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

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

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

ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 161.092, 168.021, 168.071, 168.081, and 168.400, RSMo Supp. 2011, and sections 168.011, 168.405, and 168.409, RSMo 2000, the board amends a rule as follows:

5 CSR 20-400.150 Application for Certificate of License to Teach **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2012 (37 MoReg 509). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sec-

tions 161.092, 168.021, 168.071, 168.081, and 168.400, RSMo Supp. 2011, and sections 168.011, 168.405, and 168.409, RSMo 2000, the board amends a rule as follows:

5 CSR 20-400.160 Application for Certificate of License to Teach for Administrators **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2012 (37 MoReg 509–510). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 161.092, 168.021, 168.071, 168.081, and 168.400, RSMo Supp. 2011, and section 168.011, RSMo 2000, the board amends a rule as follows:

5 CSR 20-400.170 Application for a Student Services Certificate of License to Teach **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2012 (37 MoReg 510). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 161.092, 168.021, 168.071, 168.081, and 168.083, RSMo Supp. 2011, and section 168.011, RSMo 2000, the board amends a rule as follows:

5 CSR 20-400.180 Temporary Authorization Certificate of License to Teach is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2012 (37 MoReg 510). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION Division 20—Division of Learning Services

Chapter 400—Office of Educator Quality

ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 161.092, 168.021, 168.071, and 168.081, RSMo Supp. 2011, and section 168.011, RSMo 2000, the board amends a rule as follows:

5 CSR 20-400.190 Application for a Career Education Certificate of License to Teach **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2012 (37 MoReg 511). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 161.092, 168.021, 168.071, and 168.081, RSMo Supp. 2011, and section 168.011, RSMo 2000, the board amends a rule as follows:

5 CSR 20-400.200 Application for an Adult Education and Literacy Certificate of License to Teach is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2012 (37 MoReg 511). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 161.092, 168.021, 168.071, 168.081, and 168.400, RSMo Supp. 2011, and section 168.011, RSMo 2000, the board amends a rule as follows:

5 CSR 20-400.250 Certificate of License to Teach Content Areas **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2012 (37 MoReg 511–512). No changes have been made in the text of the

proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 161.092, 168.021, 168.071, 168.081, and 168.400, RSMo Supp. 2011, and sections 168.011, 168.128, 168.405, and 168.409, RSMo 2000, the board amends a rule as follows:

5 CSR 20-400.260 Certificate of License to Teach Classifications **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2012 (37 MoReg 512). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 161.092, 168.021, 168.071, 168.081, and 168.400, RSMo Supp. 2011, and sections 168.011, 168.405, and 168.409, RSMo 2000, the board amends a rule as follows:

5 CSR 20-400.280 Required Assessments for Professional Education Certification in Missouri **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2012 (37 MoReg 512–513). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES Division 40—Family Support Division Chapter 2—Income Maintenance

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.020 and 660.017, RSMo 2000, and section 208.040.5., RSMo Supp. 2011, the Family Support Division adopts a rule as follows:

13 CSR 40-2.395 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2012 (37 MoReg 517). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Family Support Division (FSD) received thirteen (13) letters commenting on the proposed rule. Eight (8) of the letters were identical with the exception of the signatory. A number of comments were similar in nature. Therefore, due to the similarity in both the language and general subject of these comments, they have been grouped together.

COMMENT #1: Thirteen (13) comments to the proposed rule asserted similar comments regarding the complexity of the proposed rule. The concern was that the proposed rule will make it harder for Medicaid participants to meet their spend down obligations and, as a result, are presently and will in the future, suffer restricted access to critical health care services, transportation, and personal care services. The restrictions will result in detrimental effects upon the health of individuals enrolled in the Medicaid program. Kidney patients were singled out as having the most significant difficulties meeting their spend downs under the proposed rule. Other negative effects asserted by the commenters are summarized as follows:

- Individuals are, and will be, institutionalized unnecessarily into nursing homes or hospitals.
 - Individuals will, and are having, longer hospital stays.
- Individuals will, and are having, difficulty obtaining needed prescription drugs not covered by Medicare.
- End stage renal patients have missed dialysis treatments due to loss of Medicaid-covered transportation.
- Individuals will, and are unable to obtain, medically necessary transportation.
- Individuals will, and are unable to obtain, home health and personal care services.
- Individuals will have higher rates of re-admissions into hospitals and institutions.
- Individuals will encounter barriers to access to personal attendants to allow them to live independently.
- Individuals will be restricted from timely access to necessary and lifesaving medical services resulting in adverse effects upon their health including loss of transplant grafts.

RESPONSE AND EXPLANATION OF CHANGE: FSD finds these comments raise two (2) separate issues. First, the comments raise the issue of access to services that all eligible individuals are entitled to under MO HealthNet (Medicaid). This proposed rule does not affect how services are rendered to those who are eligible MO HealthNet participants. No changes have been made to the available MO HealthNet services or access to those services.

Second, the comments raise the issue of how a person becomes eligible for MO HealthNet by spending down income. Missouri has elected to participate in Medicaid, and as such, must comply with federal Medicaid law. Medicaid is a poverty program limited to individuals with low income. Therefore, only individuals with certain income levels are eligible. Spend down is a mechanism to allow those individuals who would qualify, if not for their income level, to become eligible by reducing their income below the imposed income limits. This proposed rule only governs how individuals who are otherwise eligible can obtain payment for MO HealthNet services by spending down their income, which exceeds income limits. As mandated by federal law, MO HealthNet cannot pay claims until a participant has met spend down. FSD is required to follow federal law regarding spend down as codified in 42 CFR 435.121(f)(1)(iii) and is therefore limited by the scope of federal law regarding how spend down participants can be treated. The proposed rule sets forth the methods by which an individual can spend down his or her income so that MO HealthNet can pay for services to them.

One method is through the use of incurred expenses as provided for in 42 CFR 435.121(f)(1)(iii). Another method is to allow an individual to pay-in the amount of the spend down. FSD is committed to working with individuals to assist them in meeting their spend down by continuing to consider alternative methods that will allow as many individuals to meet their spend down as possible as long as these methods are in full compliance with applicable federal law and Centers for Medicare and Medicaid Services (CMS) guidance.

In response to this comment, FSD will modify the proposed rule to allow individuals to use both incurred expenses and the pay-in method to meet their spend down in the current month. Individuals, using both methods together, should be better able to meet the monthly spend down. FSD will also modify the proposed rule to allow balances due from prior bills incurred within three (3) months prior to the month for which MO HealthNet coverage is requested and bills are submitted to FSD for those eligible for the MO HealthNet Aged, Blind and Disabled spend down program. Incurred medical expenses can be applied to future months limited to a maximum of three (3) months from the current month in which MO HealthNet coverage is requested when the bills were incurred while the participant was eligible for MO HealthNet spend down. The bills to be used for future months must not have been paid and will not be paid by MO HealthNet. The bills must be currently owed by the participant and not previously applied in any month to meet spend down including the use of out-of-pocket expenses. The bills to be used for future months must have been incurred no earlier than three (3) months prior to the current month. FSD believes these additional alternative methods will mitigate the potential adverse effects suggested by the comments and thus changes have been made to section (4) of the rule to reflect these considerations.

COMMENT #2: Ten (10) commenters expressed concern that the structure of the incurred cost method creates major concerns about inefficiency and accuracy. Concern was expressed that the task was so time consuming that FSD staff will not be able to input all the incurred bills on the first day of the month, so individuals will not have active MO HealthNet coverage in the beginning of the month when services such as transportation and personal care are needed. This can put individuals at great risk.

RESPONSE: FSD finds this comment is not specifically directed at the proposed rule, but is a comment directed at FSD internal processing procedures. Comments about FSD internal procedures are outside the scope of the proposed rule and further comment is not required. However, FSD staff has been trained on the new requirements contained within the proposed rule. No changes have been made to the rule as a result of this comment.

COMMENT #3: Eleven (11) commenters expressed similar concerns regarding the use of estimation of incurred expenses when the liability amount for the third party cannot be determined. Commenters were concerned the proposed rule would allow, or even require, FSD caseworkers to attempt to "estimate the amount of the individual's incurred cost" when the third-party liability cannot be determined. Commenters also noted that "estimation" is a departure from long standing state policy (dating back to at least 1985). Previous FSD policy prohibited estimation of amounts to be "paid by claimant's insurance from the amount of an incurred expense." Commenters were concerned that since this practice had not been allowed in the past, this could cause confusion among FSD staff. Some commenters felt FSD staff needed to be instructed on how to properly make these estimates.

RESPONSE: Federal law does not bar states from utilizing appropriate procedures to estimate the extent of the payments by a third party on behalf of a participant. Where appropriate, estimation is a reasonable measure to determine legal liability of third parties so that payment of services to eligible participants is not delayed. FSD finds that extrapolating the amount of third-party liability derived from fact-based evidence of past prior billing practices is allowed by federal law

and will result in more individuals being able to meet their spend down without further delay in payment for services to eligible individuals. Estimation is not required in every case as one (1) commenter claimed. The portions of this comment that are directed at FSD staff confusion are a comment on FSD training that is outside the scope of the proposed rule and further comment is not required. No changes have been made to the rule as a result of this comment.

COMMENT #4: One (1) commenter asserted that estimation is unnecessary because there is no need to impose such a new requirement. Federal law does not require state agencies to "estimate" potential third-party coverage at the time the agency is determining whether a beneficiary has met his or her spend down and the amount that the third party will eventually pay is unknown. The commenter asserted that the previous FSD policy against estimation was supported by the Center for Medicaid Services' (CMS) State Medicaid Manual, which instructs agencies to—

Take reasonable measures to determine the legal liability of their parties to pay for incurred expenses. However, do not forestall an eligibility determination simply because third party liability cannot be ascertained or payment by third party has been received.

The rule should therefore be modified to include the prior provision that precludes estimating unknown payments by third parties such as Medicare.

RESPONSE: FSD finds that estimation is not barred by federal law or the CMS State Medicaid Manual as cited above. FSD finds that, where appropriate, estimation is a reasonable measure to determine legal liability of third parties so payment of services is not delayed. Further, the commenter did not accurately quote the CMS State Medicaid Manual. An accurate quote from the manual, with the differences set out in bold, is as follows:

Take reasonable measures to determine the legal liability of third parties to pay for incurred expenses. However, do not forestall an eligibility determination simply because third party liability cannot be ascertained or payment by the third party has not been received. 42 C.F.R. §435.911 prescribes a time period for reaching decision on Medicaid eligibility, i.e. 90 days for applicants who apply on the basis of disability and 45 days for all others. It establishes a time limit for receipt of third party payment or verification of third party intent to pay in order to determine deductible expenses under spend down. Efforts to determine the liability of a third party must continue through the last day of this period.

The CMS State Medicaid Manual directs states to take "reasonable" measures to determine the legal obligation of a third party to pay for an individual's incurred medical expenses, but not to cause a delay in the processing of an eligibility determination. FSD does not find the CMS State Medicaid Manual supports past FSD practice barring estimation as claimed by the commenter nor does it bar FSD from estimating. FSD finds that extrapolating the amount of third-party liability derived from fact-based evidence of past prior billing practices is appropriate and will result in more individuals being able to meet their spend down without delay in payment of an eligible individual's services. No changes have been made to the rule as a result of this comment.

COMMENT #5: One (1) commenter also expressed concern that attempting to estimate what portion of a bill Medicare is potentially liable for is a complex and uncertain process that often varies by individual and type of service. The commenter believed that Medicaid beneficiaries would be overburdened by requiring them to ascertain potential third-party liability when they do not know the extent of such liability in determining whether spend down has been met or when they cannot determine such liability in a timely manner.

Further, the commenter asserted that FSD caseworkers are likely to be confused and misapply the new policy resulting in inaccurate spend down calculations that may ultimately inappropriately deny Medicaid coverage for many beneficiaries. The commenter also claimed that substantial confusion and misapplication of the new policy has already occurred resulting in the need for corrective memoranda from FSD in the areas of mental health services and home and community-based services. The commenter further stated that FSD should not be requiring overburdened FSD caseworkers to guess at a whole range of healthcare expenses for which third-party payment cannot easily be predicted or immediately ascertained. This will result in unnecessary delays and denial of medically necessary and life-saving medical treatment.

RESPONSE AND EXPLANATION OF CHANGE: FSD finds that, while implementation of the proposed rule will be difficult, this does not alter the fact that FSD is required by law to comply with the federal law governing spend down. FSD has determined that it had not been consistently applying its policies and procedures to implement the spend down requirement. This regulation will clarify the procedures that are necessary for the state to comply with federal spend down requirements.

Medicaid beneficiaries have been provided with several options for providing documentation of verification of incurred expenses in the proposed rule—see subparagraphs (4)(A)3.A. and (4)(A)3.B. An alternative to the billing statement or invoice in subparagraph (4)(A)3.A. is the FSD Provider form in subparagraph (4)(A)3.B. If third-party liability cannot be identified, there are other alternative approaches to satisfy documentation requirements such as the pay-in method described in subsection (4)(B). However, due in part to these comments, FSD will revise the proposed rule to allow additional methods to be used to grant individuals greater flexibility to meet spend down. These changes have been specifically outlined in our response to Comment #1 above and in our response to Comment #7 below. FSD believes these additional alternative methods will mitigate potential adverse effects as suggested by the comments.

The remaining portion of this comment is directed at FSD training, staffing, and issues that occurred prior to the publication of this proposed rule and therefore are outside the scope of the proposed rule and further comment is not required.

COMMENT #6: Thirteen (13) commenters expressed concern that the proposed rule subparagraph (4)(A)2.A. requiring individuals to obtain invoices, billing statements, or receipts may be difficult to do especially for personal care services and transportation. Concern was expressed that subparagraph (4)(A)2.A. imposes cumbersome documentation requirements on the individuals and caseworkers, requiring them to obtain invoices or billing statements that simply may not be available to them. (The proposed rule has been revised which has changed the paragraph numbering of the rule. The comments contained in Comment #6 are directed at what is now known as subparagraph (4)(A)3.A.)

One (1) comment expanded further on this topic claiming that this section would also require participants to produce billing statements that have very specific information about the portion of the bill that is "patient's responsibility to pay." However, the information required by the proposed rule will often not be included on bills from hospitals and other health care providers. The commenter asserted that it may take sixty (60) to ninety (90) days or more to know what Medicare or other third-party providers will actually pay. The commenter continued on to state that subparagraph (4)(A)4.A. is unworkable because each private insurance policy "varies, and often the coverage and payment amounts change. This could result in increased workloads for eligibility specialists because they not only would have to collect information regarding the policy coverage limits, but would also have to update these coverage limits whenever they change in order to ensure accurate application of spend down amounts." Additionally, the commenter asserted that such information may not be available in a timely manner, thereby delaying FSD determinations

of spend down eligibility. Therefore, this requirement is unfair, burdensome, and unreasonable and will unnecessarily deny access to necessary health care. (The proposed rule has been revised which has changed the paragraph numbering of the rule. The comments contained in this paragraph of Comment #6 are directed at what is now known as subparagraph (4)(A)5.A.)

RESPONSE AND EXPLANATION OF CHANGE: FSD finds that, while implementation of the proposed rule may be difficult in some cases, this does not alter the fact that FSD must comply with federal law when implementing the spend down program. This regulation will clarify the appropriate procedures for implementing the federal spend down requirement. Subparagraph (4)(A)3.A. provides documentation requirements for a billing statement or invoice based on the necessity to determine the amount of an incurred expense not subject to payment by a third party as set forth in 42 CFR 435.121(f)(1)(iii). Verification of incurred medical expenses is required by federal and state regulation 42 CFR 435.121(f)(1)(iii) and section 208.070, RSMo. Some health care providers have informed FSD that they are able to adjust their bills and invoices to satisfy the requirements of the proposed regulation.

There are several options for providing documentation of verification of incurred expenses in the proposed rule. For example, see subparagraphs (4)(A)3.A. and (4)(A)3.B. An alternative to the billing statement or invoice in subparagraph (4)(A)3.A. is the FSD Provider form in subparagraph (4)(A)3.B. If third-party liability cannot be identified, there are other alternative approaches to satisfy documentation requirements such as the pay-in method described in subsection (4)(B). However, due in part to these comments, FSD will revise the proposed rule in section (4) to allow additional methods to be used to grant individuals greater flexibility to meet spend down. These changes have been specifically outlined in our response to Comment #1 above and in our response to Comment #7 below. FSD believes these additional alternative methods will mitigate the potential adverse effects suggested by the comments. The remaining portion of this comment is directed again at FSD training and staffing issues. FSD finds the remaining portion of this comment outside the scope of the proposed rule and further comment is not required.

COMMENT #7: Thirteen (13) commenters expressed concern that the proposed rule states in subparagraph (4)(A)2.B. that a provider and individual are required to fill out a FSD Provider form. This additional paperwork will likely cause undue delay and complication because the form requires the same information required in subparagraph (4)(A)2.A. This information simply may not be available in a timely manner to enable providers to determine the portion of the bill that will be paid by third parties needlessly delaying FSD determinations of whether spend down has been met and thereby delaying and denying access to health care. (The proposed rule has been revised which has changed the paragraph numbering of the rule. The comments contained in Comment #7 are directed at what is now known as subparagraph (4)(A)3.A. and subparagraph (4)(A)3.B.)

RESPONSE AND EXPLANATION OF CHANGE: The FSD Provider form in subparagraph (4)(A)3.B. is only one available option for providing documentation of incurred medical expenses. The FSD Provider form does not have to be used. The intent of the FSD Provider form is to give an alternative method to assist both the participant and provider. The individual may also provide a billing statement or invoice as set forth in subparagraph (4)(A)3.A. or, if third party cannot be identified, there are alternative methods for documentation to satisfy documentation requirements. FSD believes the availability of the Provider form in some cases will expedite and simplify the determination of the date an individual has met his or her spend down liability. However, in light of this comment, FSD has deleted the requirement in subparagraph (4)(A)3.B. that the individual has to complete and sign the Provider form. The Provider form only has to be completed by the provider as a result of the revision. FSD has also added language to the proposed rule to clarify that subparagraph (4)(A)3.A. and subparagraph (4)(A)3.B. are alternative methods of meeting spend down.

COMMENT #8: One (1) commenter expressed concern that the proposed rule violates federal "maintenance of effort" provisions under the Affordable Care Act. These requirements prohibit Missouri from enacting any "eligibility standards, methodologies, or procedures under the State plan under this title or under any waiver of such plan that is in effect during that period, that are more restrictive than the eligibility standards, methodologies, or procedures, respectively, under the plan or waiver that are in effect on the date of enactment" of the Affordable Care Act. The commenter asserts that, because FSD is proposing a spend down methodology and procedure that is more restrictive than the methodologies and procedures in effect as of March 23, 2010, the proposed rule violates federal law.

RESPONSE: FSD disagrees with the commenter that the methodology set forth in the regulations violates the federal "maintenance of effort" provisions of the Affordable Care Act. The proposed rule does not make the MO HealthNet program eligibility standards, methodologies, and procedures more restrictive than the federal Medicaid statutes and regulations that existed on March 23, 2010. CMS has stated that changes in eligibility policies or practices that are required to comply with federal statutes or regulations are not considered to be more restrictive eligibility changes and are not a violation of "maintenance of effort" (MOE) provisions. CMS has stated, "it is not plausible to require States to choose between the increased FMAP and potential disallowances for expenditures that were inconsistent with applicable Medicaid authorities." State Medicaid Director (SMD) letter August 19, 2009. Sections 1902(a)(74) and 1902(gg) of the Social Security Act, as added by section 2001(b) of the Affordable Care Act, contain the Medicaid MOE provisions. States must maintain Medicaid "eligibility standards, methodologies, and procedures" that are no more restrictive than those in effect on March 23, 2010. The proposed rule does not make the MO HealthNet program more restrictive than the federal Medicaid statutes and regulations. Instead, the purpose of the proposed rule is to bring the MO HealthNet program into consistent application with the existing applicable federal Medicaid eligibility standards, methodologies, and procedures. CMS has confirmed that the existing MO HealthNet practice regarding spend down determination was not consistent with applicable federal Medicaid statutes and regulations and thus the change in practice as set forth in the proposed rule is necessary. No changes have been made to the rule as a result of this comment.

COMMENT #9: One (1) commenter expressed concern that the proposed rule will result in violations of the Americans with Disabilities Act and the United States Supreme Court's decision in *Olmstead* because the proposed rule will lead to unnecessary institutionalizations. The commenter asserted that when FSD enacted this policy change last fall, unnecessary hospitalizations and institutionalizations occurred as a result of the policy change. The commenter further stated that the proposed rule will adversely impact spend down beneficiaries and be more costly for the state due to increased hospitalizations and institutionalizations.

RESPONSE: FSD held several public meetings to discuss spend down policy and to solicit information, advice, and suggestions from the public and interested stakeholders. The commenter raised these concerns at these meetings. FSD took these comments into consideration. FSD concludes the proposed rule does not violate the Americans with Disabilities Act or the holding in *Olmstead v. L.C.*, 527 U.S. 581, 119 S.Ct. 2176 (1999). No changes have been made to the rule as a result of this comment.

COMMENT #10: One (1) commenter referenced a letter to the state from CMS, dated January 31, 2012, requesting the delay in implementing 42 CFR 435.121(f)(1)(iii) continue until CMS has had sufficient time to review and approve a comprehensive correction action plan that assures—

- to the extent possible the health and welfare of those who may lose eligibility due to this change;
 - that revised instructions fully comply with federal regulations;
- that workers across the state have been adequately trained to carry out procedures which have been determined to be adequate;
 and
- all current recipients have been informed of the methodology to be used and their options for meeting spend down.

The commenter asserted the proposed rule does not comply with any of the requirements of the CMS letter. Thus, the regulation should be amended to ensure that each of the CMS conditions is met.

RESPONSE: FSD acknowledges receipt of the January 31 CMS letter. This letter was directed to Interim Department Director Brian Kinkade from James Scott, Associate Regional Administrator for Medicaid and Children's Health Operations, Centers for Medicare and Medicaid Services. This letter was copied to Legal Aid for Eastern Missouri, but not released to other parties. The subject of the letter related to the pause implemented by the department and not the proposed rule. FSD believes this CMS letter is beyond the scope of this rule and further comment is not required. However, FSD has satisfactorily addressed the concerns raised by the CMS letter. No changes have been made to the rule as a result of this comment.

COMMENT #11: One (1) commenter was concerned about dialysis patients who will be unable to get to dialysis regularly without the transportation assistance available to them if they lose their Medicaid eligibility due to the new process. The commenter requested that those who currently have Medicaid due to spend down be allowed to remain in the current system of spend down eligibility and that the proposed rule be implemented only for new applicants to Medicaid after a specific date.

RESPONSE: MO HealthNet will not be able to pay for services until spend down is met for those individuals who must pay down their income to qualify for MO HealthNet coverage. The commenter's request that those who currently have Medicaid due to spend down be allowed to remain in the current system of spend down eligibility and that the proposed rule be implemented only for new applicants to Medicaid after a specific date violates federal law. FSD must insure that there is a uniform standard for all Medicaid participants. No changes have been made to the rule as a result of this comment.

COMMENT #12: One (1) commenter expressed concern that part (4)(A)5.B.(II) of the proposed rule instructs caseworkers to estimate only twenty percent (20%) of the allowable Medicare reimbursement once the deductible has been met, even if there is no proof that Medicare will pay anything for the service. FSD should not "estimate" that Medicare would pay something that it ultimately may never pay, thereby delaying and denying access to medically necessary health treatment.

RESPONSE: MO HealthNet cannot pay claims until a participant has met spend down. 42 CFR 435.121(f)(1)(iii). The option proposed by FSD in part (4)(A)5.B.(II) allows FSD to make a reasonable estimation of the amount to be paid by Medicare when the amount cannot otherwise be ascertained. FSD will extrapolate the amount of third-party liability derived from fact-based evidence of past Medicare billings. FSD believes use of the authority given it in part (4)(A)5.B.(II) will act to prevent any delay in payment of services and access to medically necessary health treatments. No changes have been made to the rule as a result of this comment.

COMMENT #13: One (1) commenter expressed concern that the proposed rule is unnecessarily complex and will create an administrative burden on FSD. The commenter asserted that FSD staff are not adequately trained in the complexities of Medicare rules and coverage, nor are FSD staff trained on the intricacies of health insurance to properly make estimates as proposed by the rule. The commenter urged FSD to train all caseworkers, supervisors, and providers on Medicare reimbursement policies so that workers can make judg-

ments about what Medicare will pay for and what it will not. The commenter claimed current FSD training was inadequate and FSD training does not account for differences in Medicare and Medicaid rules

RESPONSE: FSD does not believe the rule will result in unnecessarily complex processes or an administrative burden. The remaining portion of this comment is directed at FSD training and staffing issues. FSD finds the remaining portion of this comment outside the scope of the proposed rule and further comment is not required. No changes have been made to the rule as a result of this comment.

COMMENT #14: One (1) commenter expressed concern that because entries cannot be made for past expenses until the first of the month, there will be a lag time between when the entries are made and when Medicaid eligibility is determined. This will cause some disruption in transportation availability.

RESPONSE: The comment is directed at FSD training and staffing issues and therefore, FSD finds that this comment is outside the scope of the proposed rule and further comment is not required. No changes have been made to the rule as a result of this comment.

COMMENT #15: One (1) commenter noted that in the world of renal dialysis, we find a strong correlation between better outcomes and patients who are independent and more involved in their care; conversely, patients who view financial and regulatory systems as hopelessly complex tend to minimize their own involvement in their care and suffer decidedly poorer outcomes and consume meaningfully more resources.

RESPONSE: FSD is required to comply with the requirements of federal law. No changes have been made to the rule as a result of this comment.

COMMENT #16: One (1) commenter expressed questions regarding the prospective proposal raised in stakeholder meetings.

RESPONSE: The prospective proposal is no longer being considered and is not included in the proposed rule. No changes have been made to the rule as a result of this comment.

COMMENT #17: One (1) commenter expressed a positive response to the concept of allowing any additional credit to roll over to future months to help with spend down for the next month.

RESPONSE AND EXPLANATION OF CHANGE: FSD agrees with this comment and will revise the proposed rule to allow this option. These changes have been specifically outlined in Response and Explanation of Change to Comment #1.

COMMENT #18: Eleven (11) commenters were satisfied with subsection (4)(B) of the proposed rule that allows other qualified sources to pay an individual's spend down, but would appreciate clarification on which state-funded programs would qualify.

RESPONSE: 42 CFR 435.121(f)(1)(iii) allows expenses incurred by the individual or financially responsible relatives for necessary medical and remedial services that are recognized under state law and are not subject to payment by a third party, unless the third party is a public program of a state or political subdivision of a state. Public programs of the state that would qualify include programs that use solely state funds to pay the costs of the medical expenses. No changes have been made to the rule as a result of this comment.

COMMENT #19: Two (2) commenters reacted positively to estimation of charges of recurring incurred bills.

RESPONSE: FSD acknowledges this comment and appreciates the support expressed. No changes have been made to the rule as a result of this comment.

COMMENT #20: One (1) commenter wants to review the FSD Provider form to see if that form allows quicker processing.

RESPONSE: The form will be provided. No changes have been made to the rule as a result of this comment.

COMMENT #21: One (1) commenter asked that sufficient time be allowed so FSD staff, providers, and individuals all have a clear understanding of the new rule so no individuals are put at risk of losing vital services.

RESPONSE: FSD finds this comment is not directed at the proposed rule, but is a request for the pause to be extended to allow more time for individuals to adjust to the proposed rule. A discussion of the further extension of the pause is outside the scope of this proposed rule. No changes have been made to the rule as a result of this comment.

13 CSR 40-2.395 Spend Down Program

- (4) Spend down may be met in one (1) of the following ways:
- (A) Incurred Costs Method. Spend down participants using this method must provide documentation of medical expenses they have incurred.
- 1. Incurred medical expenses that can be applied to spend down must be either—
- A. Incurred within the month MO HealthNet coverage is requested and bills are submitted to the Family Support Division; or
- B. Incurred within the three (3) months prior to the month for which MO HealthNet coverage is requested and bills are submitted to the Family Support Division for those eligible for MO HealthNet Aged, Blind and Disabled spend down program.
- C. Incurred medical expenses can be applied to future months limited to a maximum of three (3) months from the current month in which MO HealthNet coverage is requested when—
- (I) The bills were incurred while the participant was eligible for MO HealthNet spend down;
- (II) The bills were not paid and will not be paid by MO HealthNet;
 - (III) The bills are currently owed by the participant;
- (IV) The bills were not previously applied in any month to meet spend down, including use of out-of-pocket expenses; and
- (V) The bills were incurred no earlier than three (3) months prior to the current month.
- D. Allowable medical expenses include those specified in section 208.152, RSMo.
- E. Proof of incurred costs does not require proof of payment of the incurred costs.
- 2. In order for an individual to claim that an incurred medical expense should be credited to the individual's spend down obligation, the individual shall provide documentation of the incurred medical expense within one (1) year of the date of the medical service.
- 3. No credit for incurred medical expenses shall be given without documentation that the individual has incurred, and is legally obligated to pay, the expense and has not previously used the expense for spend down. Documentation of an incurred medical expense shall be submitted in either one of the following methods:
- A. An invoice, billing statement, or receipt from the provider that contains the following information:
 - (I) Name of patient;
 - (II) Date of service;
- (III) Type of service provided and/or description of the service:
- (IV) Identification of the portion of the total charges that are billed to a third party and the portion of the total charges that are patient's responsibility to pay; and
- (V) To document incurred costs of mileage of medically necessary, nonemergency transportation, the individual shall certify the miles traveled and the purpose. Travel expenses required to obtain a medical item or service shall be determined at the State Employee Reimbursement rates established by the state of Missouri Office of Administration pursuant to 1 CSR 10-11.010 and 1 CSR 10-11.030 as of the date of travel; or

- B. A Family Support Division Provider form signed and completed by the provider containing the information set out in subparagraph (4)(A)3.A. of this regulation.
- 4. The provider shall, upon request, provide any additional information required by the Family Support Division to establish that the individual has incurred the medical expense.
- 5. When it is known that the individual has coverage by a third party and the portion subject to payment by the third party cannot be identified, the Family Support Division shall—
- A. For individuals with private health insurance or coverage by another health care payer, estimate the amount of the individual's incurred cost based upon the provisions of coverage; and
- B. For individuals with Medicare Part A and/or B coverage and who do not have Qualified Medicare Beneficiary coverage, estimate the amount of the individual's incurred medical cost to be—
- (I) One hundred percent (100%) of the Medicare reimbursement rate up to the individual's Medicare deductible if the deductible has not been met; and thereafter
- (II) Twenty percent (20%) of the Medicare allowable reimbursement once the deductible has been met.
- 6. Individuals receiving Qualified Medicare Beneficiary coverage cannot use incurred medical expenses covered by Medicare towards meeting spend down.
- 7. If a provider provides a direct medical service based on an "ability-to-pay" or "sliding" fee scale, only the amount the individual is legally obligated to pay the provider is an incurred medical expense.
- (B) Pay-in Method. An individual may pay their spend down amount to the state. The monthly spend down requirement may be paid by the individual, their spouse, a financially responsible relative, or a public program of a state or political subdivision of a state.
- (C) Combination Method. An individual may use a combination of the incurred costs method and the pay-in methods to satisfy the monthly spend down amount to the state.

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

ORDER OF RULEMAKING

By the authority vested in the MO HealthNet Division under sections 208.152, 208.153, and 208.201, RSMo Supp. 2011, and section 208.158, RSMo 2000, the division amends a rule as follows:

13 CSR 70-15.220 Disproportionate Share Hospital Payments is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 1, 2012 (37 MoReg 681–684). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Social Services, MO HealthNet Division received no comments on the proposed amendment.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 20—Division of Environmental Health and Communicable Disease Prevention Chapter 26—Sexually Transmitted Diseases

ORDER OF RULEMAKING

By the authority vested in the Director of the Department of Health and Senior Services under sections 191.653 and 191.006, RSMo 2000, and sections 191.656 and 192.020, RSMo Supp. 2011, the department rescinds a rule as follows:

19 CSR 20-26.030 Human Immunodeficiency Virus (HIV) Test Consultation and Reporting **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2012 (37 MoReg 519). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 20—Division of Community and Public Health Chapter 26—Sexually Transmitted Diseases

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under sections 191.653 and 192.006, RSMo 2000, and sections 191.656 and 192.020, RSMo Supp. 2011, the department amends a rule as follows:

19 CSR 20-26.040 Physician Human Immunodeficiency Virus (HIV) Test Consultation and Reporting **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2012 (37 MoReg 519–523). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services received one (1) letter with one (1) comment.

COMMENT #1: Thomas L. Holloway, Executive Vice President of the Missouri State Medical Association, commented that the Missouri State Medical Association supports the amendment as it will make state regulations more consistent with the Centers for Disease Control (CDC) Guidelines, allowing the scope of consultation to be governed by the physician's professional judgment based on the clinical situation. That welcome change will remove widely understood barriers to HIV testing and will free physicians from considerable uncertainty regarding their consent and consultation obligations.

RESPONSE: The department agrees. No changes have been made to the rule as a result of this comment.

his section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs, and other items required to be published in the *Missouri Register* by law.

Title 7—DEPARTMENT OF TRANSPORTATION Division 10—Missouri Highways and Transportation Commission Chapter 25—Motor Carrier Operations

IN ADDITION

7 CSR 10-25.010 Skill Performance Evaluation Certificates for Commercial Drivers

PUBLIC NOTICE

Public Notice and Request for Comments on Applications for Issuance of Skill Performance Evaluation Certificates to Intrastate Commercial Drivers with Diabetes Mellitus or Impaired Vision

SUMMARY: This notice publishes MoDOT's receipt of applications for the issuance of Skill Performance Evaluation (SPE) Certificates from individuals who do not meet the physical qualification requirements in the Federal Motor Carrier Safety Regulations for drivers of commercial motor vehicles in Missouri intrastate commerce because of impaired vision or an established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control. If granted, the SPE Certificates will authorize these individuals to qualify as drivers of commercial motor vehicles (CMVs), in intrastate commerce only, without meeting the vision standard prescribed in 49 CFR 391.41(b)(10), if applicable, or the diabetes standard prescribed in 49 CFR 391.41(b)(3).

DATES: Comments must be received at the address stated below, on or before September 15, 2012.

ADDRESSES: You may submit comments concerning an applicant, identified by the Application Number stated below, by any of the following methods:

- Email: jeffrey.payne@modot.mo.gov
- Mail: PO Box 893, Jefferson City, MO 65102-0893
- Hand Delivery: 1320 Creek Trail Drive, Jefferson City, MO 65109
- Instructions: All comments submitted must include the agency name and Application Number for this public notice. For detailed instructions on submitting comments, see the Public Participation heading of the Supplementary Information section of this notice. All comments received will be open and available for public inspection and MoDOT may publish those comments by any available means.

COMMENTS RECEIVED BECOME MoDOT PUBLIC RECORD

- By submitting any comments to MoDOT, the person authorizes MoDOT to publish those comments by any available means.
- *Docket:* For access to the department's file, to read background documents or comments received, 1320 Creek Trail Drive, Jefferson City, MO 65109, between 7:30 a.m. and 4:00 p.m., CT, Monday through Friday, except state holidays.

FOR FURTHER INFORMATION CONTACT: Mr. Jeff Payne, Motor Carrier Specialist, (573) 751-7114, MoDOT Motor Carrier Services Division, PO Box 893, Jefferson City, MO 65102-0893. Office hours are from 7:30 a.m. to 4:00 p.m., CT, Monday through Friday, except state holidays.

SUPPLEMENTARY INFORMATION:

Public Participation

If you want us to notify you that we received your comments, please include a self-addressed, stamped envelope or postcard.

Background

The individuals listed in this notice have recently filed applications requesting MoDOT to issue SPE Certificates to exempt them from the physical qualification requirements relating to vision in 49 CFR 391.41(b)(10) or to diabetes in 49 CFR 391.41(b)(3), which otherwise apply to drivers of CMVs in Missouri intrastate commerce.

Under section 622.555, RSMo Supp. 2011, MoDOT may issue a SPE Certificate, for not more than a two- (2-) year period, if it finds that the applicant has the ability, while operating CMVs, to maintain a level of safety that is equivalent to or greater than the driver qualification standards of 49 CFR 391.41. Upon application, MoDOT may renew an exemption upon expiration.

Accordingly, the agency will evaluate the qualifications of each applicant to determine whether issuing a SPE Certificate will comply with the statutory requirements and will achieve the required level of safety. If granted, the SPE Certificate is only applicable to intrastate transportation wholly within Missouri.

Qualifications of Applicants

Application #6062

Renewal Applicant's Name & Age: Marty Keith Campbell, 39

Relevant Physical Condition: Vision Impairment.

Mr. Campbell has a corrected visual acuity of 20/20 Snellen in his left eye and is considered blind in his right eye with a faint light perception. This visual impairment has been present since birth.

Relevant Driving Experience: Mr. Campbell has been employed as a commercial vehicle driver since December 2004, and has been with his current employer since August 2006. In addition, he has experience driving personal vehicle(s) daily.

Doctor's Opinion & Date: Following an examination in June 2012, a board-certified optometrist certified his condition would not adversely affect his ability to operate a commercial vehicle safely.

Traffic Accidents and Violations: No recorded accidents or violations within the previous three (3) years.

Application #6091

Renewal Applicant's Name & Age: Mohamed Hussein Issak, 23

Relevant Physical Condition: Vision Impairment.

Mr. Issak has a corrected visual acuity of 20/20 Snellen in his right eye and best corrected 20/50+ Snellen in his left eye. Visual impairment is due to cataract growth in left eye.

Relevant Driving Experience: Mr. Issak is a Kansas-based driver, who has been driving commercial vehicles for three (3) years and is currently employed as a shuttle-bus driver. In addition, he has experience driving personal vehicle(s) daily.

Doctor's Opinion & Date: Following an examination in June 2012, a board-certified ophthalmologist certified his condition would not adversely affect his ability to operate a commercial vehicle safely.

Traffic Accidents and Violations: No recorded accidents or violations within the previous three (3) years.

Application #5923

Applicant's Name & Age: Raul Morales Villafane, 57

Relevant Physical Condition: Vision Impairment.

Mr. Villafane has a corrected visual acuity of 20/25 Snellen in his left eye and 20/200 Snellen in his right eye. Mr. Villafane has had chorioretinal pigmented area next to macula since early childhood.

Relevant Driving Experience: Mr. Villafane has been driving a dump truck for the past two (2) years and has experience driving personal vehicle(s) daily.

Doctor's Opinion & Date: Following an examination in April 2012, a board-certified medical doctor certified his condition would not adversely affect his ability to operate a commercial vehicle safely.

Traffic Accidents and Violations: No accidents or violations on record for the previous three (3) years.

Application #6383

Applicant's Name & Age: Larry Myrle Biswell, 55

Relevant Physical Condition: Vision Impairment.

Mr. Biswell has a corrected visual acuity of 20/25 Snellen in his right eye and 20/125 Snellen in his left eye. This visual impairment is a result of congenital strabismic amblyopia.

Relevant Driving Experience: Mr. Biswell has been driving commercial vehicles since prior to 1987. In addition, he has experience driving personal vehicle(s) daily.

Doctor's Opinion & Date: Following an examination in June 2012, a board-certified medical doctor certified his condition would not adversely affect his ability to operate a commercial vehicle safely.

Traffic Accidents and Violations: No accidents or violations on record for the previous three (3) years.

Request for Comments

The Missouri Department of Transportation, Motor Carrier Services Division, pursuant to section 622.555, RSMo, and rule 7 CSR 10-25.010, requests public comment from all interested persons on the applications for issuance of Skill Performance Evaluation Certificates described in this notice. We will consider all comments received before the close of business on the closing date indicated earlier in this notice.

Issued on: August 10, 2012

Jan Skouby, Motor Carrier Services Director, Missouri Department of Transportation.

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

NOTIFICATION OF REVIEW: APPLICATION REVIEW SCHEDULE The Missouri Health Facilities Review Committee has initiated review of the applications listed below. A decision is tentatively scheduled for September 25, 2012. These applications are available for public inspection at the address shown below:

Date Filed

Project Number: Project Name City (County)
Cost, Description

07/27/12

#4784 RT: Maplebrook Assisted Living Farmington (St. Francois County) \$5,240,194, Replace 46 ALF beds

08/10/12

#4815 HT: North Kansas City Hospital North Kansas City (Clay County) \$1,626,115, Replace Robotic Surgery System

Any person wishing to request a public hearing for the purpose of commenting on these applications must submit a written request to this effect, which must be received by September 10, 2012. All written requests and comments should be sent to—

Chairman

Missouri Health Facilities Review Committee c/o Certificate of Need Program 3418 Knipp Drive, Suite F PO Box 570 Jefferson City, MO 65102

For additional information contact Karla Houchins, (573) 751-6403.

Carla Buschlost, Director

BARRED FROM PUBLIC WORKS PROJECTS STATUTORY LIST OF CONTRACTORS

September 4, 2012

Vol. 37, No. 17

includes contractor(s) that have agreed to placement on the list maintained by the Secretary of State pursuant to Section 290.330 as a The following is a list of contractor(s) who have been prosecuted and convicted of violating the Missouri Prevailing Wage Law, and award a contract for public works to any contractor or subcontractor, or simulation thereof, during the time that such contractor or part of the resolution of criminal charges of violating the Missouri Prevailing Wage Law. Under this statute, no public body shall whose Notice of Conviction has been filed with the Secretary of State pursuant to Section 290.330, RSMo. In addition, this list subcontractor's name appears on this state debarment list maintained by the Secretary of State.

Contractors Convicted of Violations of the Missouri Prevailing Wage Law

<u>Debarment</u> <u>Period</u>	7/13/11 to 7/13/12	the Public Works Debarment List as Part of an Agreement Relating to Criminal Pleas	<u>Debarment</u> <u>Period</u>	7/13/11 to 12/1/12	7/13/11 to 12/1/12	
Date of Conviction	7/13/11	s Part of an Agree	Date of Conviction			
Address	4212 SE Saddlebrook Cir Lee's Summit, MO 64082	olic Works Debarment List a	Address	4212 SE Saddlebrook Cir Lee's Summit, MO 64082	4212 SE Saddlebrook Cir Lee's Summit, MO 64082	Carla Barton
Name of Officers			Name of Officers			day of August 2011.
Name of Contractor	Rycoblake Corp. Case No. 0916-CR03145 (Jackson County Cir. Ct.)	Contractors Agreeing to Placement on	Name of Contractor	Rycoblake Corp.	Gerald Chevalier	Dated this 2 day of

ADDITION TO STATUTORY LIST OF CONTRACTORS BARRED FROM PUBLIC WORKS PROJECTS

and whose Notice of Conviction has been filed with the Secretary of State pursuant to Section 290.330, RSMo. Under this statute, no public body is permitted to award a contract, directly or indirectly, for public works (1) to Mr. Larry G. McElroy, (2) to any other contractor or subcontractor that is owned, operated or controlled by Mr. Larry G. McElroy including Blackhawk or (3) to any other simulation of Mr. Larry G. McElroy or of The following is an addition to the list of contractor(s) who have been prosecuted and convicted of violating the Missouri Prevailing Wage Law, Blackhawk Electric for a period of one year, or until December 27, 2012.

Name of Contractor

Date of

Debarment Period

12/27/2011-12/27/2012

day of January, 2012.

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Dated this

Cape Girardeau County Cir. Ct. Case No. 11CG-CR01157 DBA Blackhawk Electric

Larry G. McElroy

Name of Officers

Address

254 E. Lake Dr., PO Box 248

12/27/2011

Cape Girardeau, MO 63701

arla Buschjost, Director

2/01/2012-2/01/2013

Debarment Period

ADDITION TO STATUTORY LIST OF CONTRACTORS BARRED FROM PUBLIC WORKS PROJECTS

and whose Notice of Conviction has been filled with the Secretary of State pursuant to Section 290.330, RSMo. Under this statute, no public body is permitted to award a contract, directly or indirectly, for public works (1) to Mr. Norman Bass, (2) to any other contractor or subconfractor that The following is an addition to the list of contractor(s) who have been prosecuted and convicted of violating the Missouri Prevailing Wage Law, is owned, operated or controlled by Mr. Norman Bass including Municipal Construction Incorporated or (3) to any other simulation of Mr. Norman Bass or of Municipal Construction Incorporated for a period of one year, or until February 1, 2013.

Conviction Date of 2/01/12 10150 Hawthorne Ridge Goodrich, MI 48438 Name of Officers DBA Musicipal Construction Incomporated Case No. 12SO-CR00103 Scott County Cir. Ct. Name of Contractor Norman Bass

Carla Buschiosa, Director

day of February, 2012.

Dated this 17

The Secretary of State is required by sections 347.141 and 359.481, RSMo 2000, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to dissolutions@sos.mo.gov.

NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY

To: All creditors of and claimants against The Links at Thousand Hills, L.L.C., a Missouri Limited Liability Company.

On June 26, 2012, The Links at Thousand Hills, L.L.C., a Missouri Limited Liability Company, Charter Number LC0526532, filed its notice of winding up with the Missouri Secretary of State.

Said limited liability company requests that all persons and organizations who have claims against it present them immediately by letter to the company at 245 S. Wildwood Drive, Branson, MO 65616.

All claims must include the following information:

- Name and address of the claimant.
- 2. The amount claimed.
- 3. The clear and concise statement of the facts supporting the claim.
- 4. The date the claim was incurred.

NOTICE: Because of the winding up of The Links at Thousand Hills, L.L.C., any claims against it will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of the three notices authorized by statute, whichever is published last.

NOTICE OF WINDING UP AND DISSOLUTION FOR LIMITED LIABILITY COMPANY

TO ALL CREDITORS OF AND CLAIMANTS AGAINST EAGLE GOLF, L.L.C.

On July 12, 2012, Eagle Golf, L.L.C., a Missouri limited liability company (hereinafter the "Company") filed its Notice of Winding Up with the Missouri Secretary of State, effective upon filing.

Any claims against the Company must be sent to Paul D. Gerlach, 2861 Hopper Road, Cape Girardeau, MO 63701. Each claim must include the following information: the name, address and phone number of the claimant; the amount claimed; the date on which the claim arose; the basis for the claim; and any documentation for the claim.

All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this Notice.

NOTICE OF WINDING UP AND DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST XBD LIQUIDATION MANAGEMENT CO., LLC

On July 23, 2012, XBD Liquidation Management Co., LLC, a Missouri limited liability company (the "Company"), filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State.

Persons with claims against the Company should present them in accordance with the following procedure:

- A. In order to file a claim with the Company, you must furnish the following: (i) amount of the claim; (ii) basis for the claim; and (iii) documentation of the claim.
- B. The claim must be mailed to:

XBD Liquidation Management Co., LLC 8229 Clayton Road, Suite 202 St. Louis, Missouri 63117

A claim against the Company will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this notice.

NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY

- The name of the limited liability company is RVT Notes I, LLC
- The Articles of Organization for RVT Notes I, LLC were filed with the Missouri Secretary of State on November 29, 2006.
- On July 24, 2012, RVT Notes I, LLC filed a Notice of Winding Up for Limited Liability Company with the Secretary of State of Missouri.
- 4. Persons with claims against RVT Notes I, LLC should present them in accordance with the following procedure:
 - (a) In order to file a claim with RVT Notes I, LLC, you must furnish the following:
 - (i) Amount of the claim
 - (ii) Basis for the claim
 - (iii)Documentation for the claim
 - (b) The claim must be mailed to:

Robert J. Holcomb 8500 Shawnee Mission Parkway, #200 Merriam, Kansas 66202

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

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST GREATER OZARK OPEN BOWLING TOURNAMENT, INC.

On July 3, 2012, Greater Ozark Open Bowling Tournament, Inc., filed its articles of dissolution with the Missouri Secretary of State. The dissolution was effective on July 3, 2012.

You are hereby notified that if you believe you have a claim against Greater Ozark Open Bowling Tournament, Inc., you must submit a summary in writing of the circumstances surrounding your claim to Greater Ozark Open Bowling Tournament, Inc. c/o Casey D. Chasteen, The Law Offices of Randy L. Smith, L.L.C., 3645 S. Culpepper Circle, Springfield, Missouri 65804. The summary of your claim must include the following information:

- 1. The name, address and telephone number of the claimant.
- 2. The amount of the claim.
- 3. The date on which the event on which the claim is based occurred.
- 4. A brief description of the nature of the debt or the basis for the claim.
- 5. Documentation in support of the claim.

All claims against Greater Ozark Open Bowling Tournament, Inc. will be barred unless the proceeding to enforce the claim is commenced within two years after the publication of this notice.

September 4, 2012 Vol. 37, No. 17

Rule Changes Since Update to Code of State Regulations

MISSOURI REGISTER

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—30 (2005) and 31 (2006). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

CSR 10.2	Rule Number	Agency	Emergency	Proposed	Order	In Addition
CSR 90.2 (20)	1 CCD 10		1.1.			25 M.D. 1015
2 CSR 30-2 0.00 Animal Health	1 CSR 10	State Officials' Salary Compensation Sched	lule			35 Mokeg 1815
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2 CSR 70-25 005 Plant Industries				37 MoReg 1141		_
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3 CSR 10-6.415 Conservation Commission 37 MoReg 582 37 MoReg 1042 3 CSR 10-7.431 Conservation Commission 37 MoReg 1006 3 CSR 10-7.433 Conservation Commission N.A. 37 MoReg 1042 3 CSR 10-7.435 Conservation Commission N.A. 37 MoReg 1042 3 CSR 10-7.440 Conservation Commission N.A. 37 MoReg 1189 3 CSR 10-7.455 Conservation Commission 37 MoReg 1006 37 MoReg 1189 3 CSR 10-11.120 Conservation Commission 37 MoReg 582 37 MoReg 1043 3 CSR 10-11.180 Conservation Commission 37 MoReg 583 37 MoReg 1043	3 CSR 10-4.110					
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3 CSR 10-7.433 Conservation Commission N.A. 37 MoReg 1042 3 CSR 10-7.435 Conservation Commission N.A. 37 MoReg 1042 3 CSR 10-7.440 Conservation Commission N.A. 37 MoReg 1189 3 CSR 10-7.455 Conservation Commission 37 MoReg 1006 37 MoReg 118 3 CSR 10-11.120 Conservation Commission 37 MoReg 582 37 MoReg 1043 3 CSR 10-11.180 Conservation Commission 37 MoReg 583 37 MoReg 1043					31 MUKES 1042	
37 MoReg 1149 37 MoReg 1149 37 MoReg 1042 3 CSR 10-7.435 Conservation Commission N.A. 37 MoReg 1042 3 CSR 10-7.440 Conservation Commission N.A. 37 MoReg 1189 3 CSR 10-7.455 Conservation Commission 37 MoReg 1006 37 MoReg 118 3 CSR 10-11.120 Conservation Commission 37 MoReg 582 37 MoReg 1043 3 CSR 10-11.180 Conservation Commission 37 MoReg 583 37 MoReg 1043 3 CSR 10-11.180 Conservation Commission 37 MoReg 583 37 MoReg 1043 3 CSR 10-11.180 Conservation Commission 37 MoReg 583 37 MoReg 1043 3 CSR 10-11.180 Conservation Commission 37 MoReg 583 37 MoReg 1043 3 CSR 10-11.180 Conservation Commission 37 MoReg 583 37 MoReg 583 37 MoReg 583 38					37 MoReg 1042	
3 CSR 10-7.440 Conservation Commission N.A. 37 MoReg 1189 3 CSR 10-7.455 Conservation Commission 37 MoReg 1006 37 MoReg 118 3 CSR 10-11.120 Conservation Commission 37 MoReg 582 37 MoReg 1043 3 CSR 10-11.180 Conservation Commission 37 MoReg 583 37 MoReg 1043				37 MoReg 1149	-	
3 CSR 10-7.455 Conservation Commission 37 MoReg 1006 37 MoReg 118 3 CSR 10-11.120 Conservation Commission 37 MoReg 582 37 MoReg 1043 3 CSR 10-11.180 Conservation Commission 37 MoReg 583 37 MoReg 1043	3 CSR 10-7.435				37 MoReg 1042	
3 CSR 10-11.120 Conservation Commission 37 MoReg 582 37 MoReg 1043 3 CSR 10-11.180 Conservation Commission 37 MoReg 583 37 MoReg 1043					3/ MoReg II89	27 MoDoc 110
3 CSR 10-11.180 Conservation Commission 37 MoReg 583 37 MoReg 1043					37 MoReg 1043	31 Moreg 118
3 CSR 10-12.109 Conservation Commission 37 MoReg 583 37 MoReg 1043	3 CSR 10-11.180	Conservation Commission			37 MoReg 1043	-
	3 CSR 10-12.109					

Rule Number	Agency Emergency	Proposed	Order	In Addition
3 CSR 10-12.110	Conservation Commission	37 MoReg 583	37 MoReg 1043	
3 CSR 10-12.125	Conservation Commission	37 MoReg 584	37 MoReg 1043	
	DEPARTMENT OF ECONOMIC DEVELOPMENT			
4 CSR 240-20.065 4 CSR 240-31.010	Public Service Commission Public Service Commission 37 MoReg 1003	37 MoReg 315 37 MoReg 1007	37 MoReg 1044	
4 CSR 240-31.010	1 ubite Service Commission 37 wholeg 1003	37 Workeg 1007		
5 CSR 20-100,200	DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCA Division of Learning Services	ATION 37 MoReg 507	37 MoReg 1190	
5 CSR 20-100.250	Division of Learning Services Division of Learning Services	37 MoReg 333	37 MoReg 1190 37 MoReg 1052	
5 CSR 20-400.150	Division of Learning Services	37 MoReg 509	This Issue	
5 CSR 20-400.160 5 CSR 20-400.170	Division of Learning Services Division of Learning Services	37 MoReg 509 37 MoReg 510	This Issue This Issue	
5 CSR 20-400.180	Division of Learning Services	37 MoReg 510	This Issue	
5 CSR 20-400.190 5 CSR 20-400.200	Division of Learning Services	37 MoReg 511	This Issue	
5 CSR 20-400.200 5 CSR 20-400.250	Division of Learning Services Division of Learning Services	37 MoReg 511 37 MoReg 511	This Issue This Issue	
5 CSR 20-400.260	Division of Learning Services	37 MoReg 512	This Issue	
5 CSR 20-400.280 5 CSR 20-500.330	Division of Learning Services Division of Learning Services	37 MoReg 512 37 MoReg 908	This Issue	
5 CSR 20-300.330 5 CSR 30-261.025	Division of Financial and Administrative	37 Mokeg 906		
	Services	37 MoReg 912		
	DEPARTMENT OF TRANSPORTATION			
7 CSR 10-25.010	Missouri Highways and Transportation Commission			37 MoReg 1106 This Issue
				This issue
8 CSR 10-3.010	DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS Division of Employment Security	37 MoReg 679	37 MoReg 1247	
6 CSK 10-3.010	Division of Employment Security	37 Mokeg 079	37 Mokeg 1247	
0 CCD 10 21 040	DEPARTMENT OF MENTAL HEALTH	27 MaDan 225	27 MaDaa 1002	
9 CSR 10-31.040 9 CSR 45-2.010	Director, Department of Mental Health Division of Mental Retardation and	37 MoReg 335	37 MoReg 1093	
	Developmental Disabilities	37 MoReg 337	37 MoReg 1190	
9 CSR 45-2.015	Division of Mental Retardation and Developmental Disabilities	37 MoReg 352	37 MoReg 1190	
9 CSR 45-2.017	Division of Mental Retardation and		37 Workeg 1170	
9 CSR 45-2.020	Developmental Disabilities Division of Mental Retardation and	37 MoReg 355	37 MoReg 1190	
9 CSK 45-2.020	Developmental Disabilities	37 MoReg 377	37 MoReg 1191	
	DEPARTMENT OF NATURAL RESOURCES			
10 CSR 10-5.381	Air Conservation Commission	37 MoReg 955		
10 CSR 10-6.020	Air Conservation Commission	37 MoReg 1222	27 M.D.: 1101	
10 CSR 10-6.060 10 CSR 10-6.065	Air Conservation Commission Air Conservation Commission	37 MoReg 379 37 MoReg 383	37 MoReg 1191 37 MoReg 1192	
10 CSR 10-6.070	Air Conservation Commission	37 MoReg 966	37 Moreg 1192	
10 CSR 10-6.075 10 CSR 10-6.080	Air Conservation Commission	37 MoReg 968 37 MoReg 971		
10 CSR 10-6.060 10 CSR 10-6.260	Air Conservation Commission Air Conservation Commission	37 MoReg 388	37 MoReg 1192	
10 CSR 10-6.410	Air Conservation Commission	37 MoReg 392	37 MoReg 1195	
10 CSR 20-6.100	Clean Water Commission	36 MoReg 2906R 36 MoReg 2906		
		37 MoReg 393R		
10 CSR 140-2	Division of Energy	37 MoReg 394		37 MoReg 1062
10 CSR 140-2 10 CSR 140-8.010	Division of Energy Division of Energy	37 MoReg 513	37 MoReg 1093	37 Mokeg 100.
	DEDADTMENT OF DUDI IC CAFETY			
11 CSR 10-12.010	DEPARTMENT OF PUBLIC SAFETY Adjutant General	37 MoReg 152	37 MoReg 1053	
	(Changed to 11 CSR 30-13.010)	_		
11 CSR 10-12.020	Adjutant General (Changed to 11 CSR 30-13.020)	37 MoReg 152	37 MoReg 1053	
11 CSR 10-12.030	Adjutant General	37 MoReg 153	37 MoReg 1053	
11 CSR 10-12.040	(Changed to 11 CSR 30-13.030) Adjutant General	37 MoReg 153	37 MoReg 1053	
	(Changed to 11 CSR 30-13.040)	· ·	C	
11 CSR 10-12.050	Adjutant General	37 MoReg 153	37 MoReg 1053	
11 CSR 10-12.060	(Changed to 11 CSR 30-13.050) Adjutant General	37 MoReg 154	37 MoReg 1053	
44 665 40 40 040	(Čhanged to 11 CSR 30-13.060)	· ·	· ·	
11 CSR 30-12.010 11 CSR 30-13.010	Office of the Director 37 MoReg 93 Office of the Director	37 MoReg 98 37 MoReg 152	37 MoReg 1052 37 MoReg 1053	
	(Changed from 11 CSR 10-12.010)	· ·	· ·	
11 CSR 30-13.020	Office of the Director (Changed from 11 CSR 10-12.020)	37 MoReg 152	37 MoReg 1053	
	Office of the Director	37 MoReg 153	37 MoReg 1053	
11 CSR 30-13.030	(Changed from 11 CSR 10-12.030)	37 MoReg 153	37 MoReg 1053	
			37 MOKES 1033	
11 CSR 30-13.030 11 CSR 30-13.040	Office of the Director (Changed from 11 CSR 10-12.040)	37 Workeg 133	· ·	
	Office of the Director (Changed from 11 CSR 10-12.040) Office of the Director	37 MoReg 153	37 MoReg 1053	
11 CSR 30-13.040	Office of the Director (Changed from 11 CSR 10-12.040)	·		

Missouri Register

Rule Number	Agency	Emergency	Proposed	Order	In Addition
11 CSR 30-13.070	Office of the Director		37 MoReg 155	37 MoReg 1054	
11 CSR 30-13.080	Office of the Director		37 MoReg 156	37 MoReg 1054	
11 CSR 30-13.090	Office of the Director		37 MoReg 156	37 MoReg 1054	
11 CSR 30-13.100	Office of the Director		37 MoReg 156	37 MoReg 1054	
11 CSR 30-13.110	Office of the Director		37 MoReg 157	37 MoReg 1054	
11 CSR 45-5.181	Missouri Gaming Commission		37 MoReg 679	D. Morteg 100 .	
11 CSR 45-5.185	Missouri Gaming Commission		37 MoReg 407	37 MoReg 1054	
11 CSR 45-8.130	Missouri Gaming Commission		37 MoReg 408	37 MoReg 1055	
11 CSR 45-9.020	Missouri Gaming Commission		37 MoReg 912	37 Moreg 1033	
11 CSR 45-9.106	Missouri Gaming Commission		37 MoReg 410	37 MoReg 1055	
11 CSR 45-9.114	Missouri Gaming Commission		37 MoReg 680	37 Workeg 1033	
11 CSR 45-9.120	Missouri Gaming Commission		37 MoReg 410	37 MoReg 1056	
H COR 13 3:120	Wissouri Guilling Commission		37 Moreg 110	37 Workey 1030	
	DEPARTMENT OF SOCIAL SERVICES				
13 CSR 40-2.395	Family Support Division		37 MoReg 517	This Issue	
13 CSR 40-2.400	Family Support Division		37 MoReg 1149		
13 CSR 40-2.410	Family Support Division		37 MoReg 1150		
13 CSR 40-2.420	Family Support Division		37 MoReg 1154		
13 CSR 40-2.430	Family Support Division		37 MoReg 1157		
13 CSR 40-2.440	Family Support Division		37 MoReg 1159		
13 CSR 40-2.450	Family Support Division		37 MoReg 1163		
13 CSR 70-10.016	MO HealthNet Division		37 MoReg 1164		
13 CSR 70-10.110	MO HealthNet Division	37 MoReg 1131	37 MoReg 1167		
13 CSR 70-10.160	MO HealthNet Division		37 MoReg 441	37 MoReg 1056	
13 CSR 70-15.010	MO HealthNet Division	37 MoReg 1131	37 MoReg 1172		
13 CSR 70-15.110	MO HealthNet Division	37 MoReg 1132	37 MoReg 1174		
13 CSR 70-15.160	MO HealthNet Division	37 MoReg 1134	37 MoReg 1178		
13 CSR 70-15.220	MO HealthNet Division	37 MoReg 1135	37 MoReg 681	This Issue	
	ELECTED OFFICIALS				
15 CSR 30-51.100	Secretary of State		37 MoReg 912		
15 CSR 30-51.180	Secretary of State		37 MoReg 913		
15 CSR 40-3.020	State Auditor		37 MoReg 518	37 MoReg 1094	
15 CSR 40-3.030	State Auditor		37 MoReg 518	37 MoReg 1094	
15 CSR 40-5.010	State Auditor		37 MoReg 519R	37 MoReg 1094R	
15 CSR 50-4.030	Treasurer	37 MoReg 731	37 MoReg 733		
15 CSR 60-13.060	Attorney General		37 MoReg 1008		
16 CSR 10-3.020 16 CSR 10-4.012	RETIREMENT SYSTEMS The Public School Retirement System of Missouri The Public School Retirement System of		37 MoReg 914		
16 CSR 10-5.010	Missouri The Public School Retirement System of		37 MoReg 1181		
16 CSR 10-6.030	Missouri The Public School Retirement System of		37 MoReg 1181		
16 CSR 10-6.045	Missouri The Public School Retirement System of		37 MoReg 915		
16 CSR 10-6.060	Missouri The Public School Retirement System of		37 MoReg 1181		
16 CSR 20-2.083	Missouri Missouri Local Government Employees'		37 MoReg 1182		
-	Retirement System (LAGERS)		37 MoReg 915R		
.= ~~	BOARDS OF POLICE COMMISSIONERS	S			
17 CSR 20-2.015	St. Louis Board of Police Commissioners		37 MoReg 915		
17 CSR 20-2.025	St. Louis Board of Police Commissioners		37 MoReg 916		
17 CSR 20-2.035	St. Louis Board of Police Commissioners		37 MoReg 916		
17 CSR 20-2.055	St. Louis Board of Police Commissioners		37 MoReg 917		
17 CSR 20-2.065	St. Louis Board of Police Commissioners		37 MoReg 918		
17 CSR 20-2.085	St. Louis Board of Police Commissioners		37 MoReg 918		
17 CSR 20-2.105	St. Louis Board of Police Commissioners		37 MoReg 919 37 MoReg 920		
17 CSR 20-2.125	St. Louis Board of Police Commissioners		37 MoReg 920 37 MoReg 921		
17 CSR 20-3.015	St. Louis Board of Police Commissioners		37 MoDog 921		
17 CSR 20-3.025 17 CSR 20-3.055	St. Louis Board of Police Commissioners		37 MoReg 922 37 MoReg 922		
17 CSR 20-3.055 17 CSR 20-3.085	St. Louis Board of Police Commissioners St. Louis Board of Police Commissioners				
17 CSR 20-3.105	St. Louis Board of Police Commissioners St. Louis Board of Police Commissioners		37 MoReg 923 37 MoReg 923		
17 CSR 20-3.103	DEPARTMENT OF HEALTH AND SENIO	OP SERVICES	37 Workeg 723		
19 CSR 20-26.030	Division of Community and Public Health	A DERVICED	37 MoReg 519R	This IssueR	
19 CSR 20-26.040	Division of Community and Public Health		37 MoReg 519R	This Issue	
19 CSR 25-30.011	State Public Health Laboratory		37 MoReg 1009	11115 15540	
19 CSR 25-30.011 19 CSR 25-30.021	State Public Health Laboratory		37 MoReg 1010		
19 CSR 25-30.021 19 CSR 25-30.031	State Public Health Laboratory		37 MoReg 1010 37 MoReg 1015		
19 CSR 25-30.031 19 CSR 25-30.041	State Public Health Laboratory		37 MoReg 1013		
19 CSR 25-30.041 19 CSR 25-30.050	State Public Health Laboratory		37 MoReg 1024 37 MoReg 1027		
19 CSR 25-30.050 19 CSR 25-30.051	State Public Health Laboratory		37 MoReg 1027 37 MoReg 1027		
19 CSR 25-30.051 19 CSR 25-30.060	State Public Health Laboratory		37 MoReg 1027 37 MoReg 1030		
19 CSR 25-30.000 19 CSR 25-30.070	State Public Health Laboratory		37 MoReg 1030 37 MoReg 1040		
19 CSR 25-30.070 19 CSR 25-30.080	State Public Health Laboratory		37 MoReg 1040		
19 CSR 23-30.080 19 CSR 30-40.365	Division of Regulation and Licensure		37 MoReg 523	37 MoReg 1247	
1, 2510 50 40.505	or respenditure and Discussion		J. 1.101005 J2J	5	

19 CSR 30-81.015 Division of Regulation and Licensure 37 MoReg 232R 37 MoReg 1247R 19 CSR 30-85.022 Division of Regulation and Licensure 37 MoReg 395 19 CSR 30-85.022 Division of Regulation and Licensure 37 MoReg 392 19 CSR 30-86.013 Division of Regulation and Licensure 37 MoReg 392 37 MoReg 1248 19 CSR 30-86.013 Division of Regulation and Licensure 37 MoReg 392 37 MoReg 1248 19 CSR 30-86.013 Division of Regulation and Licensure 37 MoReg 602 37 MoReg 1249 19 CSR 30-86.013 Division of Regulation and Licensure 37 MoReg 602 37 MoReg 197 17 MoReg 199 19 CSR 60-50 Missoari Health Facilities Review Committee 37 MoReg 602 37 MoReg 199 17 MoReg 199 19 CSR 60-50 Missoari Health Facilities Review Committee 37 MoReg 199 18 MoReg 1	Rule Number	Agency	Emergency	Proposed	Order	In Addition
19 CSR 30-84.002 Drivision of Regulation and Licensure	19 CSR 30-81.015	Division of Regulation and Licensure		37 MoReg 523R	37 MoReg 1247R	
19 CSR 30-86.022 Division of Regulation and Licensure 37 MoReg 592 17 MoReg 107 17 MoReg 107 17 MoReg 107 17 MoReg 107 17 MoReg 108 17 MoReg 108 17 MoReg 109 17 MoR		Division of Regulation and Licensure		37 MoReg 684	C	
19 CSR 30-86,043 Division of Regulation and Licensure 37 MoReg 524 37 MoReg 1249						
10 CSR 30-86.047 Division of Regulation and Licensure 37 MoReg 525 37 MoReg 1249 17 CSR 60-50 Division of Regulation and Licensure 37 MoReg 602 37 MoReg 1197 18 CSR 60-50 Division of Regulation and Licensure 37 MoReg 602 37 MoReg 1197 19 CSR 60-50 Division of Regulation and Licensure 37 MoReg 602 37 MoReg 1197 19 CSR 60-50 Division of Regulation and Licensure 37 MoReg 602 37 MoReg 1197 20 CSR					37 MoPeg 1248	
19 CSR 60-50 Missouri Health Facilities Review Committee					37 MoReg 1248	
DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION Applied Behavior Analysis Maximum Benefit 20 CSR	19 CSR 30-88.020	Division of Regulation and Licensure				
DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION 37 MoReg 472 30 CSR Applied Behavior Analysis Maximum Benefit 37 MoReg 472 36 MoReg 192 37 MoReg 20 CSR 20 CSR Sovereign Immunity Limits 37 MoReg 20 D CSR 37 MoReg 20 D CSR State Legal Expense Fund Cap 37 MoReg 20 D CSR 38 State Legal Expense Fund Cap 37 MoReg 20 D CSR 200-12.030 37 MoReg 218 37 MoReg 218 37 MoReg 20 D CSR 200-18.031 Insurance Solvency and Company Regulation 37 MoReg 150 37 MoReg 168 37 MoReg 1094 30 CSR 200-18.031 Insurance Solvency and Company Regulation 37 MoReg 150 37 MoReg 170 37 MoReg 1094 30 CSR 200-18.032 Insurance Solvency and Company Regulation 37 MoReg 170 37 MoReg	19 CSR 60-50	Missouri Health Facilities Review Committee				
20 CSR						
20 CSR			CIAL INSTITUTIONS	AND PROFESSION	AL REGISTRATION	
37 MoReg 62		Applied Behavior Analysis Maximum Benefit				37 MoReg 472
20 CSR State Legal Expense Fund Cap 36 MoReg 192 37 MoReg 62 37 MoReg 105 37 MoReg 106 37 MoReg 109 37 MoReg 107 38 MoReg 106 37 MoReg 107 38 MoReg 1	20 CSR	Construction Claims Binding Arbitration Cap				
20 CSR 200-12.03 Insurance Solvency and Company Regulation 37 MoReg 238 37 MoReg 1057 37 MoReg 62 20 CSR 200-18.030 Insurance Solvency and Company Regulation 37 MoReg 150 37 MoReg 168 37 MoReg 1094 20 CSR 200-2020 Division of Credit Unions 37 MoReg 150 37 MoReg 171 37 MoReg 1094 20 CSR 100-2020 Division of Credit Unions 37 MoReg 150 37 MoReg 171 37 MoReg 1094 20 CSR 100-2020 Division of Credit Unions 37 MoReg 171 37 MoReg 172 20 CSR 100-2030 Division of Credit Unions 37 MoReg 377 20 CSR 100-2050 Division of Credit Unions 37 MoReg 377 20 CSR 100-2050 Division of Credit Unions 37 MoReg 377 20 CSR 100-2050 Division of Credit Unions 37 MoReg 377 20 CSR 100-2050 Division of Credit Unions 37 MoReg 373 20 CSR 100-2050 Division of Credit Unions 37 MoReg 373 20 CSR 100-2050 Division of Credit Unions 37 MoReg 973 20 CSR 200-2050 Division of Credit Unions 37 MoReg 973 20 CSR 200-2050 Division of Credit Unions 37 MoReg 973 20 CSR 200-2050 Division of Credit Unions 37 MoReg 973 20 CSR 200-2050 Division of Credit Unions 37 MoReg 973 20 CSR 200-2050 Division of Credit Unions 37 MoReg 973 20 CSR 200-2050 Division of Credit Unions 37 MoReg 973 20 CSR 200-2050 Division of Credit Unions 37 MoReg 973 20 CSR 200-2050 Division of Credit Unions 37 MoReg 973 20 CSR 200-2050 Division of Credit Unions 37 MoReg 973 20 CSR 200-2050 Division of Credit Unions 37 MoReg 973 20 CSR 200-2050 Division of Credit Unions 37 MoReg 973 20 CSR 200-2050 Division of Credit Unions 37 MoReg 973 20 CSR 200-2050 Division of Credit Unions 37 MoReg 973 20 CSR 200-2050 Division of Credit Unions 20 CSR 200-2050 Divi	20 CSR	Sovereign Immunity Limits				
20 CSR 200-12-030 Insurance Solvency and Company Regulation 37 MoReg 150 37 MoReg 1094 20 CSR 2016-1800 Insurance Solvency and Company Regulation 37 MoReg 150 37 MoReg 171 37 MoReg 1094 20 CSR 100-2-020 Division of Credit Unions 37 MoReg 150 37 MoReg 171 37 MoReg 1094 20 CSR 1100-2-020 Division of Credit Unions 37 MoReg 971 20 CSR 1100-2-070 Division of Credit Unions 37 MoReg 972 20 CSR 1100-2-070 Division of Credit Unions 37 MoReg 972 20 CSR 1100-2-085 Division of Credit Unions 37 MoReg 972 20 CSR 1100-2-095 Division of Credit Unions 37 MoReg 973 20 CSR 1100-2-090 Division of Credit Unions 37 MoReg 973 20 CSR 1100-2-100 Division of Credit Unions 37 MoReg 973 20 CSR 1100-2-100 Division of Credit Unions 37 MoReg 973 20 CSR 2010-2-100 Division of Credit Unions 37 MoReg 973 20 CSR 2010-2-100 Missouri State Board of Accountancy This Issue 20 CSR 2010-2-100 Missouri State Board of Accountancy This Issue 20 CSR 2030-4-055 Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects Landscape Architects Landscape Architects Landscape Architects This Issue 20 CSR 2030-1.01 Missouri Board for Architects, Professional Landscape Architects This Issue 20 CSR 2100-2.030 Missouri Dental Board 37 MoReg 604 37 MoReg 1195 37 MoReg 1095 37 MoReg 1195 37 MoReg 1195 37 MoReg 1195 37 MoReg 1095 37 MoReg 1195 37 MoReg 1095 37 MoReg 1195 37 MoReg 1095 37 MoReg 10						36 MoReg 192
20 CSR 200-18,030 Insurance Solvency and Company Regulation 37 MoReg 150 37 MoReg 168 37 MoReg 1994						37 MoReg 62
20 CSR 700-11.60 Insurance Licensing 37 MoReg 150 37 MoReg 171 37 MoReg 1094			27 MaDan 150	37 MoReg 238		
20 CSR 100-2,020 Division of Credit Unions 37 MoReg 972 20 CSR 100-2,030 Division of Credit Unions 37 MoReg 972 20 CSR 100-2,085 Division of Credit Unions 37 MoReg 972 20 CSR 100-2,085 Division of Credit Unions 37 MoReg 972 20 CSR 100-2,090 Division of Credit Unions 37 MoReg 973 20 CSR 100-2,100 Division of Credit Unions 37 MoReg 973 20 CSR 100-2,100 Division of Credit Unions 37 MoReg 973 20 CSR 100-2,100 Division of Credit Unions 37 MoReg 973 20 CSR 100-2,100 Division of Credit Unions 37 MoReg 973 20 CSR 100-2,100 Division of Credit Unions 37 MoReg 973 20 CSR 200-2,100 Division of Credit Unions 37 MoReg 973 20 CSR 200-2,100 Missouri State Board of Accountancy This Issue 20 CSR 2030-4,055 Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects Tracking Professional Engineers, Professional Land Surveyors, and Landscape Architects Tracking Professional Engineers, Professional Land Surveyors, and Landscape Architects Tracking Professional Engineers, Professional Land Surveyors, and Landscape Architects Tracking Professional Engineers, Professional Land Surveyors, and Landscape Architects Tracking Professional Engineers, Professional Land Surveyors, and Landscape Architects Tracking Professional Engineers, Professional Land Surveyors, and Landscape Architects Tracking Professional Engineers, Professional Land Surveyors, and Landscape Architects Tracking Professional Engineers, Professional Professional Engineers				37 MoReg 106		
20 CSR 100-2,030 Division of Credit Unions 37 MoReg 972			37 Wiokeg 130		37 Workeg 1034	
20 CSR 1100-2.085 Division of Credit Unions 37 MoReg 973	20 CSR 1100-2.030	Division of Credit Unions		37 MoReg 972		
20 CSR 1100-2.090 Division of Credit Unions 37 MoReg 973				37 MoReg 972		
20 CSR 2100-2.00				37 MoReg 972		
20 CSR 2000-2.016				37 MoReg 973		
20 CSR 2010-2.061 Missouri State Board of Accountancy This Issue						
20 CSR 2030-4.05	20 CSR 2010-2.061			This Issue		
Engineers, Professional Land Surveyors, and Landscape Architects				This Issue		
Landscape Architects	20 CSR 2030-4.055					
Missouri Dental Board This Issue				This Issue		
Landscape Architects	20 CSR 2030-6.015			11113 133 uc		
Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects This Issue						
Engineers, Professional Land Surveyors, and Landscape Architects	20 CCD 2020 11 01 7	Landscape Architects		This Issue		
Landscape Architects	20 CSR 2030-11.015					
20 CSR 2110-2.010				This Issue		
20 CSR 2110-2.070 Missouri Dental Board 37 MoReg 605 37 MoReg 1196	20 CSR 2110-2.010			37 MoReg 604		
20 CSR 2110-2.070 Missouri Dental Board Missouri Dental Board This Issue						
20 CSR 2110-2.120 Missouri Dental Board This Issue						
This Issue					37 Mokeg 1196	
20 CSR 2110-2.130 Missouri Dental Board This Issue	20 CSR 2110-2.120	Wissouri Dentai Board				
This Issue						
This Issue			This Issue			
This Issue	20 CSR 2110-4.010	Missouri Dental Board				
This Issue	20 CSR 2110-4 020	Missouri Dental Board				
20 CSR 2110-4.040 Missouri Dental Board This Issue 20 CSR 2150-4.201 State Board of Registration for the Healing Arts 37 MoReg 178 37 MoReg 1059 20 CSR 2150-4.203 State Board of Registration for the Healing Arts 37 MoReg 180 37 MoReg 1060 20 CSR 2150-4.205 State Board of Registration for the Healing Arts 37 MoReg 180 37 MoReg 1060 20 CSR 2150-5.026 State Board of Registration for the Healing Arts 37 MoReg 241 37 MoReg 1095 20 CSR 2150-5.028 State Board of Registration for the Healing Arts 37 MoReg 241 37 MoReg 1096 20 CSR 2197-1.040 Board of Therapeutic Massage 37 MoReg 1089 20 CSR 2205-1.050 Missouri Board of Occupational Therapy 37 MoReg 1182 20 CSR 2220-2.013 State Board of Pharmacy 37 MoReg 974 20 CSR 2220-4.010 State Board of Pharmacy 37 MoReg 1221 37 MoReg 1244 20 CSR 2220-6.060 State Board of Pharmacy 37 MoReg 245 37 MoReg 1100 20 CSR 2220-6.080 State Board of Pharmacy 37 MoReg 251 37 MoReg 101 20 CSR 2220-6.080 State Board of Pharmacy 37 MoReg 251 37 MoReg 101 <td>20 COR 2110 1.020</td> <td>Wilsouti Bollar Board</td> <td></td> <td></td> <td></td> <td></td>	20 COR 2110 1.020	Wilsouti Bollar Board				
20 CSR 2150-4.201 State Board of Registration for the Healing Arts 37 MoReg 178 37 MoReg 1059 20 CSR 2150-4.203 State Board of Registration for the Healing Arts 37 MoReg 179 37 MoReg 1060 20 CSR 2150-4.205 State Board of Registration for the Healing Arts 37 MoReg 180 37 MoReg 1060 20 CSR 2150-5.026 State Board of Registration for the Healing Arts 37 MoReg 241 37 MoReg 1095 20 CSR 2150-5.028 State Board of Registration for the Healing Arts 37 MoReg 241 37 MoReg 1096 20 CSR 2197-1.040 Board of Therapeutic Massage 37 MoReg 1089 20 CSR 2205-1.050 Missouri Board of Occupational Therapy 37 MoReg 182 20 CSR 2220-2.013 State Board of Pharmacy 37 MoReg 974 20 CSR 2220-4.010 State Board of Pharmacy 37 MoReg 1244 20 CSR 2220-6.060 State Board of Pharmacy 37 MoReg 244 37 MoReg 1100 20 CSR 2220-6.080 State Board of Pharmacy 37 MoReg 251 37 MoReg 1101 20 CSR 2220-6.080 State Board of Pharmacy 37 MoReg 251 37 MoReg 1101 20 CSR 2231-1.010 Division of Professional Registration This Issue						
20 CSR 2150-4.203 State Board of Registration for the Healing Arts 37 MoReg 179 37 MoReg 1060 20 CSR 2150-4.205 State Board of Registration for the Healing Arts 37 MoReg 180 37 MoReg 1060 20 CSR 2150-5.026 State Board of Registration for the Healing Arts 37 MoReg 241 37 MoReg 1095 20 CSR 2150-5.028 State Board of Registration for the Healing Arts 37 MoReg 241 37 MoReg 1096 20 CSR 2197-1.040 Board of Therapeutic Massage 37 MoReg 1089 20 CSR 2205-1.050 Missouri Board of Occupational Therapy 37 MoReg 1182 20 CSR 2220-2.013 State Board of Pharmacy 37 MoReg 974 20 CSR 2220-4.010 State Board of Pharmacy 37 MoReg 1244 20 CSR 2220-6.060 State Board of Pharmacy 37 MoReg 244 37 MoReg 1100 20 CSR 2220-6.070 State Board of Pharmacy 37 MoReg 245 37 MoReg 1101 20 CSR 2220-6.080 State Board of Pharmacy 37 MoReg 251 37 MoReg 1101 20 CSR 2231-1.010 Division of Professional Registration This Issue		Missouri Dental Board			27 M D 1050	
20 CSR 2150-4.205 State Board of Registration for the Healing Arts 37 MoReg 180 37 MoReg 1060 20 CSR 2150-5.026 State Board of Registration for the Healing Arts 37 MoReg 241 37 MoReg 1095 20 CSR 2150-5.028 State Board of Registration for the Healing Arts 37 MoReg 241 37 MoReg 1096 20 CSR 2197-1.040 Board of Therapeutic Massage 37 MoReg 1089 20 CSR 2205-1.050 Missouri Board of Occupational Therapy 37 MoReg 1182 20 CSR 2220-2.013 State Board of Pharmacy 37 MoReg 974 20 CSR 2220-4.010 State Board of Pharmacy 37 MoReg 1244 20 CSR 2220-6.060 State Board of Pharmacy 37 MoReg 244 37 MoReg 1100 20 CSR 2220-6.070 State Board of Pharmacy 37 MoReg 245 37 MoReg 1101 20 CSR 2220-6.080 State Board of Pharmacy 37 MoReg 251 37 MoReg 1101 20 CSR 2231-1.010 Division of Professional Registration This Issue		State Board of Registration for the Healing Art	IS .			
20 CSR 2150-5.026 State Board of Registration for the Healing Arts 37 MoReg 241 37 MoReg 1095 20 CSR 2150-5.028 State Board of Registration for the Healing Arts 37 MoReg 241 37 MoReg 1096 20 CSR 2197-1.040 Board of Therapeutic Massage 37 MoReg 1089 20 CSR 2205-1.050 Missouri Board of Occupational Therapy 37 MoReg 1182 20 CSR 2220-2.013 State Board of Pharmacy 37 MoReg 974 20 CSR 2220-4.010 State Board of Pharmacy 37 MoReg 1244 20 CSR 2220-6.060 State Board of Pharmacy 37 MoReg 244 37 MoReg 1100 20 CSR 2220-6.080 State Board of Pharmacy 37 MoReg 245 37 MoReg 1101 20 CSR 2220-6.080 State Board of Pharmacy 37 MoReg 251 37 MoReg 1101 20 CSR 2231-1.010 Division of Professional Registration This Issue		State Board of Registration for the Healing Art	is			
20 CSR 2197-1.040 Board of Therapeutic Massage 37 MoReg 1089 20 CSR 2205-1.050 Missouri Board of Occupational Therapy 37 MoReg 1182 20 CSR 2220-2.013 State Board of Pharmacy 37 MoReg 974 20 CSR 2220-4.010 State Board of Pharmacy 37 MoReg 1244 20 CSR 2220-6.060 State Board of Pharmacy 37 MoReg 244 37 MoReg 1100 20 CSR 2220-6.070 State Board of Pharmacy 37 MoReg 245 37 MoReg 1101 20 CSR 2220-6.080 State Board of Pharmacy 37 MoReg 251 37 MoReg 1101 20 CSR 2231-1.010 Division of Professional Registration This Issue		State Board of Registration for the Healing Art	is			
20 CSR 2205-1.050 Missouri Board of Occupational Therapy 37 MoReg 1182 20 CSR 2220-2.013 State Board of Pharmacy 37 MoReg 974 20 CSR 2220-4.010 State Board of Pharmacy 37 MoReg 1244 20 CSR 2220-6.060 State Board of Pharmacy 37 MoReg 244 37 MoReg 1100 20 CSR 2220-6.070 State Board of Pharmacy 37 MoReg 245 37 MoReg 1101 20 CSR 2220-6.080 State Board of Pharmacy 37 MoReg 251 37 MoReg 1101 20 CSR 2231-1.010 Division of Professional Registration This Issue			ts	37 MoReg 241	37 MoReg 1096	
20 CSR 2220-2.013 State Board of Pharmacy 37 MoReg 974 20 CSR 2220-4.010 State Board of Pharmacy 37 MoReg 1221 20 CSR 2220-6.060 State Board of Pharmacy 37 MoReg 244 37 MoReg 1100 20 CSR 2220-6.070 State Board of Pharmacy 37 MoReg 245 37 MoReg 1101 20 CSR 2220-6.080 State Board of Pharmacy 37 MoReg 251 37 MoReg 1101 20 CSR 2231-1.010 Division of Professional Registration This Issue						
20 CSR 2220-4.010 State Board of Pharmacy 37 MoReg 1221 37 MoReg 1244 20 CSR 2220-6.060 State Board of Pharmacy 37 MoReg 244 37 MoReg 1100 20 CSR 2220-6.070 State Board of Pharmacy 37 MoReg 245 37 MoReg 1101 20 CSR 2220-6.080 State Board of Pharmacy 37 MoReg 251 37 MoReg 1101 20 CSR 2231-1.010 Division of Professional Registration This Issue						
20 CSR 2220-6.060 State Board of Pharmacy 37 MoReg 244 37 MoReg 1100 20 CSR 2220-6.070 State Board of Pharmacy 37 MoReg 245 37 MoReg 1101 20 CSR 2220-6.080 State Board of Pharmacy 37 MoReg 251 37 MoReg 1101 20 CSR 2231-1.010 Division of Professional Registration This Issue	20 CSR 2220-2.013 20 CSR 2220-4.010		37 MoReg 1221	37 MoReg 1244		
20 CSR 2220-6.080State Board of Pharmacy37 MoReg 25137 MoReg 110120 CSR 2231-1.010Division of Professional RegistrationThis Issue	20 CSR 2220-6.060	State Board of Pharmacy	o	37 MoReg 244		
20 CSR 2231-1.010 Division of Professional Registration This Issue				37 MoReg 245		
20 CSR 2251-1.010 DIVISIOII OI PTOICSSIOIIAI REGISTRATION ON CSR 2231-2.010 Division of Professional Projections This ISSUE					37 MoReg 1101	
ZUANK ZZOL-ZAUG – EDVISION OF PROFESSIONAL KERISTRATON – EMIS ISSUE	20 CSR 2231-1.010 20 CSR 2231-2.010	Division of Professional Registration Division of Professional Registration		This Issue This Issue		
20 CSR 2250-2.040 Missouri Real Estate Commission This Issue						

September 4, 2012 Vol. 37, No. 17

Emergency Rule Table

Missouri Register

Agency		Publication	Effective	Expiration		
Public Service Com						
4 CSR 240-31.010	Definitions	37 MoReg 1003	June 1, 2012.	Feb. 28, 2013		
Department of S						
13 CSR 70-10.110	Nursing Facility Reimbursement Allowance	37 MoReg 1131 .	July 1, 2012 .	Dec. 28, 2012		
13 CSR 70-15.010	Inpatient Hospital Services Reimbursement Plan; Outpatie					
	Hospital Services Reimbursement Methodology	_	-			
13 CSR 70-15.110	Federal Reimbursement Allowance (FRA)	37 MoReg 1132 .	July 1, 2012 .	Dec. 28, 2012		
13 CSR 70-15.160	Prospective Outpatient Hospital Services Reimbursement Methodology	37 MoReg 1134 .	July 1, 2012 .	Dec. 28, 2012		
13 CSR 70-15.220	Disproportionate Share Hospital Payments	37 MoReg 1135 .	July 1, 2012 .	Dec. 28, 2012		
Elected Officials Treasurer 15 CSR 50-4.030	Missouri MOST 529 Matching Grant Program	37 MoReg 731	April 15 2012	Ian 23 2013		
13 CSK 30-4.030	Wilssouth WOS1 529 Watching Grant Hograni	57 Workeg 751	April 13, 2012 .	Jan. 23, 2013		
Department of Insurance, Financial Institutions and Professional Registration						
Missouri Dental Bo	ard	<u> </u>				
20 CSR 2110-2.170	Fees	This Issue	Aug. 5, 2012.	Feb. 28, 2013		
State Board of Phar	rmacy					
20 CSR 2220-4.010	General Fees	37 MoReg 1221 .	July 31, 2012.	Feb. 28, 2013		

Missouri REGISTER September 4, 2012 Vol. 37, No. 17

Executive			
Orders	Subject Matter	Filed Date	Publication
	2012		
12-08	Authorizes the State Soil and Water Districts Commission to implement an		
12 00	emergency cost-share program to address water challenges to landowners		
	engaged in livestock or crop production due to the current drought.		
	Additionally, it establishes the Agriculture Water Resource Technical Review		
	Team.	July 23, 2012	This Issue
12-07	Declares a state of emergency, directs the Missouri State Emergency Operation	1S	
	Plan be activated, and extends Executive Order 12-06 to Oct. 1, 2012, in	1 1 22 2012	m: r
12-06	response to the severe heat, dry conditions, and fire risks affecting the state.	July 23, 2012	This Issue
12-00	Activates the Missouri State Emergency Operations Center and directs the State Emergency Management Agency, State Fire Marshall, Adjutant General,		
	and such other agencies to coordinate with local authorities affected by fire	,	
	danger due to the prolonged period of record heat and low precipitation	June 29, 2012	37 MoReg 1139
12-05	Extends Executive Orders 11-06, 12-03, 11-07, 11-11, 11-14, and 12-04 until	Vanv 2>, 2012	57 Horag 1105
**	June 1, 2012	March 13, 2012	37 MoReg 569
12-04	Activates the state militia in response to severe weather that began on	,	
	February 28, 2012	Feb. 29, 2012	37 MoReg 503
12-03	Declares a state of emergency and directs that the Missouri State Emergency		
	Operations Plan be activated due to the severe weather that began on		
12.02	February 28, 2012	Feb. 29, 2012	37 MoReg 501
12-02	Orders the transfer of all authority, powers, and duties of all remaining audit		
	and compliance responsibilities relating to Medicaid Title XIX, SCHIP Title XXI, and Medicaid Waiver programs from the Dept. of Health and Senior		
	Services and the Dept. of Mental Health to the Dept. of Social Services		
	effective Aug. 28, 2012, unless disapproved within sixty days of its		
	submission to the Second Regular Session of the 96th General Assembly	Jan. 23, 2012	37 MoReg 313
12-01	Designates members of the governor's staff to have supervisory authority over	<u> </u>	
	certain departments, divisions, and agencies	Jan. 23, 2012	37 MoReg 311
	<u>2011</u>		
11-25	Extends the declaration of emergency contained in Executive Order 11-06 (and		
	extended by Executive Orders 11-09, 11-19, and 11-23) until March 15, 2012	<i>L</i> ,	
	unless extended in whole or part by subsequent order. Further Executive Orders 11-07, 11-11, and 11-14 are extended until March 15, 2012, unless		
	extended in whole or part by subsequent order	Dec. 14, 2011	37 MoReg 95
11-24	Designates members of the governor's staff to have supervisory authority over	Dec. 14, 2011	37 Moreg 93
11-24	certain departments, divisions, and agencies	Nov. 18, 2011	37 MoReg 5
11-23	Extends Executive Order 11-20 until October 15, 2011, and extends	1101. 10, 2011	37 Moreg 3
-	Executive Orders 11-06, 11-07, 11-08, 11-11, 11-14, and 11-18 until		
	December 18, 2011	Sept. 13, 2011	36 MoReg 2157
11-22	Designates members of the governor's staff to have supervisory authority over		
	certain departments, divisions, and agencies	July 26, 2011	36 MoReg 1979
11-21	Authorizes the Joplin Public School system to immediately begin to retrofit,		
	equip, and furnish various buildings to house students during the 2011-2012	1. 1. 2011	26 M D 1000
11.20	school year without requiring advertisements for bids	June 17, 2011	36 MoReg 1800
11-20	Extends certain terms of Executive Order 11-12 to help Missouri citizens impacted by the Joplin tornado of April 22, 2011	June 17, 2011	26 MaDag 1709
11-19	Extends certain terms of Executive Orders 11-06, 11-07, 11-08, 11-10, 11-11,	June 17, 2011	36 MoReg 1798
11-17	11-13, 11-14, 11-15, 11-16, and 11-18 until September 15, 2011	June 17, 2011	36 MoReg 1796
11-18	Activates the state militia in response to flooding events occurring and	June 17, 2011	20 Moreg 1770
	threatening along the Missouri River	June 8, 2011	36 MoReg 1739
11-17	Establishes the State of Missouri Resource, Recovery & Rebuilding Center		
	in the City of Joplin in response to a tornado that struck there on		
	May 22, 2011	June 7, 2011	36 MoReg 1737
11-16	Authorizes the Joplin Public Schools to immediately begin to retrofit		
	and furnish warehouse and retail structures to house district programs		
	displaced by the tornado and severe storms on May 22, 2011, without	I 2 2011	26 M. D. 1725
	requiring advertisements for bids	June 3, 2011	36 MoReg 1735

Missouri Register

Executive			
Orders	Subject Matter	Filed Date	Publication
11-15	Authorizes the Joplin Public School system to immediately rebuild, restore, and/or renovate Emerson Elementary, Kelsey Norman Elementary, Old South Middle School, and Washington Education Center without requiring advertisement for bids	June 1, 2011	36 MoReg 1594
11-14	Activates the state militia in response to a tornado that hit the City of Joplin on May 22, 2011	May 26, 2011	36 MoReg 1592
11-13	Authorizes the Joplin Public Schools system to immediately begin rebuilding and replacing the materials for three of its buildings that were destroyed in a tornado that struck on May 22, 2011, without requiring advertisement for bids	May 26, 2011	36 MoReg 1590
11-12	Orders the director of the Department of Insurance, Financial Institutions and Professional Registration to temporarily waive, suspend, and/or modify any statute or regulation under his purview in order to best serve the interests of those citizens affected by the tornado that hit the city of Joplin on May 22, 2011	May 26, 2011	36 MoReg 1587
11-11	Orders the director of revenue to issue duplicate or replacement license, nondriver license, certificate of motor vehicle ownership, number plate, or tabs lost or destroyed as a result of the tornado that hit the city of Joplin and to waive all state fees and charges for such duplicate or replacement	May 26, 2011	36 MoReg 1585
11-10	Orders the Missouri Department of Health and Senior Services and the State Board of Pharmacy to temporarily waive certain rules and regulations to allow medical practitioners and pharmacists responding to the tornado and severe storms in Joplin to best serve the interests of public health and safety	May 24, 2011	36 MoReg 1583
11-09	Extends Executive Orders 11-06, 11-07, and 11-08 through June 20, 2011	May 20, 2011	36 MoReg 1581
11-08	Activates the state militia in response to severe weather that began on April 22		36 MoReg 1449
11-07	Gives the director of the Department of Natural Resources the authority to temporarily suspend regulations in the aftermath of severe weather that began on April 22		36 MoReg 1447
11-06	Declares a state of emergency for the state of Missouri and activates the Missouri State Emergency Operations Plan due to severe weather that began on April 22	April 22, 2011	36 MoReg 1445
11-05	Orders the Missouri Department of Transportation to assist local jurisdictions counties that: 1) received record snowfalls; and 2) continuing snow clearance exceeds their capabilities		36 MoReg 883
11-04	Activates the state militia in response to severe weather that began on January 31, 2011	Jan. 31, 2011	36 MoReg 881
11-03	Declares a state of emergency exists in the state of Missouri and directs that the Missouri State Emergency Operations Plan be activated	Jan. 31, 2011	36 MoReg 879
11-02	Extends the declaration of emergency contained in Executive Order 10-27 and the terms of Executive Order 11-01 through February 28, 2011		36 MoReg 877
11-01	Gives the Director of the Department of Natural Resources the authority to temporarily suspend regulations in the aftermath of severe winter weather that began on December 30	Jan. 4, 2011	36 MoReg 705

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

ACCOUNTANCY, MISSOURI STATE BOARD OF,

effective dates and basic requirements; 20 CSR 2010-4.010; 9/4/12 requirements for an initial license to practice; 20 CSR 2010-2.061; 9/4/12

ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS, AND LANDSCAPE ARCHITECTS, MISSOURI BOARD FOR,

application, renewal, reinstatement, relicensure, and miscellaneous fees; 20 CSR 2030-6.015; 9/4/12

continuing professional competency for professional engineers; 20 CSR 2030-11.015; 9/4/12

criteria to file application under section 324.008.1., RSMo, for a temporary courtesy license; 20 CSR 2030-4.055; 9/4/12

AGRICULTURE

animal health

movement of livestock, poultry, and exotic animals within Missouri; 2 CSR 30-2.020; 6/1/12

plant industries

acceptable insurance and bond forms for commercial applicators; 2 CSR 70-25.065; 4/16/12, 8/1/12

assessment of administrative penalties; 2 CSR 70-30.110; 4/16/12, 8/1/12

fee schedule; 2 CSR 70-10.075; 8/1/12

nonprofit nursery dealer defined; 2 CSR 70-10.025; 8/1/12 processed animal waste products as animal feed ingredients; 2 CSR 70-30.115; 4/16/12, 8/1/12

state milk board

adoption of the *Grade "A" Pasteurized Milk Ordinance (PMO)*, 2011 revision of the United States Department of Health and Human Services, Public Health Service/Food and Drug Administration; 2 CSR 80-2.180; 4/16/12, 8/1/12

adoption of the *Grade "A" Pasteurized Milk Ordinance (PMO)*, 2011 revision of the United States Department of Health and Human Services, Public Health Service/Food and Drug Administration by reference; 2 CSR 80-3.130; 9/4/12

animal health; 2 CSR 80-2.080; 4/16/12, 8/1/12

dairy manufacturing plant, dairy manufacturing farm, and personnel licensure; 2 CSR 80-6.041; 9/4/12

definitions

2 CSR 80-2.010; 4/2/12, 7/16/12

2 CSR 80-3.010; 9/4/12

enforcement; 2 CSR 80-2.151; 4/16/12, 8/1/12

enforcement interpretation; 2 CSR 80-3.120; 9/4/12

examination of milk and milk products, the

2 CSR 80-2.060;4/16/12, 8/1/12

2 CSR 80-3.060; 9/4/12

future dairy farms and milk plants; 2 CSR 80-2.121; 4/16/12, 8/1/12

general organization; 2 CSR 80-1.010; 4/16/12, 8/1/12 grading of milk and milk products; 2 CSR 80-3.070; 9/4/12 inspection fee; 2 CSR 80-5.010; 7/16/12

inspection frequency and procedure; 2 CSR 80-2.050; 4/16/12, 8/1/12

inspection of production and distribution facilities; 2 CSR 80-3.050; 9/4/12

labeling

2 CSR 80-2.040; 4/16/12, 8/1/12

2 CSR 80-3.040; 9/4/12

milk and milk products from points beyond the limits of routine inspection; 2 CSR 80-2.110; 4/16/12, 8/1/12

milk and milk products which may be sold; 2 CSR 80-2.091; 4/16/12, 8/1/12

notification of disease; 2 CSR 80-3.100; 9/4/12

penalty; 2 CSR 80-2.161; 4/16/12, 8/1/12 permits

2 CSR 80-2.030; 4/16/12, 8/1/12

2 CSR 80-3.030; 9/4/12

personnel health; 2 CSR 80-2.130; 4/16/12, 8/1/12

procedure when infection is suspected

2 CSR 80-2.141;4/16/12, 8/1/12

2 CSR 80-3.110; 9/4/12

protection and transportation of raw milk and cream; 2 CSR 80-6.021; 9/4/12

rules for import milk; 2 CSR 80-4.010; 4/16/12, 8/1/12 sale of adulterated, misbranded milk, or milk products; 2 CSR 80-2.020; 4/16/12, 8/1/12

sale of adulterated, ungraded, or misbranded milk or milk products prohibited; 2 CSR 80-3.020; 9/4/12 separability clause; 2 CSR 80-2.170; 4/16/12, 8/1/12

separability clause; 2 CSR 80-2.170; 4/16/12, 8/1/12 specifications for the construction and operation of facilities and installation of equipment for the production and processing of manufacturing milk and milk products; 2 CSR 80-6.011; 9/4/12

standards for milk and milk products; 2 CSR 80-2.070; 4/16/12, 8/1/12

suspension and reinstatement of permit; 2 CSR 80-3.080; 9/4/12

transferring; delivery containers; cooling; 2 CSR 80-2.101; 4/16/12, 8/1/12

transferring or dipping milk: delivery containers; cooling; quarantined residences; 2 CSR 80-3.090; 9/4/12 weights and measures

liquefied petroleum gases

definitions and general provisions; 2 CSR 90-10.001;

inspection authority-duties; 2 CSR 90-10.011; 8/1/12 installation requirements; 2 CSR 90-10.013; 8/1/12 NFPA Manual; No. 54, *National Fuel Gas Code*; 2 CSR 90-10.020; 8/1/12

NFPA Manual; No. 58, Storage and Handling of Liquefied Petroleum Gases; 2 CSR 90-10.040; 8/1/12

NFPA Manual; No. 1192, Chapter 5, Standard for Recreational Vehicles; 2 CSR 90-10.090; 8/1/12 registration-training; 2 CSR 90-10.012; 8/1/12 reporting of odorized LP-gas release, fire, or explosion; 2 CSR 90-10.120; 8/1/12

storage; 2 CSR 90-10.014; 8/1/12

AIR QUALITY, AIR POLLUTION CONTROL

construction permits required; 10 CSR 10-6.060; 3/1/12, 8/1/12 definitions and common reference tables; 10 CSR 10-6.020; 8/15/12

emission standards for hazardous air pollutants; 10 CSR 10-6.080; 6/15/12

emissions banking and trading; 10 CSR 10-6.410; 3/1/12, 8/1/12 maximum achievable control technology regulations; 10 CSR 10-6.075; 6/15/12

new source performance regulations; 10 CSR 10-6.070; 6/15/12 on-board diagnostics motor vehicle emissions inspection; 10 CSR 10-5.381; 6/15/12

operating permits; 10 CSR 10-6.065; 3/1/12, 8/1/12 restriction of emission of sulfur compounds; 10 CSR 10-6.260; 3/1/12, 8/1/12

ATTORNEY GENERAL

methods by which a person or entity desiring to make telephone solicitations will obtain access to the database of residential subscriber's notice of objection to receiving telephone solicitations and the cost assessed for access to the database; 15 CSR 60-13.060; 7/2/12

AUDITOR, STATE

annual financial reports of political subdivisions; 15 CSR 40-3.030; 4/2/12, 7/16/12

reasonable notice for bonds sold at public sale; 15 CSR 40-3.020; 4/2/12, 7/16/12

submission of proposed statements of fiscal impact; 15 CSR 40-5.010; 4/2/12, 7/16/12

CERTIFICATE OF NEED PROGRAM

application review schedule; 19 CSR 60-50; 7/16/12, 8/1/12, 9/4/12

CLEAN WATER COMMISSION

general pretreatment regulation; 10 CSR 20-6.100; 12/15/11, 3/1/12

CONSERVATION, DEPARTMENT OF

closed hours; 3 CSR 10-12.109; 4/16/12, 7/2/12 deer

firearms hunting season; 3 CSR 10-7.433; 7/2/12, 8/1/12 hunting seasons: general provisions; 3 CSR 10-7.431; 7/2/12 special harvest provisions; 3 CSR 10-7.435; 7/2/12

general prohibition; applications; 3 CSR 10-4.110; 7/2/12 hunting and trapping; 3 CSR 10-12.125; 4/16/12, 7/2/12

hunting, general provisions and seasons; 3 CSR 10-11.180; 4/16/12, 7/2/12

migratory game birds and waterfowl: seasons, limits; 3 CSR 10- 7.440; 8/1/12

pets and hunting dogs; 3 CSR 10-11.120; 4/16/12, 7/2/12 restricted zones; 3 CSR 10-6.415; 4/16/12, 7/2/12

turkeys: seasons, methods, limits; 3 CSR 10-7.455; 7/2/12 use of boats and motors; 3 CSR 10-12.110; 4/16/12, 7/2/12 youth pricing: deer and turkey permits; 3 CSR 10-5.222; 7/2/12

CREDIT UNIONS, DIVISION OF

audit by supervisory committee; 20 CSR 1100-2.170; 6/15/12 audits in lieu of examination: procedure; 20 CSR 1100-2.100; 6/15/12

completing dissolution of credit union; 20 CSR 1100-2.070; 6/15/12 credit union service organization (CUSO); 20 CSR 1100-2.085; 6/15/12

membership; 20 CSR 1100-2.020; 6/15/12

surety bond requirement; 20 CSR 1100-2.030; 6/15/12

unlocatable members; small share balances: how to handle; 20 CSR 1100-2.090: 6/15/12

DENTAL BOARD, MISSOURI

conscious sedation; 20 CSR 2110-4.020; 9/4/12

deep sedation/general anesthesia; 20 CSR 2110-4.040; 9/4/12

definitions; 20 CSR 2110-4.010; 9/4/12

dental assistants; 20 CSR 2110-2.120; 9/4/12

dental hygienists; 20 CSR 2110-2.130; 9/4/12

fees; 20 CSR 2110-2.170; 9/4/12

guidelines for administration of moderate sedation; 20 CSR 2110-4.030; 9/4/12

licensure by credentials-dental hygientists; 20 CSR 2110-2.070; 4/16/12, 8/1/12

licensure by credentials-dentists; 20 CSR 2110-2.030; 4/16/12, 8/1/12

licensure by examination-dental hygientists; 20 CSR 2110-2.050; 4/16/12, 8/1/12

licensure by examination–dentists; 20 CSR 2110-2.010; 4/16/12, 8/1/12

moderate sedation: 20 CSR 2110-4.020: 9/4/12

ELEMENTARY AND SECONDARY EDUCATION, DEPARTMENT OF

A+ schools program; 5 CSR 20-100.200; 4/2/12, 8/1/12 administration of high school equivalence program; 5 CSR 20-500.330; 6/1/12

application for a career education certificate of license to teach; 5 CSR 20-400.190; 4/2/12, 9/4/12

application for a student services certificate of license to teach; 5 CSR 20-400.170; 4/2/12, 9/4/12

application for an adult education and literacy certificate of license to teach; 5 CSR 20-400.200; 4/2/12, 9/4/12

application for certificate of license to teach; 5 CSR 20-400.150; 4/2/12, 9/4/12

application for certificate of license to teach for administrators; 5 CSR 20-400.160; 4/2/12, 9/4/12

charter schools; 5 CSR 20-100.250; 3/1/12, 7/2/12

certificate of license to teach classifications; 5 CSR 20-400.260; 4/2/12, 9/4/12

certificate of license to teach content areas; 5 CSR 20-400.250; 4/2/12, 9/4/12

minimum requirements for school bus chassis and body; 5 CSR 30-261.025; 6/1/12

required assessments for professional education certification in Missouri; 5 CSR 20-400.280; 4/2/12, 9/4/12

temporary authorization certificate of license to teach; 5 CSR 20-400.180; 4/2/12, 9/4/12

ENERGY, DIVISION OF

applications accepted for energy-efficiency loan cycle; 10 CSR 140-2; 7/2/12

certification of renewable energy and renewable energy standard compliance account; 10 CSR 140-8.010; 4/2/12, 7/16/12

EXECUTIVE ORDERS

activates the Missouri State Emergency Operations Center and directs the State Emergency Management Agency, State Fire Marshall, Adjutant General, and other such agencies to coordinate with local authorities affected by fire danger due to the prolonged period of record heat and low precipitation; 12-06; 8/1/12

authorizes the State Soil and Water Districts Commissions to implement an emergency cost-share program to address water challenges to landowners engaged in livestock or crop production due to the current drought. Additionally, it establishes the Agriculture Water Resource Technical Review Team; 12-08; 9/4/12

declares a state of emergency, directs the Missouri State Emergency Operations Plan be activated, and extends Executive Order 12-06 to Oct. 1, 2012, in response to severe heat, dry conditions, and fire risks affecting the state; 12-07; 9/4/12

FAMILY SUPPORT DIVISION

assignment of a protective payee over temporary assistance benefits when the head-of-household is declared ineligible for temporary assistance pursuant to 13 CSR 40-2.400 through 13 CSR 40-2.450; 13 CSR 40-2.450; 8/1/12

definitions for the screening and testing for illegal use of controlled substances by temporary assistance applicants and recipients; 13 CSR 40-2.400; 8/1/12

hearings for proceedings under 13 CSR 40-2.400 through 13 CSR 40-2.450; 13 CSR 40-2.440; 8/1/12

screening temporary assistance applicants and recipients for illegal use of a controlled substance; 13 CSR 40-2.4l0; 8/1/12

spend down program; 13 CSR 40-2.395; 4/2/12, 9/4/12

substance abuse treatment program for temporary assistance recipients; 13 CSR 40-2.430; 8/1/12

testing for the illegal use of a controlled substance by applicants and recipients of temporary assistance; 13 CSR 40-2.420; 8/1/12

GAMING COMMISSION, MISSOURI

minimum internal control standards (MICS)-chapter F; 11 CSR 45-9.106; 3/1/12, 7/2/12

minimum internal control standards (MICS)-chapter N; 11 CSR 45-9.114; 5/1/12

minimum internal control standards (MICS)-chapter T; 11 CSR 45-9.120; 3/1/12, 7/2/12

objectives of an internal control system; 11 CSR 45-9.020; 6/1/12 operator content delivery systems; 11 CSR 45-5.194; 7/1/11, 12/1/11

poker cards-receipt, storage, inspections, and removal from use; 11 CSR 45-5.185; 3/1/12, 7/2/12

promotional activities; 11 CSR 45-5.181; 5/1/12 tips and gifts; 11 CSR 45-8.130; 3/1/12, 7/2/12

HEALING ARTS, STATE BOARD OF REGISTRATION FOR THE

general provisions; 20 CSR 2150-5.026; 2/15/12, 7/16/12 medication therapy services by protocol; 20 CSR 2150-5.028; 2/15/12, 7/16/12

procedural process for registration; 20 CSR 2150-4.205; 2/1/12, 7/2/12

scope of practice; 20 CSR 2150-4.203; 2/1/12, 7/2/12 supervision requirements; 20 CSR 2150-4.201; 2/1/12, 7/2/12

HEALTH AND SENIOR SERVICES

environmental health & communicable disease prevention human immunodeficiency virus (HIV) antibody HIV treatment program; 19 CSR 20-26.030; 4/2/12, 9/4/12

physician human immunodefieciency virus (HIV) test consultation and reporting; 19 CSR 20-26.040; 4/2/12, 9/4/12

health laboratory, state public

approval of methods for the analysis of blood, saliva, and urine for the presence of drugs; 19 CSR 25-30.080; 7/2/12.

approval of methods for the determination of blood alcohol content from samples of blood, saliva, or urine; 19 CSR 25-30.070; 7/2/12

approved breath analyzers; 19 CSR 25-30.050; 7/2/12 breath analyzer calibration and accuracy verification standards; 19 CSR 25-30.051; 7/2/12

general provisions for the determination of blood, breath, saliva, or urine analysis and drug testing; 19 CSR 25-30.011; 7/2/12

operating procedures for breath analyzers; 19 CSR 25-30.060; 7/2/12

type I permit; 19 CSR 25-30.021; 7/2/12 type II permit; 19 CSR 25-30.031; 7/2/12 type III permit; 19 CSR 25-30.041; 7/2/12

regulation and licensure

administrative, personnel, and resident care requirements for assisted living facilities; 19 CSR 30-86.047; 4/2/12, 8/15/12

administrative, personnel, and resident care requirements for facilities licensed as a residential care facility II on August 27, 2006 that will comply with residential care facility II standards; 19 CSR 30-86.043; 4/2/12, 8/15/12

fire safety and emergency preparedness standards for new and existing intermediate care and skilled nursing facilities; 19 CSR 30-85.022; 4/16/12

residential care facilities and assisted living facilities; 19 CSR 30-86.022; 4/16/12

level I medication aide training program; 19 CSR 30-84.030; 5/1/12

reasons and methods the department can use to take administrative licensure actions; 19 CSR 30-40.365; 4/2/12, 8/15/12

resident assessment instrument; 19 CSR 30-81.015; 4/2/12, 8/15/12

residents' funds and property: 19 CSR 30-88.020: 4/16/12

HIGHWAYS AND TRANSPORTATION COMMISSION

skill performance evaluation certificates for commercial drivers; 7 CSR 10-25.010; 7/2/12, 7/16/12, 9/4/12

INSURANCE

applied behavior analysis maximum benefit; 20 CSR; 3/15/12 extended Missouri and Missouri mutual companies' financial reinsurance requirements; 20 CSR 200-12.030; 2/15/12, 7/2/12

licensing and authorization of portable electronics insurance producers and related entities; 20 CSR 700-1.160; 2/1/12, 7/16/12

licensure of motor vehicle extended service contract producers; 20 CSR 200-18.030; 2/1/12, 7/16/12

LABOR AND INDUSTRIAL RELATIONS, DEPARTMENT OF

employment security

registration and claims in general; 8 CSR 10-3.010; 5/1/12, 8/15/12

MENTAL HEALTH, DEPARTMENT OF

appeals procedure for service eligibility through the Division of Developmental Disabilities; 9 CSR 45-2.020; 3/1/12, 8/1/12

community mental health center clinic UPL; 9 CSR 10-31.040; 3/1/12, 7/16/12

eligibility for services from the Division of Developmental Disabilities; 9 CSR 45-2.010; 3/1/12, 8/1/12

prioritizing access to funded services; 9 CSR 45-2.015; 3/1/12, 8/1/12

utilization review process; 9 CSR 45-2.017; 3/1/12, 8/1/12

MO HEALTHNET

disproportionate share hospital payments; 13 CSR 70-15.220; 5/1/12, 8/1/12, 9/4/12

federal reimbursement allowance (FRA); 13 CSR 70-15.110; 8/1/12 global per diem adjustments to nursing facility and HIV nursing facility reimbursement rates; 13 CSR 70-10.016; 8/1/12

inpatient hospital services reimbursement plan; outpatient hospital services reimbursement methodology; 13 CSR 70-15.010; 8/1/12

nursing facility reimbursement allowance; 13 CSR 70-10.110; 8/1/12 prospective outpatient hospital services reimbursement methodology; 13 CSR 70-15.160; 8/1/12

public/private long term care services and supports partnership supplemental payment to nursing homes; 13 CSR 70-10.160; 3/15/12, 7/2/12

OCCUPATIONAL THERAPY, MISSOURI BOARD OF

fees; 20 CSR 2205-1.050; 8/1/12

PHARMACY, STATE BOARD OF

certificate of medication therapeutic plan authority; 20 CSR 2220-6.070; 2/15/12, 7/16/12

general fees; 20 CSR 2220-4.010; 8/15/12

general provisions; 20 CSR 2220-6.060; 2/15/12, 7/16/12 medication therapy services by protocol; 20 CSR 2220-6.080; 2/15/12, 7/16/12

prescription requirements; 20 CSR 2220-2.013; 6/15/12

POLICE COMMISSIONERS, BOARDS OF

St. Louis board of police commissioners

administration and command of the private security section

17 CSR 20-2.015; 6/1/12 17 CSR 20-3.015; 6/1/12

authority: 17 CSR 20-2.065; 6/1/12

complaint/disciplinary procedures; 17 CSR 20-2.125; 6/1/12 definitions

```
17 CSR 20-2.025; 6/1/12
    17 CSR 20-3.025; 6/1/12
licensing; 17 CSR 20-2.035; 6/1/12
training
    17 CSR 20-2.055; 6/1/12
    17 CSR 20-3.055; 6/1/12
uniforms
    17 CSR 20-2.085; 6/1/12
    17 CSR 20-3.085; 6/1/12
weapons
    17 CSR 20-2.105; 6/1/12
    17 CSR 20-3.105; 6/1/12
```

PROFESSIONAL REGISTRATION, DIVISION OF

designation of license renewal dates and related renewal information; 20 CSR 2231-2.010; 9/4/12

general organization; 20 CSR 2231-1.010; 9/4/12

PUBLIC SAFETY, DEPARTMENT OF

computer-based continuing education training for 911 telecommunicators; 11 CSR 30-13.110; 2/1/12, 7/2/12

definitions

11 CSR 10-12.020; 2/1/12, 7/2/12 11 CSR 30-13.020; 2/1/12, 7/2/12

exemptions and waiver of initial training requirement

11 CSR 10-12.040; 2/1/12, 7/2/12 11 CSR 30-13.040; 2/1/12, 7/2/12

general organization 11 CSR 10-12.010; 2/1/12, 7/2/12

11 CSR 30-13.010; 2/1/12, 7/2/12

initial training

11 CSR 10-12.030; 2/1/12, 7/2/12 11 CSR 30-13.030; 2/1/12, 7/2/12

in-service continuing education training for 911 telecommunicators; 11 CSR 30-13.100; 2/1/12, 7/2/12

minimum standards for continuing education training; 11 CSR 30-13.060; 2/1/12, 7/2/12

out-of-state, federal, and organizations continuing education credit for 911 telecommunicators; 11 CSR 30-13.090; 2/1/12,

payment for sexual assault forensic examinations; 11 CSR 30-12.010; 1/17/12, 7/2/12

procedure to obtain approval for an individual continuing education course for 911 telecommunicators; 11 CSR 30-13.080; 2/1/12, 7/2/12

procedure to obtain continuing education provider approval for 911 telecommunicators; 11 CSR 30-13.070; 2/1/12, 7/2/12

procedures for certification of training; 11 CSR 10-12.060; 2/1/12, 7/2/12

requirements for continuing education

11 CSR 10-12.050; 2/1/12, 7/2/12 11 CSR 30-13.050; 2/1/12, 7/2/12

PUBLIC SERVICE COMMISSION

definitions; 4 CSR 240-31.010; 7/2/12

net metering; 4 CSR 240-20.065; 3/1/12, 7/2/12

REAL ESTATE COMMISSION, MISSOURI

disputes; 20 CSR 2250-2.040; 9/4/12

RETIREMENT SYSTEMS

LAGERS (Missouri local government employees' retirement system)

re-employment in LAGERS-covered employment after retirement; 16 CSR 20-2.083; 6/1/12

public school retirement system of Missouri, the

management of funds

16 CSR 10-3.020; 6/1/12 16 CSR 10-6.030; 6/1/12

payment for reinstatement and credit purchases

```
16 CSR 10-4.012; 8/1/12
    16 CSR 10-6.045; 8/1/12
service retirement
    16 CSR 10-5.010; 8/1/12
    16 CSR 10-6.060; 8/1/12
```

SECURITIES

exemptions from registration for broker-dealers, agents, investment advisers, and investment adviser representatives; 15 CSR 30-51.180; 6/1/12

custody of securities or funds by investment advisers; 15 CSR 30-51.100; 6/1/12

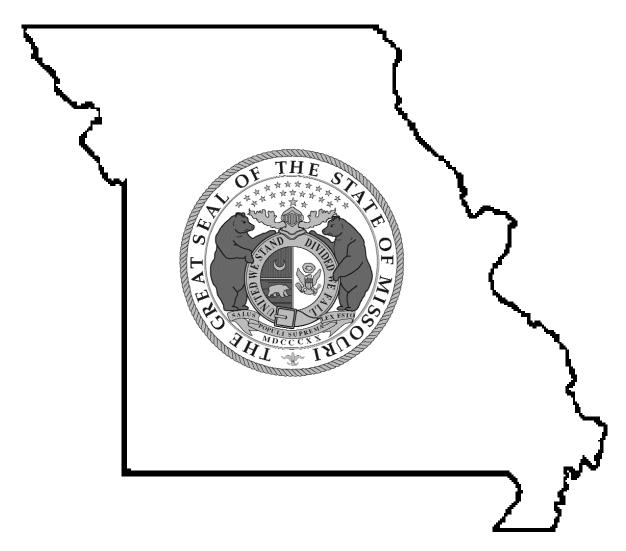
THERAPEUTIC MASSAGE, BOARD OF

fees; 20 CSR 2197-1.040; 7/16/12

TREASURER

Missouri MOST 529 matching grant program; 15 CSR 50-4.030; 5/15/12

RULEMAKING 1-2-3 DRAFTING AND STYLE MANUAL

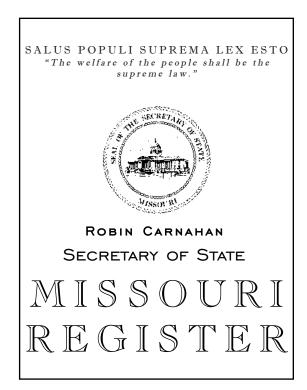


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