedule.htm>.

Missouri Depository Libraries

The *Missouri Register* and the *Code of State Regulations*, as required by the Missouri Depository Documents Law (section 181.100, RSMo 2000), are available in the listed depository libraries, as selected by the Missouri State Library:

Jefferson County Library PO Box 1486, 3021 High Ridge High Ridge, MO 63049-1486 (314) 677-8689	Learning Resources Center Mineral Area College PO Box 1000 Park Hills, MO 63601-1000 (573) 431-4593	B.D. Owens Library Northwest Missouri State University 800 University Drive Maryville, MO 64468-6001 (660) 562-1841	School of Law University of Missouri-Columbia 224 Hulston Hall Columbia, MO 65211-0001 (573) 882-1125
Jefferson College Library 1000 Viking Drive Hillsboro, MO 63050-2441 (314) 789-3951	Cape Girardeau Public Library 711 N. Clark Cape Girardeau, MO 63701-4400 (573) 334-5279	River Bluffs Regional Library 927 Felix Street St. Joseph, MO 64501-2799 (816) 232-8151	Central Methodist College Smiley Memorial Library 411 Central Methodist Square Fayette, MO 65248-1198 (660) 248-6292
St. Louis Public Library 1301 Olive St. St. Louis, MO 63103-2389 (314) 539-0376	Kent Library Southeast Missouri State University One University Plaza Cape Girardeau, MO 63701-4799 (573) 651-2757	Missouri Western State College Hearnes Learning Resources Ctr. 4525 Downs Drive St. Joseph, MO 64507-2294 (816) 271-5802	Library University of Missouri-Rolla 1870 Miner Circle Rolla, MO 65409-0060 (573) 341-4007
St. Louis University Law Library 3700 Lindell Blvd. St. Louis, MO 63108-3478 (314) 977-2756	Riverside Regional Library PO Box 389, 204 South Union St. Jackson, MO 63755-0389 (573) 243-8141	Library North Central Missouri College PO Box 111, 1301 Main Street Trenton, MO 64683-0107 (660) 359-3948	Kinderhook Regional Library 135 Harwood Ave. Lebanon, MO 65536-3017 (417) 532-2148
Eden Theological Seminary/ Webster University Eden/Webster Library 475 East Lockwood Ave. St. Louis, MO 63119-3192 (314) 961-2660	Rutland Library Three Rivers Community College 2080 Three Rivers Blvd. Poplar Bluff, MO 63901-2393 (573) 840-9656	Missouri Southern State College Spiva Library 3950 East Newman Road Joplin, MO 64801-1595 (417) 625-9770	ESTEP Library Southwest Baptist University 1601 S. Springfield Street Bolivar, MO 65613-2597 (417) 326-5281
Thomas Jefferson Library University of Missouri-St. Louis 8001 Natural Bridge Road St. Louis, MO 63121-4499 (314) 516-5084	Charles F. Curry Library William Jewell College 500 College Hill Liberty, MO 64068-1896 (816) 781-7700	Missouri State Library 600 West Main, PO Box 387 Jefferson City, MO 65102-0387 (573) 751-3075	Barry-Lawrence Regional Library 213 6th St. Monett, MO 65708-2147 (417) 235-6646
Washington University Washington University Law Library Campus Box 1171, Mudd Bldg., One Brookings Dr. St. Louis, MO 63130-4899 (314) 935-6484	Ward Edwards Library Central Missouri State University 142 Edwards Library Warrensburg, MO 64093-5020 (660) 543-4149	Missouri State Archives 600 West Main, PO Box 778 Jefferson City, MO 65102-0778 (573) 526-6711	Lyons Memorial Library College of the Ozarks General Delivery Point Lookout, MO 65726-9999 (417) 334-6411
St. Louis County Library 1640 S. Lindbergh Blvd. St. Louis, MO 63131-3598 (314) 994-3300	Kansas City Public Library 311 East 12th St. Kansas City, MO 64106-2454 (816) 701-3400	Elmer Ellis Library University of Missouri-Columbia 104 Ellis Library Columbia, MO 65211-5149 (573) 882-6733	West Plains Campus Library Southwest Missouri State University 123 N. Minnesota West Plains, MO 65775-3414 (417) 256-9865
Maryville University Library 13550 Conway Road St. Louis, MO 63141-7232 (314) 529-9494	Law Library University of Missouri-Kansas City 5100 Rockhill Road Kansas City, MO 64110-2499 (816) 235-2438	Library State Historical Society of Missouri 1020 Lowry St. Columbia, MO 65201-7298 (573) 882-7083	Springfield-Greene County Library PO Box 737, 397 E. Central Springfield, MO 65801-0760 (417) 869-4621
St. Charles City-County Library Middendorf-Kredell Branch 2750 Hwy K O'Fallon, MO 63366-7859 (314) 978-7997	University of Missouri-Kansas City Miller Nichols Library 5100 Rockhill Road Kansas City, MO 64110-2499 (816) 235-1281	Daniel Boone Regional Library PO Box 1267, 100 West Broadway Columbia, MO 65205-1267 (573) 443-3161	Meyer Library Southwest Missouri State University PO Box 175, 901 S. National Springfield, MO 65804-0095 (417) 836-4533
Truman State University Pickler Memorial Library 100 E. Normal Kirksville, MO 63501-4221 (660) 785-7416			

HOW TO CITE RULES AND RSMo

RULES—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 26, *Missouri Register*, page 27. The approved short form of citation is 26 MoReg 27.

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

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

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

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo—Cite material in the RSMo by date of legislative action. The note in parentheses gives the original and amended legislative history. The Office of the Revisor of Statutes recognizes that this practice gives users a concise legislative history.



FROM THIS ANGLE

Rulemaking Classes . . .

We continue to offer rulemaking classes to agencies that either feel the need for the same — or request the same. We are here to assist you in any stage of the rulemaking process and feel it is our job to help you throughout the process. Please call and schedule your class — large or small and we will be happy to offer whatever level of training you feel is needed for your agency. We have provided training to a handful of people on a very specific topic — all the way to an Interpretive Center full of people on specific types of rulemakings.

Thank you

Our last class was held on January 23rd with the Department of Social Services, Division of Medical Services. Our thanks to this agency for their participation and interest in assuring their rulemakings are as accurate as possible. We appreciate your interest, attendance and thank you for allowing us to provide a class tailored to fit your agency's needs.

Delegation of Authority

Just *another* reminder . . . please send in your updated delegation of authority. We still are experiencing individuals arriving to file rules for whom we do not have delegation of authority. We must either insist on the proper delegation being sent or refuse to accept your rule filings. This delegation will extend to *all phases* of the rulemaking process, from the cover letter, to the affidavit to the actual rulemakings. Thanks for your cooperation in this regard — this is for the protection of your agency, as well as our agency and will ensure that rulemakings for your agency are filed *only* by authorized personnel.

Coming soon . . .

Our IT department advises the new rulemaking manual, *Rulemaking 1-2-3, Missouri Style*, will be available to you on our web site in the very near future. Please watch for an electronic version of this very useful tool!

Feel free to contact us to schedule your class or for assistance on specific rulemaking questions.



Lynne C. Angle,
Director, Administrative Rules Division

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons and findings which support its conclusion that there is an immediate danger to the public health, safety or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

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

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

Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 4—Mental Health Programs

EMERGENCY AMENDMENT

9 CSR 30-4.030 Certification Standards Definitions. The department proposes to amend section (2).

PURPOSE: This amendment revises the reference to Intensive Community Psychiatric Rehabilitation. This amendment also removes the definition of Psychosocial Rehabilitation Recovery Support.

EMERGENCY STATEMENT: This emergency amendment is needed in order to implement program changes that will immediately allow a significant number of Department of Mental Health clients to receive services from the Community Psychiatric Rehabilitation (CPR) Program. These individuals are currently in need of services and supports that are not currently accessible because of programmatic limitations. Immediate enrollment will allow the state of Missouri to access federal Medicaid dollars to serve eligible individuals, expand service capacity, and improve outcomes for persons with serious mental illness and children and youth with serious emotional disturbance. The federal Medicaid dollars will also

allow the state of Missouri to redirect general revenue funds to serve even more eligible persons in need of services who are now underserved.

Without this emergency amendment, these clients will not be able to access needed services and supports. Therefore, the department believes this emergency amendment is necessary to preserve a compelling governmental interest that requires an early effective date. A proposed amendment, which covers the same material, is published in this issue of the *Missouri Register*. The scope of this amendment is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri* and *United States Constitutions*. Therefore the department believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed December 28, 2001, effective January 13, 2002 and expires July 11, 2002.

(2) As used in 9 CSR 30-4.031–9 CSR 30-4.047, unless the context clearly indicates otherwise, the following terms shall mean:

[(AA)] Intensive community psychiatric rehabilitation (CPR)—as defined in [9 CSR 30-4.043(2)(H)] **9 CSR 30-4.045**;

[(MM)] Psychosocial rehabilitation-recovery support—as defined in 9 CSR 30-4.043(2)(J);]

[(NN)] (MM) Research—experiments, including intervention or interaction with clients, whether behavioral, psychological, biomedical or pharmacological and program evaluation as set out in 9 CSR 60-1.010(1);

[(OO)] (NN) Seclusion—placement alone in a locked room for any period of time;

[(PP)] (OO) Sexual abuse—in accordance with 9 CSR 10-5.200;

[(QQ)] (PP) Time-out—temporary exclusion or removal of a client from the treatment or rehabilitation setting, used as a behavior modifying technique as prescribed in the client's individual treatment plan and for periods of time not to exceed fifteen (15) minutes each; and

[(RR)] (QQ) Verbal abuse—in accordance with 9 CSR 10-5.200.

AUTHORITY: sections 630.050, 630.055 and 632.050, RSMo 2000. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed Dec. 28, 2001, effective Jan. 13, 2002, expires July 11, 2002. A proposed amendment containing this same material is published in this issue of the *Missouri Register*.

Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 4—Mental Health Programs

EMERGENCY AMENDMENT

9 CSR 30-4.031 Procedures to Obtain Certification for Centers. The department proposed to add three new sections and to renumber section (4).

PURPOSE: This amendment establishes provisions for the certification of services for children and youth.

EMERGENCY STATEMENT: This emergency amendment is needed in order to implement program changes that will immediately allow a significant number of Department of Mental Health clients to receive services from the Community Psychiatric Rehabilitation (CPR) Program. These individuals are currently in need of services

and supports that are not currently accessible because of programmatic limitations. Immediate enrollment will allow the state of Missouri to access federal Medicaid dollars to serve eligible individuals, expand service capacity, and improve outcomes for persons with serious mental illness and children and youth with serious emotional disturbance. The federal Medicaid dollars will also allow the state of Missouri to redirect general revenue funds to serve even more eligible persons in need of services who are now underserved.

Without this emergency amendment, these clients will not be able to access needed services and supports. Therefore, the department believes this emergency amendment is necessary to preserve a compelling governmental interest that requires an early effective date. A proposed amendment, which covers the same material, is published in this issue of the *Missouri Register*. The scope of this amendment is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri and United States Constitutions*. Therefore the department believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed Dec. 28, 2001, effective Jan. 13, 2002 and expires July 11, 2002.

(4) The department shall certify, as a result of a certification survey, each Community Psychiatric Rehabilitation (CPR) Program as designated and eligible to serve children and youth under the age of eighteen (18).

(5) To be eligible to serve children and youth under the age of eighteen (18) a certified community psychiatric rehabilitation (CPR) provider shall meet each of the following requirements:

(A) Have a current and valid purchase of service contract with the Division of Comprehensive Psychiatric Services (CPS) pursuant to 9 CSR 25-2;

(B) Must meet the eligibility requirements for receipt of federal mental health block grant funds;

(C) Must provide a comprehensive array of psychiatric services to children and youth including but not limited to:

1. Crisis intervention mobile response;
2. Screening and assessment;
3. Medication services; and
4. Intensive case management consistent with state plan approved services; and

(D) Have experience and expertise in delivering a division approved home-based crisis intervention program of psychiatric services for children and youth.

(6) A certified community psychiatric rehabilitation (CPR) provider may serve transitional age youth (age sixteen (16) and older) meeting the diagnostic eligibility requirements in 9 CSR 30-4.042(4)(B) in each designated CPS service area without the certification required in 9 CSR 30-4.031(4) and (5) if it is documented in the client record that it is clinically and developmentally appropriate to serve the individual in an adult program.

[(4)] (7) The following forms are included herein:

- (A) MO 650-1722; and
- (B) MO 650-0231.

AUTHORITY: sections 630.050, 630.655 and 632.050, RSMo 2000. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed Dec. 28, 2001, effective Jan. 13, 2002, expires July 11, 2002. A proposed amendment containing this same material is published in this issue of the *Missouri Register*.

Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 4—Mental Health Programs

EMERGENCY AMENDMENT

9 CSR 30-4.032 Administration. The department proposes to revise sections (2) and (3).

PURPOSE: This amendment establishes provisions for the certification of services for children and youth.

EMERGENCY STATEMENT: This emergency amendment is needed in order to implement program changes that will immediately allow a significant number of Department of Mental Health clients to receive services from the Community Psychiatric Rehabilitation (CPR) Program. These individuals are currently in need of services and supports that are not currently accessible because of programmatic limitations. Immediate enrollment will allow the state of Missouri to access federal Medicaid dollars to serve eligible individuals, expand service capacity, and improve outcomes for persons with serious mental illness and children and youth with serious emotional disturbance. The federal Medicaid dollars will also allow the state of Missouri to redirect general revenue funds to serve even more eligible persons in need of services who are now underserved.

Without this emergency amendment, these clients will not be able to access needed services and supports. Therefore, the department believes this emergency amendment is necessary to preserve a compelling governmental interest that requires an early effective date. A proposed amendment, which covers the same material, is published in this issue of the *Missouri Register*. The scope of this amendment is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri and United States Constitutions*. Therefore the department believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed Dec. 28, 2001, effective Jan. 13, 2002 and expires July 11, 2002.

(2) A CPR program director shall be appointed whose qualifications, authority and duties are defined in writing. The director shall have responsibility and authority for all operating elements of the CPR program, including all administrative and service delivery staff. If the CPR program director is not a qualified mental health professional as defined in 9 CSR 30-4.030, then the agency shall identify a clinical supervisor who is a qualified mental health professional who has responsibility for monitoring and supervising all clinical aspects of the program. **If the agency is certified to provide services to children and youth, then the CPR program director shall have at least two (2) years of supervisory experience with children and youth. If the CPR program director does not meet these requirements, the agency shall identify a clinical supervisor for children and youth services who is a qualified mental health professional who has responsibility for monitoring and supervising all clinical aspects of the program and meets the above requirements.**

(3) The CPR provider [and] shall maintain a policy and procedure manual for all aspects of its operations. CPR program plans, policies and procedures shall include descriptions, details and relevant information about—

(M) Emergency policies and procedures by staff, volunteers, clients, visitors and others for—

1. Medical emergencies;
2. Natural emergencies, such as earthquakes, fires, severe storms, tornado or flood;
3. Behavioral crisis;

4. Abuse or neglect of clients;
5. Injury or death of a client; and
6. Arrest or detention of a client; *[and]*

(N) Policies and procedures which address commonly occurring client problems such as missed appointments, appearing under the influence of alcohol or drugs, broken rules, suicide attempts, loitering, accidents, harassment and threats*[/]; and*

(O) Relevant information about service provision for children and youth addressing any and all aspects of (A) through (N) of this rule.

AUTHORITY: section 630.655, RSMo 2000. Original rule filed Jan. 19, 1989, effective April 15, 1989. Amended: Filed Dec. 13, 1994, effective July 30, 1995. Amended: Filed Feb. 28, 2001, effective Oct. 30, 2001. Emergency amendment filed Dec. 28, 2001, effective Jan. 13, 2002, expires July 11, 2002. A proposed amendment containing this same material is published in this issue of the Missouri Register.

**Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs**

EMERGENCY AMENDMENT

9 CSR 30-4.034 Personnel and Staff Development. The department proposes to amend sections (3), (7) and (8).

PURPOSE: This amendment establishes provisions for the certification of services for children and youth.

EMERGENCY STATEMENT: This emergency amendment is needed in order to implement program changes that will immediately allow a significant number of Department of Mental Health clients to receive services from the Community Psychiatric Rehabilitation (CPR) Program. These individuals are currently in need of services and supports that are not currently accessible because of programmatic limitations. Immediate enrollment will allow the state of Missouri to access federal Medicaid dollars to serve eligible individuals, expand service capacity, and improve outcomes for persons with serious mental illness and children and youth with serious emotional disturbance. The federal Medicaid dollars will also allow the state of Missouri to redirect general revenue funds to serve even more eligible persons in need of services who are now underserved.

Without this emergency amendment, these clients will not be able to access needed services and supports. Therefore, the department believes this emergency amendment is necessary to preserve a compelling governmental interest that requires an early effective date. A proposed amendment, which covers the same material, is published in this issue of the Missouri Register. The scope of this amendment is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. Therefore the department believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed Dec. 28, 2001, effective Jan. 13, 2002 and expires July 11, 2002.

(3) The CPR provider shall ensure that an adequate number of appropriately qualified staff is available to support the functions of the program. The department shall prescribe caseload size and supervisory to staff ratios.

(A) Caseload size may not exceed one (1) community support worker to twenty (20) clients in the rehabilitation level of care **and one (1) community support worker to twelve (12) children and youth in the rehabilitation level of care.**

(B) The supervisory to staff ratio in the rehabilitation *[and intensive levels]* level of care should not exceed one (1) qualified mental health professional to seven (7) community support workers.

(C) The supervisory to staff ratio in the rehabilitation *[and intensive levels]* level of care should not exceed one (1) qualified mental health professional to two (2) community support assistants.

(D) The supervisory to staff ratio in the rehabilitation *[and intensive levels]* level of care should not exceed one (1) qualified mental health professional to eight (8) total staff.

[(E) For intensive community psychiatric rehabilitation, each team shall provide for a caseload size of no more than ten (10) clients to one (1) direct care staff member.]

(7) The CPR provider shall establish, maintain and implement a written plan for professional growth and development of personnel.

(A) The CPR provider shall provide orientation within thirty (30) calendar days of employment, documented, for all personnel and affiliates, and shall include, but not be limited to:

1. Client rights and confidentiality policies and procedures, including prohibition and definition of verbal/physical abuse;
2. Client management, for example, techniques which address verbal and physical management of aggressive, intoxicated or behaviorally disturbed clients;
3. CPR program emergency policies and procedures;
4. Infection control;
5. Job responsibilities;
6. Philosophy, values, mission and goals of the CPR provider; and

7. Principles of appropriate treatment, **including for staff working with children and youth, principles related to children and youth populations.**

(D) Staff working within the CPR program also shall receive additional training within six (6) months of employment. This training shall include, but is not limited to:

1. Signs and symptoms of disability-related illnesses;
2. Working with families and caretakers of clients receiving services;
3. Rights, roles and responsibilities of clients and families;
4. Methods of teaching clients self-help, communication and homemaking skills in a community context;
5. Writing and implementing an individual treatment plan specific to community psychiatric rehabilitation services, including goal setting, writing measurable objectives and development of specific strategies or methodologies;
6. Basic principles of assessment;
7. Special needs and characteristics of individuals with serious mental illnesses; *[and]*

8. Philosophy, values and objectives of community psychiatric rehabilitation services for individuals with serious mental illnesses*[/]; and*

9. Staff working with children and youth shall receive additional training in the above areas as it pertains to children and youth.

(8) The CPR provider shall develop and implement a written plan for comprehensive training and continuing education programs for community support workers, community support assistants and supervisors in addition to those set out in section (7).

(A) Orientation for community support workers, community support assistants and supervisors shall include, but is not limited to, the following items:

1. Philosophy, values and objectives of community psychiatric rehabilitation services for individuals with serious and persistent mental illnesses;

2. Behavioral management, crisis intervention techniques and identification of critical situations;
3. Communication techniques;
4. Health assessment and medication training;
5. Legal issues, including commitment procedures; *[and]*
6. Identification and recognition of critical situations~~[/];~~ **and**
7. **Staff working with children and youth shall receive additional training in the above areas as it pertains to children and youth.**

AUTHORITY: sections 630.050, 630.655 and 632.050, RSMo 2000. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Dec. 28, 2001, effective Jan. 13, 2002, expires July 11, 2002. A proposed amendment containing this same material is published in this issue of the **Missouri Register**.

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

EMERGENCY AMENDMENT

9 CSR 30-4.035 Client Records of a Community Psychiatric Rehabilitation Program. The department proposes to amend sections (7), (8) and (10).

PURPOSE: This amendment establishes provisions for the certification of services for children and youth.

EMERGENCY STATEMENT: This emergency amendment is needed in order to implement program changes that will immediately allow a significant number of Department of Mental Health clients to receive services from the Community Psychiatric Rehabilitation (CPR) Program. These individuals are currently in need of services and supports that are not currently accessible because of programmatic limitations. Immediate enrollment will allow the state of Missouri to access federal Medicaid dollars to serve eligible individuals, expand service capacity, and improve outcomes for persons with serious mental illness and children and youth with serious emotional disturbance. The federal Medicaid dollars will also allow the state of Missouri to redirect general revenue funds to serve even more eligible persons in need of services who are now underserved.

Without this emergency amendment, these clients will not be able to access needed services and supports. Therefore, the department believes this emergency amendment is necessary to preserve a compelling governmental interest that requires an early effective date. A proposed amendment, which covers the same material, is published in this issue of the **Missouri Register**. The scope of this amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri and United States Constitutions**. Therefore the department believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed Dec. 28, 2001, effective January 13, 2002 and expires July 11, 2002.

(7) The treatment plan, goals and objectives shall be completed within thirty (30) days of the client's admission to services. *[For clients admitted to the intensive level of community psychiatric rehabilitation, the treatment plan shall be developed upon admission to that level of care.]*

(8) Each client's record shall document services, activities or sessions that involve the client.

[(B) For psychosocial rehabilitation-recovery support, the client record shall include:

1. Attendance records or logs that include actual attendance times; and

2. A monthly note that summarizes services rendered and client response to services.]

[(C)] (B) For all other community psychiatric rehabilitation program services, the client record shall include documentation of each session or episode that involves the client.

1. The specific services rendered.
2. The date and actual time the service was rendered.
3. Who rendered the service.
4. The setting in which the services were rendered.
5. The amount of time it took to deliver the services.
6. The relationship of the services to the treatment regimen described in the treatment plan.
7. Updates describing the client's response to prescribed care and treatment.

(10) An evaluation team, consisting of at least, a qualified mental health professional and the client's community support worker, if appropriate, shall review the treatment plan, goals and objectives on a regular basis, as determined by department policy.

[(F) For clients in the intensive level of care, treatment plans shall be reviewed at a minimum every thirty (30) calendar days and the review documented in the case record.]

AUTHORITY: section 630.655, RSMo 2000. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Dec. 28, 2001, effective Jan. 13, 2002, expires July 11, 2002. A proposed amendment containing this same material is published in this issue of the **Missouri Register**.

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

EMERGENCY AMENDMENT

9 CSR 30-4.039 Service Provision. The department proposes to add section (14).

PURPOSE: This amendment establishes provisions for the certification of services for children and youth.

EMERGENCY STATEMENT: This emergency amendment is needed in order to implement program changes that will immediately allow a significant number of Department of Mental Health clients to receive services from the Community Psychiatric Rehabilitation (CPR) Program. These individuals are currently in need of services and supports that are not currently accessible because of programmatic limitations. Immediate enrollment will allow the state of Missouri to access federal Medicaid dollars to serve eligible individuals, expand service capacity, and improve outcomes for persons with serious mental illness and children and youth with serious emotional disturbance. The federal Medicaid dollars will also allow the state of Missouri to redirect general revenue funds to serve even more eligible persons in need of services who are now underserved.

Without this emergency amendment, these clients will not be able to access needed services and supports. Therefore, the department believes this emergency amendment is necessary to preserve a compelling governmental interest that requires an early effective date. A proposed amendment, which covers the same material, is published in this issue of the **Missouri Register**. The scope of this

amendment is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri and United States Constitutions*. Therefore the department believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed Dec. 28, 2001, effective January 13, 2002 and expires July 11, 2002.

(14) The CPR provider shall take appropriate precautions to assure the provision of confidentiality and safety of children and youth in all aspects of programming including but not limited to:

- (A) Outings;
- (B) Transportation; and
- (C) Day program activities.

AUTHORITY: sections 630.050, 630.655 and 632.050, RSMo 2000. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed Dec. 28, 2001, effective Jan. 13, 2002, expires July 11, 2002. A proposed amendment containing this same material is published in this issue of the *Missouri Register*.

**Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs**

EMERGENCY AMENDMENT

9 CSR 30-4.042 Admission Criteria. The department proposes to add a new section (5).

PURPOSE: This amendment establishes provisions for the certification of services for children and youth.

EMERGENCY STATEMENT: This emergency amendment is needed in order to implement program changes that will immediately allow a significant number of Department of Mental Health clients to receive services from the Community Psychiatric Rehabilitation (CPR) Program. These children and youth are currently in need of services and supports that are not currently accessible because of programmatic limitations. Immediate enrollment will allow the state of Missouri to access federal Medicaid dollars to serve eligible children and youth, expand service capacity, and improve outcomes for children and youth with serious emotional disturbance. The federal Medicaid dollars will also allow the state of Missouri to redirect general revenue funds to serve even more eligible persons in need of services who are now underserved.

Without this emergency amendment, these clients will not be able to access needed services and supports. Therefore, the department believes this emergency amendment is necessary to preserve a compelling governmental interest that requires an early effective date. A proposed amendment, which covers the same material, is published in this issue of the *Missouri Register*. The scope of this amendment is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri and United States Constitutions*. Therefore the department believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed December 28, 2001, effective January 13, 2002 and expires July 11, 2002.

(5) Under the following circumstances, children and adolescents under the age of eighteen (18) years of age may be provisionally admitted to community psychiatric rehabilitation program services:

(A) **Disability:** There shall be clear evidence of serious and/or substantial impairment in the ability to function at an age or developmentally appropriate level due to serious psychiatric disorder in each of the following two (2) areas of behavioral functioning as indicated by intake evaluation and assessment:

1. Social role functioning/family life—the individual is at risk or out-of-home or out-of-school placement; and

2. Daily living skills/self-care skills—the individual is unable to engage in personal care (such as grooming, personal hygiene) and community living (performing school work or household chores), learning, self-direction or activities appropriate to the individual's age, developmental level and social role functioning;

(B) **Diagnosis:** If a person is exhibiting behaviors or symptoms that are consistent with an unestablished CPRP eligible diagnosis, they may be provisionally admitted to CPRP for further evaluation. There may be insufficient clinical information because of rapidly changing developmental needs to determine if a CPR eligible diagnosis is appropriate without an opportunity to observe and evaluate the person's behavior, mood and functional status. In such cases, there must be documentation that clearly supports the individual's level of functioning as defined in (5)(A).

(C) **Duration:** There must be documented evidence of an individual's functional disability as defined in (5)(A) for a period of ninety (90) days prior to provisional admission.

(D) **Provisional admissions** shall not exceed ninety (90) days. Immediately upon completion of the ninety (90) days or sooner, if the individual has been determined to have an eligible diagnosis as listed in 9 CSR 30-4.042(4)(B) of the rule, the diagnosis must be documented and the individual may continue in the CPR program.

(E) If an individual who has been provisionally admitted is determined to be ineligible for CPR services, staff shall directly assist the individual and/or family in arranging appropriate follow-up services. Follow-up services shall be documented in the discharge summary of the clinical record.

(F) All admission documentation is required for those provisionally admitted, with the exception of the comprehensive evaluation, which may be deferred for ninety (90) days.

AUTHORITY: sections 630.050, [RSMo Supp. 1999 and] 630.655 and 632.050, RSMo [1994] 2000. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed Dec. 28, 2001, effective Jan. 13, 2002, expires July 11, 2002. A proposed amendment containing this same material is published in this issue of the *Missouri Register*.

**Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs**

EMERGENCY AMENDMENT

9 CSR 30-4.043 Treatment Provided by Community Psychiatric Rehabilitation Programs. The department proposes to amend section (2).

PURPOSE: This amendment establishes provisions for the certification of services for children and youth.

EMERGENCY STATEMENT: This emergency amendment is needed in order to implement program changes that will immediately allow a significant number of Department of Mental Health clients to receive services from the Community Psychiatric Rehabilitation (CPR) Program. These individuals are currently in need of services and supports that are not currently accessible because of

programmatic limitations. Immediate enrollment will allow the state of Missouri to access federal Medicaid dollars to serve eligible individuals, expand service capacity, and improve outcomes for persons with serious mental illness and children and youth with serious emotional disturbance. The federal Medicaid dollars will also allow the state of Missouri to redirect general revenue funds to serve even more eligible persons in need of services who are now underserved.

Without this emergency amendment, these clients will not be able to access needed services and supports. Therefore, the department believes this emergency amendment is necessary to preserve a compelling governmental interest that requires an early effective date. A proposed amendment, which covers the same material, is published in this issue of the *Missouri Register*. The scope of this amendment is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri* and *United States Constitutions*. Therefore the department believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed December 28, 2001, effective January 13, 2002 and expires July 11, 2002.

(2) The CPR provider shall provide the following community psychiatric rehabilitation services to eligible clients, as prescribed by individualized treatment plans:

(H) Intensive Community Psychiatric Rehabilitation (CPR) [is a level of support designed to help consumers who are experiencing an acute psychiatric condition, alleviating or eliminating the need to admit them into a psychiatric inpatient or residential setting. It is a comprehensive, time-limited, community-based service delivered to consumers who are exhibiting symptoms that interfere with individual/family life in a highly disabling manner. Intensive CPR is provided by treatment teams delivering services that will maintain the consumer within the family and significant support systems and assist consumers in meeting basic living needs and age appropriate developmental needs. This level of CPR is intended for consumers who have extended or repeated hospitalizations, crisis episodes, or who are at imminent risk of being removed from their home or current living situation to a more restrictive living situation, or who require assistance in transitioning from a highly restrictive setting to a community-based alternative, including specifically persons being discharged from inpatient psychiatric settings who require assertive outreach and engagement. A treatment team comprised of individuals required to provide the specific services identified on the Individualized Treatment Plan (ITP), delivers this level of service to consumers with serious mental illness and serious emotional disturbance who meet CPRP eligibility criteria] as defined in 9 CSR 30-4.045;

AUTHORITY: sections 630.050, 630.655 and 632.050, RSMo 2000. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed Dec. 28, 2001, effective Jan. 13, 2002, expires July 11, 2002. A proposed amendment containing this same material is published in this issue of the *Missouri Register*.

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

EMERGENCY RULE

9 CSR 30-4.045 Intensive Community Psychiatric Rehabilitation

PURPOSE: This rule sets forth standards and regulations for the provision of intensive community psychiatric rehabilitation service.

EMERGENCY STATEMENT: This emergency rule is needed in order to implement program changes that will immediately allow a significant number of Department of Mental Health clients to receive intensive services from the Community Psychiatric Rehabilitation (CPR) Program. These individuals are currently in need of more intensive services and supports that are not currently accessible because of programmatic limitations. Immediate enrollment will allow the state of Missouri to access federal Medicaid dollars to serve eligible individuals, expand service capacity, and improve outcomes for persons with serious mental illness and children and youth with serious emotional disturbance. The federal Medicaid dollars will also allow the state of Missouri to redirect general revenue funds to serve even more eligible persons in need of services who are now underserved.

Without this emergency rule, these clients will not be able to access needed services and supports. Therefore the department believes this emergency rule is necessary to preserve a compelling governmental interest that requires an early effective date. A proposed rule, which covers the same material, is published in this issue of the *Missouri Register*. The scope of this rule is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri* and *United States Constitutions*. Therefore the department believes this emergency rule to be fair to all interested persons and parties under the circumstances. This emergency rule was filed December 28, 2001, effective January 13, 2002 and expires July 11, 2002.

(1) Intensive Community Psychiatric Rehabilitation (CPR). A level of support designed to help consumers who are experiencing an acute psychiatric condition, alleviating or eliminating the need to admit them into a psychiatric inpatient or residential setting. It is a comprehensive, time-limited, community-based service delivered to consumers who are exhibiting symptoms that interfere with individual/family life in a highly disabling manner.

(A) The intensive community psychiatric rehabilitation is intended for the following consumers:

1. Persons who would be hospitalized without the provision of intensive community-based intervention; or
2. Persons who have extended or repeated hospitalizations; or
3. Persons who have crisis episodes; or
4. Persons who are at risk of being removed from their home or school to a more restrictive environment; or
5. Persons who require assistance in transitioning from a highly restrictive setting to a community-based alternative, including specifically persons being discharged from inpatient psychiatric settings who require assertive outreach and engagement.

(B) Intensive community psychiatric rehabilitation is provided by treatment teams delivering services that will maintain the consumer within the family and significant support systems and assist consumers in meeting basic living needs and age appropriate developmental needs.

(C) A treatment team comprised of individuals required to provide the specific services identified on the Individualized Treatment Plan (ITP), delivers this level of service to consumers who meet the Community Psychiatric Rehabilitation (CPR) eligibility criteria.

(2) Admission Criteria. Persons meeting criteria for this level of service must meet admission criteria as defined in 9 CSR 30-4.042, will be in need of intensive clinical intervention or support to alleviate or eliminate the need for admission into a psychiatric inpatient or a restrictive living setting and must meet at least one (1) of the following descriptions:

(A) A person who is being discharged from a Department of Mental Health facility or Department of Mental Health purchased bed;

(B) A person who has had extended or repeated psychiatric inpatient hospitalizations or crisis episodes within the past six (6) months;

(C) A person who has had multiple out-of-home placements due to their mental disorder; or

(D) A person who is at imminent risk of being removed from his/her home, school or current living situation.

(3) Personnel and Staff Development. Intensive CPR shall be delivered by a treatment team responsible for coordinating a comprehensive array of services available to the individual through CPR with the amount of frequency of service commensurate with the individual's assessed acuity and need.

(A) The treatment team shall be supervised by a qualified mental health professional as defined in 9 CSR 30-4.030(2)(HH) and shall include the following:

1. Individuals required to provide specific services identified on the Individualized Treatment Plan; and

2. The consumer, and family if developmentally appropriate.

(B) Treatment team models shall follow one (1) of two (2) options:

1. The treatment team may serve exclusively individuals enrolled in the intensive CPR level; or

2. The treatment team may serve individuals enrolled in intensive CPR and individuals enrolled in the rehabilitation levels.

(4) Treatment.

(A) Intensive CPR shall include—

1. Multiple face-to-face contacts on a weekly basis and may require contact on a daily basis;

2. Services that are available twenty-four (24) hours per day and seven (7) days per week;

3. Crisis response services that may be coordinated with an existing crisis system.

(B) A full array of CPR services as defined in 9 CSR 30-4.043 shall be available to each individual based upon identified needs including but not limited to the following services:

1. Outreach and engagement;

2. Behavioral aid/family assistance worker;

3. Targeted case management;

4. Clinical interventions for the purpose of stabilizing the individual offered twenty-four (24) hours per day and seven (7) days per week;

5. Increased services to assist the individual with medication stabilization;

6. Utilization of natural services and supports needed to maintain the individual in the community;

7. Day treatment.

(C) The frequency of service delivery shall be based upon the individual's assessed acuity and need.

(D) Individuals can be moved out of the intensive level when:

1. There is a reduction of acute symptoms; and

2. The individual is able to function in the rehabilitation level of CPR; or

3. The individual chooses to move from the intensive level.

(5) Client Records.

(A) For consumers currently enrolled in the CPR Program, documentation must be present in the client record indicating the individual's acuity level and supporting admission into the intensive level of care. Upon admission to the intensive level of care, the following is required—

1. A progress note must be written that documents the individual's acuity level and compliance with admission criteria;

2. The treatment plan must be updated to reflect the higher level of service the individual will receive while participating in the intensive level of care;

3. The appropriate outcomes packet shall be completed and forwarded to the department; and

4. Service system reporting shall be updated to reflect participation with the appropriate program code.

(B) For new consumers who have been admitted directly from the community into the intensive level of care, a brief evaluation to substantiate acuity and criteria for admission will initially be accepted which may be in the form of a separate report or progress note that includes the following elements: presenting problem, recent psychiatric history, current medications, current housing status, current legal status, family and/or guardian, and mental status examination.

1. Each individual shall have a psychiatric evaluation at admission. For individuals who have been discharged from an inpatient bed into the intensive level of care, a psychiatric evaluation completed at the facility will initially be accepted.

2. A comprehensive evaluation shall be completed within thirty (30) days of admission except for individuals admitted provisionally.

3. Treatment plans shall be developed upon admission to the intensive level of care.

4. The appropriate outcomes packet shall be completed and forwarded to the department.

5. Service system reporting shall be updated to reflect participation with the appropriate program code.

(C) Treatment plans shall be reviewed on a weekly basis and the review documented in the case record with a summary progress note including updates to the treatment plan as appropriate.

(D) Each individual shall have a critical intervention plan.

(E) All services provided must have accompanying progress notes that include:

1. Specific type of service rendered as defined in the CPR menu of services or the Purchase of Service Catalogue;

2. Date and actual time the service was rendered;

3. Who rendered the service;

4. The setting in which the service was rendered;

5. The amount of time it took to deliver the service;

6. The relationship of services to the treatment regimen described in the treatment plan;

7. Updates describing the client's response to prescribed care and treatment; and

8. Signature and position of staff member delivering the service.

(F) Upon change from the intensive level of care, a transition plan for follow-up services must be documented in a level of care transition summary and reflected in an updated treatment plan.

(G) Upon change from the intensive level of care, the provider must complete the appropriate outcomes packet and forward to the department.

(6) Quality Assurance.

(A) The department will track the following indicators:

1. Hospitalizations that occur while the individual is participating in the intensive level of care; and

2. Consumer movement to a more restrictive level of care while the individual is participating in the intensive level of care.

(B) The department will monitor specific services provided to an individual while they are enrolled in intensive CPR. The providers shall maintain and have available for review, the detail regarding service delivery. This information must be in the same format as if the services had been billed separately. The review may consist of documents sent to the department for review or a face-to-face review on-site at an agency.

AUTHORITY: sections 630.050, 630.655 and 632.050, RSMo 2000. Emergency rule filed Dec. 28, 2001, effective Jan. 13, 2002, expires July 11, 2002. A proposed rule containing this same material is published in this issue of the Missouri Register.