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SALUS POPULI SUPREMA LEX ESTO

*"The welfare of the people shall be the supreme law."*



JASON KANDER  
SECRETARY OF STATE

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REGISTER

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

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

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

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

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

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

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

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

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

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

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

**EMERGENCY AMENDMENT**

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

*PURPOSE: This amendment provides for the State Fiscal Year (SFY) 2014 trend factor to be applied in determining FRA funded hospital payments for SFY 2014.*

*EMERGENCY STATEMENT: The Department of Social Services, MO HealthNet Division (MHD) finds that this emergency amendment is necessary to preserve a compelling governmental interest of collecting state revenue in order to provide health care to individuals eligible for the MO HealthNet program and for the uninsured. An early effective date is required because this emergency amendment establishes the Federal Reimbursement Allowance (FRA) funded hospital payments for dates of service beginning July 1, 2013 in regulation to ensure that quality health care continues to be provided to MO HealthNet participants and indigent patients at hospitals that have relied on MO HealthNet payments to meet those patients' needs. In order to determine the trends for State Fiscal Year (SFY) 2014, all relevant information from the necessary sources must be available to MHD. Without this information, the trends cannot be determined;*

*therefore, due to the timing of the receipt of this information and the necessary July 1, 2013 effective date, an emergency regulation is necessary. As a result, the MHD finds an immediate danger to public health and welfare which requires emergency actions. If this emergency amendment is not enacted, there would be significant cash flow shortages causing a financial strain on Missouri hospitals which serve over eight hundred eighty thousand (880,000) MO HealthNet participants plus the uninsured. This financial strain, in turn, will result in an adverse impact on the health and welfare of MO HealthNet participants and uninsured individuals in need of medical treatment. A proposed amendment, which covers the same material, will be published in the Missouri Register. This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The MHD believes this emergency amendment to be fair to all interested parties under the circumstances. The emergency amendment was filed June 20, 2013, becomes effective July 1, 2013, and expires December 28, 2013.*

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

(B) Trend Indices (TI). Trend indices are determined based on the four- (4-) quarter average DRI Index for DRI-Type Hospital Market Basket as published in *Health Care Costs* by DRI/McGraw-Hill for each State Fiscal Year (SFY) 1995 to 1998. Trend indices starting in SFY 1999 will be determined based on CPI Hospital indexed as published in *Health Care Costs* by DRI/McGraw-Hill for each State Fiscal Year (SFY).

1. The TI are—

- A. SFY 1994—4.6%
- B. SFY 1995—4.45%
- C. SFY 1996—4.575%
- D. SFY 1997—4.05%
- E. SFY 1998—3.1%
- F. SFY 1999—3.8%
- G. SFY 2000—4.0%
- H. SFY 2001—4.6%
- I. SFY 2002—4.8%
- J. SFY 2003—5.0%
- K. SFY 2004—6.2%
- L. SFY 2005—6.7%
- M. SFY 2006—5.7%
- N. SFY 2007—5.9%
- O. SFY 2008—5.5%
- P. SFY 2009—5.5%
- Q. SFY 2010—3.9%
- R. SFY 2011—3.2%—The 3.2% trend shall not be applied in determining the per diem rate, Direct Medicaid payments, or uninsured payments.
- S. SFY 2012—4.0%
- T. SFY 2013—4.4%
- U. SFY 2014—3.7%

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

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

4. A facility previously enrolled for participation in the MO HealthNet Program, which either voluntarily or involuntarily terminates its participation in the MO HealthNet Program and which reenters the MO HealthNet Program, shall have its MO HealthNet rate determined in accordance with section (4).

*AUTHORITY: sections 208.152, 208.153, and 208.201, RSMo Supp. 2012. This rule was previously filed as 13 CSR 40-81.050. Original rule filed Feb. 13, 1969, effective Feb. 23, 1969. For intervening history, please consult the Code of State Regulations. Emergency amendment filed June 20, 2013, effective July 1, 2013, expires Dec. 28, 2013. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

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

**EMERGENCY AMENDMENT**

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

*PURPOSE: This amendment provides for the State Fiscal Year (SFY) 2014 trend factor to be applied to the inpatient and outpatient adjusted net revenues determined from the Federal Reimbursement Allowance (FRA) fiscal year cost report.*

*EMERGENCY STATEMENT: The Department of Social Services, MO HealthNet Division (MHD) finds that this emergency amendment is necessary to preserve a compelling governmental interest of collecting state revenue in order to provide health care to individuals eligible for the MO HealthNet program and for the uninsured. An early effective date is required because the emergency amendment is necessary to establish the Federal Reimbursement Allowance (FRA) assessment rate effective for dates of service beginning July 1, 2013 in regulation in order to collect the state revenue to ensure access to hospital services for MO HealthNet participants and indigent patients at hospitals that have relied on MO HealthNet payments to meet those patients' needs. The Missouri Partnership Plan between the Centers for Medicare and Medicaid Services (CMS) and the Missouri Department of Social Services (DSS), which establishes a process whereby CMS and DSS determine the permissibility of the funding source used by Missouri to fund its share of the MO HealthNet program, is based on a state fiscal year. In order to determine the trends for State Fiscal Year (SFY) 2014, all relevant information from the necessary sources must be available to MHD. Without this information, the trends cannot be determined; therefore, due to the timing of the receipt of this information and the necessary July 1, 2013 effective date, an emergency regulation is necessary. The MHD also finds an immediate danger to public health and welfare which requires emergency actions. If this emergency amendment is not enacted, there would be significant cash flow shortages causing a financial strain on Missouri hospitals which serve over eight hundred eighty thousand (880,000) MO HealthNet participants plus the uninsured. This financial strain, in turn, will result in an adverse impact on the health and welfare of MO HealthNet participants and uninsured individuals in need of medical treatment. The FRA will raise approximately \$1.078 billion for SFY 2014 (July 1, 2013–June 30, 2014), of which \$18.0 million is attributable to the trend factor that is the subject of this emergency amendment. A proposed amendment, which covers the same material, will be published in the Missouri Register. This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The MHD believes this emergency amendment to be fair to all interested parties under the circumstances. The emergency amendment was filed June 20, 2013, becomes effective July 1, 2013, and expires December 28, 2013.*

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

(A) Definitions.

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

2. Base cost report—Desk-reviewed Medicare/Medicaid cost report. When a hospital has more than one (1) cost report with periods ending in the base year, the cost report covering a full twelve (12)-month period will be used. If none of the cost reports covers a full twelve (12) months, the cost report with the latest period will be used. If a hospital's base cost report is less than or greater than a twelve (12)-month period, the data shall be adjusted, based on the number of months reflected in the base cost report, to a twelve (12)-month period.

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

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

5. Department—Department of Social Services.

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

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

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

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

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

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

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

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

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

(I) "Nursing Facility Charges" from Worksheet C, Part I, Line 35, Column 6;

(II) "Swing Bed Nursing Facility Charges" from Worksheet G-2, Line 5, Column 1;

(III) "Nursing Facility Ancillary Charges" as determined

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

(IV) "Distinct Part Ambulatory Surgical Center Charges" from Worksheet G-2, Line 22, Column 2;

(V) "Ambulance Charges" from Worksheet C, Part I, Line 65, Column 7;

(VI) "Home Health Charges" from Worksheet G-2, Line 19, Column 2;

(VII) "Total Rural Health Clinic Charges" from Worksheet C, Part I, Column 7, Lines 63.50-63.59; and

(VIII) "Other Non-Hospital Component Charges" from Worksheet G-2, Lines 6, 8, 21, 21.02, 23, and 24;

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

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

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

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

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

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

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

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

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

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

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

(I) SFY 2009 = 5.50%

(II) SFY 2009 Missouri Specific Trend = 1.50%

(III) SFY 2010 = 3.90%

(IV) SFY 2010 Missouri Specific Trend = 1.50%

(V) SFY 2011 = 3.20%

(VI) SFY 2012 = 5.33%

(VII) SFY 2013 = 4.4%

(VIII) SFY 2014 =

(a) **Inpatient Adjusted Net Revenues—0%**

(b) **Outpatient Adjusted Net Revenues—3.70%**

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

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

*Jan. 15, 1993, effective Jan. 25, 1993, expired May 24, 1993. Original rule filed Sept. 21, 1992, effective June 7, 1993. For intervening history, please consult the Code of State Regulations. Emergency amendment filed June 20, 2013, effective July 1, 2013, expires Dec. 28, 2013. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

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

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

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

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

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

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

(B) Special Per Diem Rate Adjustments. Special per diem rate adjustments may be added to a qualifying facility's rate without regard to the cost component ceiling if specifically provided as described below.

1. Patient care incentive. Each facility with a prospective rate on or after January 1, 1995, shall receive a per diem adjustment equal to ten percent (10%) of the facility's allowable patient care per diem subject to a maximum of one hundred thirty percent (130%) of the patient care median when added to the patient care per diem as determined in subsection (11)(A). This adjustment will not be subject to the cost component ceiling of one hundred twenty percent (120%) for the patient care median.

2. Ancillary incentive. Each facility with a prospective rate on or after January 1, 1995, and which meets one (1) of the following criteria shall receive a per diem adjustment:

A. If the facility's allowable ancillary per diem as determined in subsection (11)(B) is below ninety percent (90%) of the ancillary median, the adjustment is equal to one-half (1/2) of the difference between one hundred twenty percent (120%) and ninety percent (90%) of the ancillary median. The following is an illustration of how the ancillary per diem adjustment is calculated:

120% of median	\$6.62
90% of median	\$4.97
Difference	\$1.65
1/2 the difference	<u>    .82</u>
Per diem adjustment	\$ .83

B. If the facility's allowable ancillary per diem as determined in subsection (11)(B) is between ninety percent (90%) and one hundred twenty percent (120%) of the median, the adjustment is equal to one-half (1/2) of the difference between one hundred twenty percent (120%) of the median and the facility's allowable ancillary per diem. The following is an illustration of how the ancillary per diem adjustment is calculated:

90% of median	\$4.97
120% of median	\$6.62
Ancillary per diem	\$5.21
Difference	\$1.41
1/2 the difference	<u>    .71</u>
Per diem adjustment	\$ .71

3. Multiple component incentive. Each facility with a prospective rate on or after January 1, 1995, and which meets the following criteria shall receive a per diem adjustment:

A. If the sum of the facility's patient care per diem and ancillary per diem, as determined in subsections (11)(A) and (B), is greater than or equal to sixty percent (60%) but less than or equal to eighty percent (80%), rounded to four (4) decimal places (.5985 or .8015 would not receive the adjustment), of the facility's total per diem, the adjustment is as follows:

Percent of Total Per Diem Rate	Incentive
< 60%	\$0.00
> or = 60% but < 65%	\$1.15
> or = 65% but < 70%	\$1.30
> or = 70% but < 75%	\$1.45
> or = 75% but < or 80% =	\$1.60

B. A facility shall receive an additional incentive if it receives the adjustment in subparagraph (13)(B)3.A. and the following calculation is greater than seventy-five percent (75%), rounded to four (4) decimal places (.7485 would not receive the adjustment): Medicaid days divided by the licensed nursing facility patient days from the facility's desk audited and/or field audited 1992 cost report. The

Proposed Amendment Text Reminder:

**Boldface text indicates new matter.**

*[Bracketed text indicates matter being deleted.]*

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 10—Nursing Home Program**

**PROPOSED AMENDMENT**

**13 CSR 70-10.015 Prospective Reimbursement Plan for Nursing Facility Services.** The division is amending section (13) and adding paragraph (13)(B)12.

*PURPOSE: This amendment provides for a per diem increase to nursing facility reimbursement rates if the criteria set forth in 13 CSR 70-10.017 Invasive Ventilator Care Program are met.*

(13) Adjustments to the Reimbursement Rates. Subject to the limitations prescribed elsewhere in this regulation, a facility's reimbursement rate may be adjusted as described in this section, *[and]* 13 CSR 70-10.016, and 13 CSR 70-10.017.



adjustment is as follows:

<u>Calculated Percentage</u>	<u>Incentive</u>
< 75%	\$0.00
> or = 75% but < 80%	\$0.15
> or = 80% but < 85%	\$0.30
> or = 85% but < 90%	\$0.45
> or = 90% but < 95%	\$0.60
> or = 95%	\$0.75

4. 1967 *Life Safety Code* (LSC). Currently certified nursing facilities that must comply with a recent interpretation of paragraph 10-133 of the 1967 LSC which requires corridor walls to extend to the roof deck or achieve equivalency under the Fire Safety Evaluation System (FSES) will be reimbursed the reasonable and necessary cost to meet those standards required for compliance through their reimbursement rate. The reimbursement shall not be effective until the Department of Health and Senior Services has confirmed that the corrective action to comply with the 1967 LSC or FSES is operational and has reviewed the cost for compliance. Fire sprinkler systems shall be reimbursed over a depreciation life of twenty-five (25) years, and other alternative corrective action will be reimbursed over a depreciable life of fifteen (15) years. The division will use a desk audited and/or field audited cost report with the latest period ending in calendar year 1992 which is on file with the division as of December 31, 1993. This adjustment will be computed based on the documented cost submitted to the division as follows:

A. Depreciation. The cost incurred for the approved corrective action to continue in compliance divided by the depreciable useful life;

B. Interest. The interest cost incurred to finance this project shall be documented by a statement from the lending institution detailing the total interest cost of the loan period. The total interest cost will be divided by the loan period on a straight-line basis; and

C. The total of subparagraphs (13)(B)4.A. and B. will be divided by twelve (12) and then multiplied by the number of months covered by the 1992 cost report. This amount will be divided by the greater of actual patient days from the 1992 cost report or eighty-five percent (85%) of the licensed bed days from the 1992 cost report.

5. Any facility that had a 1967 LSC adjustment included in their December 31, 1994 reimbursement rate shall have that adjustment added to their January 1, 1995 reimbursement rate.

6. Replacement beds. A facility with a prospective rate in effect on or after January 1, 1995, may request a rate adjustment for replacement beds that resulted in the same number of beds being delicensed with the Department of Health and Senior Services. The facility shall provide documentation from the Department of Health and Senior Services that verifies the number of beds used for replacement have been delicensed from that facility. The rate adjustment will be calculated as the difference between the capital component per diem (fair rental value (FRV)) prior to the replacement beds being placed in service and the capital component per diem (FRV) including the replacement beds placed in service as calculated in subsection (11)(D) including the replacement beds placed in service. The capital component is calculated for the replacement beds using the asset value per licensed bed as determined using the R. S. Means Construction Index for nursing facility beds adjusted for the Missouri indexes for the date the replacement beds are placed in service.

7. Additional beds. A facility with a prospective rate in effect on or after January 1, 1995, may request a rate adjustment for additional beds. The facility must obtain an approved certificate of need or applicable waiver for the additional beds. The rate adjustment will be calculated as the difference between the capital component per diem (FRV) prior to the additional beds being placed in service and the capital component per diem (FRV) including the additional beds as calculated in subsection (11)(D) including the additional beds placed in service. The capital component is calculated for the addi-

tional beds using the asset value per licensed bed as determined using the R. S. Means Construction Index for nursing facility beds adjusted for the Missouri indexes for the date the additional beds are placed in service.

8. Extraordinary circumstances. A participating facility which has a prospective rate may request an adjustment to its prospective rate due to extraordinary circumstances. This request must be submitted in writing to the division within one (1) year of the occurrence of the extraordinary circumstance. The request must clearly and specifically identify the conditions for which the rate adjustment is sought. The dollar amount of the requested rate adjustment must be supported by complete, accurate, and documented records satisfactory to the division. If the division makes a written request for additional information and the facility does not comply within ninety (90) days of the request for additional information, the division shall consider the request withdrawn. Requests for rate adjustments that have been withdrawn by the facility or are considered withdrawn because of failure to supply requested information may be resubmitted once for the requested rate adjustment. In the case of a rate adjustment request that has been withdrawn and then resubmitted, the effective date shall be the first day of the month in which the resubmitted request was made providing that it was made prior to the tenth day of the month. If the resubmitted request is not filed by the tenth of the month, rate adjustments shall be effective the first day of the following month. Conditions for an extraordinary circumstance are as follows:

A. When the provider can show that it incurred higher costs due to circumstances beyond its control, the circumstances were not experienced by the nursing home industry in general, and the costs have a substantial cost effect;

B. Extraordinary circumstances include:

(I) Natural disasters such as fires, earthquakes, and floods that are not covered by insurance and that occur in a federally declared disaster area; and

(II) Vandalism and/or civil disorder that are not covered by insurance; and

C. The rate increase shall be calculated as follows:

(I) The one (1)-time costs (costs that will not be incurred in future fiscal years):

(a) To determine what portion of the incurred costs will be paid, the division will use the patient occupancy days from latest available quarterly occupancy survey from the Department of Health and Senior Services for the time period preceding when the extraordinary circumstances occurred; and

(b) The costs directly associated with the extraordinary circumstances will be multiplied by the above percent. This amount will be divided by the paid days for the month the rate adjustment becomes effective per paragraph (13)(B)8. This calculation will equal the amount to be added to the prospective rate for only one (1) month, which will be the month the rate adjustment becomes effective. For this one (1) month only, the ceiling will be waived.

(II) For ongoing costs (costs that will be incurred in future fiscal years): Ongoing annual costs will be divided by the greater of: annualized (calculated for a twelve (12)-month period) total patient days from the latest cost report on file or eighty-five percent (85%) of annualized total bed days. This calculation will equal the amount to be added to the respective cost center, not to exceed the cost component ceiling. The rate adjustment, subject to ceiling limits will be added to the prospective rate.

(III) For capitalized costs, a capital component per diem (FRV) will be calculated as determined in subsection (11)(D). The rate adjustment will be calculated as the difference between the capital component per diem (FRV) prior to the extraordinary circumstances and the capital component per diem (FRV) including the extraordinary circumstances.

9. Quality Assurance Incentive.

A. Each nursing facility with an interim or prospective rate on or after July 1, 2000, shall receive a per diem adjustment of three

dollars and twenty cents (\$3.20). The Quality Assurance Incentive adjustment will be added to the facility's current rate.

B. The Quality Assurance Incentive per diem increase shall be used to increase the expenditures to a nursing facility's direct patient care costs. Direct patient care costs include all expenses in the patient care cost component (i.e., lines 46 through 69 of Schedule B in the Title XIX Cost Report). Any increases in wages and benefits already codified in a collective bargaining agreement in effect as of July 1, 2000, will not be counted towards the expenditure requirements of the Quality Assurance Incentive as stated above. Nursing facilities with collective bargaining agreements shall provide such agreements to the division.

10. High volume adjustment. Effective for dates of service July 1, 2000, a high volume adjustment shall be granted to qualifying providers. A provider must qualify each July 1, the beginning of each state fiscal year (SFY), for the high volume adjustment and the adjustment will be effective for services rendered during the SFY, July 1 through June 30. For a provider who has a high volume adjustment on June 30, but does not qualify for the high volume adjustment on July 1 of the subsequent SFY, that provider's prospective rate will be reduced by the amount of the high volume adjustment included in the facility's prospective rate in effect June 30.

A. Each facility with a prospective rate on or after July 1, 2000, and which meets all of the following criteria shall receive a per diem adjustment:

(I) Have on file at the division a full twelve (12)-month cost report ending in the third calendar year prior to the state fiscal year in which the adjustment is being determined (i.e., for SFY 2001, the third prior year would be 1998, for SFY 2002, the third prior year would be 1999, etc.);

(II) The Medicaid patient days as determined from the cost report identified in part (13)(B)10.A.(I) exceeds eighty-five percent (85%) of the total patient days for all nursing facility licensed beds;

(III) The allowable cost per patient day as determined by the division from the applicable cost report for the patient care, ancillary, and administration cost components, as set forth in paragraphs (11)(A)1., (11)(B)1., and (11)(C)1., exceeds the per diem ceiling for each cost component in effect at the end of the cost report period; and

(IV) State owned or operated facilities shall not be eligible for this adjustment.

B. The adjustment will be equal to ten percent (10%) of the sum of the per diem ceilings for the patient care, ancillary, and administration cost components in effect on July 1 of each year. Effective July 1, 2002, the adjustment shall not accumulate from year-to-year.

C. The division may reconstruct and redefine the qualifying criteria and payment methodology for the high volume adjustment.

D. Second tier high volume adjustment. Effective for dates of service July 1, 2002, a second tier high volume adjustment shall be granted to qualifying providers.

(I) If a nursing facility qualifies for the first tier high volume adjustment, as set forth above in subparagraph (13)(B)10.A., it may qualify for the second tier adjustment if it meets the following criteria:

(a) The Medicaid patient days as determined from the cost report identified in part (13)(B)10.A.(I) exceeds ninety-three percent (93%) of the total patient days for all nursing facility licensed beds;

(b) The allowable cost per patient day as determined by the division from the applicable cost report for the patient care cost component, as set forth in paragraph (11)(A)1., exceeds one hundred twenty percent (120%) of the per diem ceiling for the patient care cost component in effect at the end of the cost report period; and

(c) The allowable cost per patient day as determined by the division from the applicable cost report for the administration cost component, as set forth in paragraph (11)(C)1., is less than one hundred fifty percent (150%) of the per diem ceiling for the admin-

istration cost component in effect at the end of the cost report period.

(II) The second tier high volume adjustment will be calculated as a percentage, to be determined by the Department of Social Services, of the sum of the per diem ceilings for the patient care, ancillary, and administration cost components in effect on July 1 of each year.

(a) The adjustment for State Fiscal Year 2003 shall be eighteen dollars and fifty-six cents (\$18.56) per Medicaid day.

(b) The adjustment for SFY 2004 shall be nineteen dollars and seventy-one cents (\$19.71) per Medicaid day.

(III) The adjustment shall be distributed based on a quarterly amount, in addition to per diem payments, based on Medicaid days determined from the paid day report from Missouri's fiscal agent for pay cycles during the immediately preceding state fiscal year.

(IV) The state share of the second tier high volume adjustment shall come from certified public funds. If the aggregate certified public funds are less than the state match required, the total aggregate second tier high volume adjustment will be adjusted downward accordingly.

(V) A nursing facility must qualify for the adjustment each year to receive the additional quarterly payments.

E. High volume adjustment for nursing facilities without a full twelve (12)-month cost report. Effective for dates of service on or after January 17, 2003, the full twelve (12)-month cost report requirement set forth in (13)(B)10.A.(I) shall include nursing facilities that have on file at the division two (2) partial year cost reports that when combined cover a full twelve (12)-month period.

F. Medicaid hospice days to be included in determination of Medicaid occupancy. Effective for dates of service on or after January 17, 2003, the Medicaid patient days used to determine the Medicaid occupancy requirement set forth in (13)(B)10.A.(II) shall be calculated by adding the days paid for by the Medicaid nursing facility program plus the days paid for by the Medicaid hospice program from the cost report identified in part (13)(B)10.A.(I).

G. State Fiscal Year (SFY) 2004 Ninety Percent (90%) Medicaid High Volume Grant.

(I) Effective for SFY 2004, additional, one (1) time funding shall be provided to nursing facilities that qualify for the first tier high volume adjustment, as set forth above in subparagraph (13)(B)10.A., and whose Medicaid patient days as determined from the cost report identified in part (13)(B)10.A.(I) exceeds ninety percent (90%) of the total patient days for all nursing facility licensed beds.

(II) The SFY 2004 High Volume Grant will be calculated as a per diem adjustment based upon the funding appropriated by the general assembly and the Medicaid days incurred by the qualifying providers during SFY 2003. The adjustment for State Fiscal Year 2004 shall be two dollars and thirty-six cents (\$2.36) per Medicaid day.

(III) The adjustment shall be distributed based on a quarterly amount, in addition to per diem payments, based on Medicaid days determined from the paid days report from Missouri's fiscal agent for pay cycles during State Fiscal Year 2003.

H. High volume adjustment for nursing facilities placed in receivership.

(I) For facilities placed in receivership under Missouri law after December 31, 2001, the division shall make a determination as to whether the operator of the facility when the receivership ended (i.e., successor operator) is a related party to the facility placed in receivership. If the successor operator is determined to be an unrelated party and the facility was receiving the high volume adjustment prior to the receivership, the facility shall continue to receive the high volume adjustment during the receivership and until the adjustment is based on the first full year cost report prepared by the successor operator.

(II) Any adjustments contingent upon the facility qualifying

for the high volume adjustment shall not be granted if the facility did not qualify for the high volume adjustment except as provided in (13)(B)10.G.(I) above.

(III) This provision only applies until the first full year cost report is available, after which the facility must qualify for the high volume adjustment each year as specified in (13)(B)10.A., B., and C. in order to receive it.

11. Minimum Rate Adjustment. A minimum rate adjustment shall be granted to qualifying providers, as follows:

A. Effective for dates of service beginning July 1, 2001, the minimum Medicaid reimbursement rate for nursing facility services shall be eighty-five dollars (\$85).

12. Invasive Ventilator Care Adjustment. Effective for dates of service beginning January 1, 2013, a per diem adjustment shall be granted for ventilator services provided by qualifying providers to qualifying MO HealthNet participants as set forth in 13 CSR 70-10.017.

*AUTHORITY: section 208.159, RSMo 2000, and sections 208.153 and 208.201, RSMo Supp. [2009] 2012. Emergency rule filed Dec. 21, 1994, effective Jan. 1, 1995, expired April 30, 1995. Emergency rule filed April 21, 1995, effective May 1, 1995, expired Aug. 28, 1995. Original rule filed Dec. 15, 1994, effective July 30, 1995. For intervening history, please consult the Code of State Regulations. Amended: Filed July 1, 2013.*

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

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

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

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 10—Nursing Home Program**

**PROPOSED AMENDMENT**

**13 CSR 70-10.160 Public/Private Long-Term Care Services and Supports Partnership Supplemental Payment to Nursing Facilities.** The division is amending the purpose statement and section (1).

*PURPOSE: This amendment changes the purpose statement and revises section (1) to be consistent with the Medicaid State Plan Amendment approved by the Centers for Medicare and Medicaid Services (CMS).*

*PURPOSE: This rule implements a supplemental payment program for qualifying private and public nursing facilities. [which enter into a Low Income and Needy Care Collaboration Agreement with public nursing facilities. The collaboration agreement establishes a partnership between the state, privately owned long-term care facilities, and entities administering publicly funded long-term care related services, such as county nursing homes.]*

(1) Effective for dates of service on or after April 1, 2012, supplemental payments will be made in each following calendar quarter from the Long-Term Support UPL Fund to qualifying private and public nursing facilities for services rendered during the quarter on or after April 1, 2012. Maximum [aggregate] payments to all qualifying private and public nursing facilities shall not exceed the upper payment limit defined in 42 CFR 447.272 in each state fiscal year.

(A) Qualifying Criteria. The nursing facilities named in Section (13)(E)7. Of the Medicaid State Plan are eligible for the Partnership Supplemental Payment and shall be referred to as qualifying nursing facilities. In addition, [T]to qualify for the supplemental payment[s], a private or public nursing facility must be enrolled in MO HealthNet at the time the supplemental payment is calculated and made. [and be affiliated with a state or local governmental entity through a Low Income and Needy Care Collaboration Agreement and signed a Certification of Nursing Facility Participation. The state or local governmental entity includes governmentally-supported nursing facilities.]

1. A private nursing facility is defined as being owned and operated by a private entity.

2. [A Low Income and Needy Care Collaboration Agreement is defined as an agreement between a private nursing facility and a state or local governmental entity to collaborate for purposes of providing healthcare services to low income and needy patients.] A public nursing facility is defined as being owned or operated by a public entity.

[3. A Certification of Nursing Facility Participation is defined as a certification by the private or public nursing facility of their compliance with state and federal requirements for the program.]

(B) Reimbursement Methodology. Qualifying private and public nursing facilities are eligible to receive supplemental payments for nursing facility services. Supplemental payments will be made in each [following] calendar quarter after April 1, 2012.

[1. Annual payment distributions shall be limited to the aggregated difference between nursing facilities' Medicare equivalent payments as defined in the upper payment limit calculation and Medicaid payments the nursing facilities receive for covered services provided to Medicaid recipients.

2. The time period used in calculating paragraph (1)(B)1. will be the most recent state fiscal year for which data is available for the full fiscal year.]

1. Calculating qualifying nursing facilities quarterly Partnership Supplemental Per Diems—The quarterly per diem amount for each qualifying nursing facility shall be calculated as follows:

A. Dividing the available annual funding listed in Section (13)(E)6. of the Medicaid State Plan by the number of quarters in the fiscal period to obtain the quarterly funding amount;

B. Allotment between qualifying publicly owned and qualifying privately owned nursing facilities will be calculated as follows:

(I) The allotment for qualifying publicly owned nursing facilities will be the funding in subparagraph (1)(B)1.A. of this rule multiplied by eighty percent (80%); and

(II) The allotment for qualifying privately owned nursing facilities will be the funding calculated in subparagraph (1)(B)1.A. of this rule multiplied by twenty percent (20%);

C. The public nursing facility per diem is calculated by dividing the amount calculated in part (1)(B)1.B.(I) of this rule by the number of Medicaid paid days from the previous full state fiscal year divided by the four (4) quarters in the year for all qualifying public nursing facilities enrolled in the Medicaid program at the time the supplemental payments are made; and

D. The private nursing facility per diem is calculated by dividing the amount calculated in part (1)(B)1.B.(II) of this rule by the number of Medicaid paid days from the previous full state

fiscal year divided by the four (4) quarters in the year for all qualifying private nursing facilities enrolled in the Medicaid program at the time the supplemental payments are made.

2. Calculating qualifying nursing facilities' quarterly Partnership Supplemental Payments—The quarterly payment amount for each qualifying nursing facility enrolled in the Medicaid program shall be calculated as follows:

A. Each Medicaid enrolled qualifying nursing facility's Medicaid paid days from the previous full state fiscal year divided by the four (4) quarters in the year shall be multiplied by the Partnership Supplemental Payment per diem calculated in subparagraph (1)(B)1.C. of this rule for qualifying public nursing facilities and subparagraph (1)(B)1.D. of this rule for qualifying private nursing facilities to obtain each qualifying nursing facility's quarterly amount.

3. The time period used in calculating paragraphs (1)(B)1. and 2. of this rule will be the most recent state fiscal year for which data is available for the full fiscal year.

(C) Payment Limitations.

1. Public Nursing Facilities—Annual payment distributions for all qualifying individual public nursing facilities enrolled in the Medicaid program shall be limited to the qualifying individual public nursing facility's annual amount of unreimbursed Medicaid costs.

2. Private Nursing Facilities—Annual payment distributions for all qualifying private nursing facilities enrolled in the Medicaid program shall be limited to the difference between the qualifying nursing facility's Medicare equivalent payments as determined in the Medicare upper payment limit calculation and Medicaid payments the qualifying nursing facility receives for covered services provided to Medicaid recipients.

3. Any amount over the payment limitation for a qualifying individual nursing facility will be distributed to qualifying nursing facilities enrolled in the Medicaid program that have not reached their payment limitations as follows:

A. If any qualifying public nursing facility reaches its limitation described in paragraph (1)(C)1. above—

(I) The amount exceeding the limitation will be divided by the Medicaid days for the qualifying public nursing facilities enrolled in the Medicaid program within the pool that have not exceeded their limitations to obtain an additional Partnership Supplemental Payment Per Diem;

(II) This additional per diem will be paid to each qualifying public nursing facility enrolled in the Medicaid program that has not exceeded its limitation by multiplying the facility's Medicaid days by the per diem calculated in part (1)(C)3.A.(I) of this rule;

(III) The calculation in parts (1)(C)3.A.(I) and (II) of this rule will be repeated until the entire amount allocated to qualifying public nursing facilities enrolled in the Medicaid program has been expended or all of the qualifying public facilities enrolled in the Medicaid program have reached their limits as specified in paragraph (1)(C)1. of this rule; and

(IV) If any funding amount from the public allocation remains, it will be used to make Partnership Supplemental Payments to qualifying private nursing facilities enrolled in the Medicaid program.

B. If any qualifying private nursing facility reaches its limitation described in paragraph (1)(C)2. above—

(I) The amount exceeding the limitation will be divided by the Medicaid days for the qualifying private nursing facilities enrolled in the Medicaid program within the pool that have not exceeded their limitations to obtain an additional Partnership Supplemental Payment Per Diem;

(II) This additional per diem will be paid to each qualifying private nursing facility enrolled in the Medicaid program that has not exceeded its limitation by multiplying the facility's Medicaid days by the per diem calculated in part (1)(C)3.B.(I) of

this rule;

(III) The calculation in parts (1)(C)3.B.(I) and (II) of this rule will be repeated until the entire amount allocated to qualifying private nursing facilities has been expended or all of the qualifying private facilities have reached their limits as specified in paragraph (1)(C)2. of this rule; and

(IV) Any remaining funding from the private allocation will be used to make Partnership Supplemental Payments to public nursing facilities.

C. Any remaining quarterly funding from either pool that cannot be paid due to payment limitations will be used in the reconciliation process described in subsection (1)(D) of this rule.

4. The time period used in calculating subsection (1)(C) of this rule will be the most recent state fiscal year for which data is available for the full fiscal year.

(D) Partnership Supplemental Payment Reconciliation—Prior to making payments each quarter, the department will calculate a reconciliation factor by—

1. Determining an amended aggregate payment amount by adjusting the available funding amount by any residual amount from subparagraph (1)(C)3.C. of this rule;

2. Dividing the amount established in paragraph (1)(D)1. of this rule by the original available funding amount to establish the reconciliation factor; and

3. The reconciliation factor from paragraph (1)(D)2. of this rule will be applied to the payments identified in subsection (1)(B) of this rule that are made during that fiscal year unless the department is unable to make the adjustment during the fiscal year due to the timing of the payments. In that case, the payments for the subsequent fiscal year will be adjusted by the difference between the amounts from paragraph (1)(D)1. of this rule and the available annual funding amount listed in Section (13)(E)6. of the Medicaid State Plan.

*AUTHORITY: section 208.201, RSMo Supp. [2011] 2012. Original rule filed Feb. 15, 2012, effective Aug. 30, 2012. Amended: Filed July 1, 2013.*

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

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

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

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

**PROPOSED AMENDMENT**

**13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Plan; Outpatient Hospital Services Reimbursement Methodology.**  
The division is amending sections (2), (3), (20), and (21).

**PURPOSE:** This amendment provides for the State Fiscal Year (SFY) 2014 trend factor to be applied in determining FRA funded hospital payments for SFY 2014. This amendment also adds references to the new Medicare/Medicaid Cost Report form (CMS 2552-10) that hospitals are required to complete for fiscal years beginning on and after May 1, 2010, corrects a typographical error, and provides clarification on the per diem rates and payments of hospitals that merged their operations under one Medicare and MO HealthNet provider number.

**PUBLISHER'S NOTE:** The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(2) Definitions.

(G) Cost report. A cost report details, for purposes of both Medicare and MO HealthNet reimbursement, the cost of rendering covered services for the fiscal reporting period. The Medicare/Medicaid Uniform Cost Report contains the forms utilized in filing the cost report. **The Medicare/Medicaid Cost Report version 2552-96 (CMS 2552-96) shall be used for fiscal years ending on or after September 30, 1996. The Medicare/Medicaid Cost Report version 2552-10 (CMS 2552-10) shall be used for fiscal years beginning on and after May 1, 2010.**

(I) Disproportionate share reimbursement. The disproportionate share payments described in section (16), and subsection (18)(B), include both the federally-mandated reimbursement for hospitals which meet the federal requirements listed in section (6) and the discretionary disproportionate share payments which are allowed but not mandated under federal regulation. These Safety Net and Uninsured Payment Add-Ons shall not exceed one hundred percent (100%) of the [unreimbursed] unreimbursed cost for MO HealthNet and the cost of the uninsured unless otherwise permitted by federal law. Beginning June 1, 2011, disproportionate share reimbursement is described in 13 CSR 70-15.220.

(U) Incorporates by Reference. This rule incorporates by reference the following:

1. *Institutional Provider Manual*; and
2. [Worksheet E-3 Part IV from the Medicare cost report (HCFA 2552-96)] Medicare/Medicaid Cost Report CMS 2552-96 and CMS 2552-10, which are incorporated by reference and made a part of this rule as published by the Centers for Medicare and Medicaid Services at website <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021935.html>, August 1, 2013. This rule does not incorporate any subsequent amendments or additions.

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

(B) Trend Indices (TI). Trend indices are determined based on the four- (4-) quarter average DRI Index for DRI-Type Hospital Market Basket as published in *Health Care Costs* by DRI/McGraw-Hill for each State Fiscal Year (SFY) 1995 to 1998. Trend indices starting in SFY 1999 will be determined based on CPI Hospital indexed as published in *Health Care Costs* by DRI/McGraw-Hill for each State Fiscal Year (SFY).

1. The TI are—
  - A. SFY 1994—4.6%
  - B. SFY 1995—4.45%
  - C. SFY 1996—4.575%
  - D. SFY 1997—4.05%
  - E. SFY 1998—3.1%

- F. SFY 1999—3.8%
- G. SFY 2000—4.0%
- H. SFY 2001—4.6%
- I. SFY 2002—4.8%
- J. SFY 2003—5.0%
- K. SFY 2004—6.2%
- L. SFY 2005—6.7%
- M. SFY 2006—5.7%
- N. SFY 2007—5.9%
- O. SFY 2008—5.5%
- P. SFY 2009—5.5%
- Q. SFY 2010—3.9%
- R. SFY 2011—3.2%—The 3.2% trend shall not be applied in determining the per diem rate, Direct Medicaid payments, or uninsured payments.
- S. SFY 2012—4.0%
- T. SFY 2013—4.4%
- U. SFY 2014—3.7%

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

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

4. A facility previously enrolled for participation in the MO HealthNet Program, which either voluntarily or involuntarily terminates its participation in the MO HealthNet Program and which reenters the MO HealthNet Program, shall have its MO HealthNet rate determined in accordance with section (4).

(20) Hospital Mergers. Hospitals that merge their operations under one (1) Medicare and MO HealthNet provider number shall have their MO HealthNet reimbursement combined under the surviving hospital's (the hospital whose Medicare and MO HealthNet provider number remains active) MO HealthNet provider number.

(B) The per diem rate for merged hospitals shall be calculated—

1. For the remainder of the state fiscal year in which the merger occurred by multiplying each hospital's estimated MO HealthNet paid days by its per diem rate, summing the estimated per diem payments and estimated MO HealthNet paid days, and then dividing the total estimated per diem payments by the total estimated paid days to determine the weighted per diem rate. The effective date of the weighted per diem rate will be the date of the merger[; and]. **This merged rate will also be used in fiscal years following the effective date.**

[2. For subsequent state fiscal years based on the combined desk-reviewed data after taking into account the different fiscal year ends of the cost reports.]

(C) The Direct Medicaid Payments, [and] Uninsured Add-On Payments, and GME payments, if the surviving facility continues the GME program, shall be—

1. Combined under the surviving hospital's MO HealthNet provider number for the remainder of the state fiscal year in which the merger occurred; and

2. Calculated for subsequent state fiscal years based on the combined data from the appropriate cost report for each facility.

(21) Enhanced Graduate Medical Education (GME) Payment—An enhanced GME payment shall be made to any acute care hospital that provides graduate medical education (teaching hospital).

(B) The enhanced GME payment will be computed by first determining the percentage difference between the McGraw-Hill CPI index for hospital services and Medicare update factors applied to the per resident amounts from 1986 to the most recent SFY. For example, the percentage difference has been computed to be eighty-five

and sixty-two one-hundredth percent (85.62%) for SFY 2000. The percentage difference is then multiplied by the MO HealthNet share of the aggregate approved amount reported on worksheet E-3 part IV and E-3 part VI of the Medicare cost report (HCFA 2552-96) and worksheet E-4 of the Medicare cost report (CMS 2552-10) for the fourth prior fiscal year and trended to the current state fiscal year. The resulting product is the enhanced GME payment.

*AUTHORITY: sections 208.152, 208.153, and 208.201, RSMo Supp. 2012. This rule was previously filed as 13 CSR 40-81.050. Original rule filed Feb. 13, 1969, effective Feb. 23, 1969. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed June 20, 2013, effective July 1, 2013, expires Dec. 28, 2013. Amended: Filed July 1, 2013.*

*PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions \$27.1 million annually.*

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

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

**FISCAL NOTE  
PUBLIC COST**

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

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

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimate Cost of Compliance in the Aggregate
<b>Department of Social Services, MO HealthNet Division</b>	<b>SFY 2014 Impact: Total Cost = \$71.0 million; State Share = \$27.0 million</b>

**III. WORKSHEET**

**Estimated Cost for SFY 2014:**

Estimated Payments with 3.7% Trend	\$2,267,276,971
Estimated Payments without 3.7% Trend	<u>\$2,196,291,509</u>
Estimated Impact of 3.7% Trend	\$70,985,462
State Share Percentage	<u>38.135%</u>
State Share	\$27,070,306

**IV. ASSUMPTIONS**

The estimated cost is based upon the data in FRA 14-1. The base year for the SFY 2014 payments are the 2010 cost reports, which are adjusted by the applicable trends published in 13 CSR 70-15.010 and the 3.7% trend for SFY 2014, which is the subject of this proposed amendment.

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

**PROPOSED AMENDMENT**

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

*PURPOSE: This amendment provides for the State Fiscal Year (SFY) 2014 trend factor to be applied to the inpatient and outpatient adjusted net revenues determined from the FRA fiscal year cost report. This amendment also adds references to the new Medicare/Medicaid Cost Report form (CMS 2552-10) that hospitals are required to complete for fiscal years beginning on and after May 1, 2010.*

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

(A) Definitions.

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

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

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

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

5. Department—Department of Social Services.

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

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

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

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

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

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

12. Hospital—A place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment, or care for not

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

(I) SFY 2009 = 5.50%

(II) SFY 2009 Missouri Specific Trend = 1.50%

(III) SFY 2010 = 3.90%

(IV) SFY 2010 Missouri Specific Trend = 1.50%

(V) SFY 2011 = 3.20%

(VI) SFY 2012 = 5.33%

(VII) SFY 2013 = 4.4%

**(VIII) SFY 2014 =**

**(a) Inpatient Adjusted Net Revenues—0%**

**(b) Outpatient Adjusted Net Revenues—3.70%**

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

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

*AUTHORITY: sections 208.201 and 208.453, RSMo Supp. 2012, and section 208.455, RSMo 2000. Emergency rule filed Sept. 21, 1992, effective Oct. 1, 1992, expired Jan. 28, 1993. Emergency rule filed Jan. 15, 1993, effective Jan. 25, 1993, expired May 24, 1993. Original rule filed Sept. 21, 1992, effective June 7, 1993. For intervening history, please consult the Code of State Regulations. Emergency amendment filed June 20, 2013, effective July 1, 2013, expires Dec. 28, 2013. Amended: Filed July 1, 2013.*

*PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately \$2.8 million.*

*PRIVATE COST: This proposed amendment will cost private entities approximately \$15.2 million.*

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

**FISCAL NOTE  
PUBLIC COST**

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

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

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
<b>Hospitals which provide health care services in Missouri that are owned or controlled by the state, counties, cities, or hospital districts</b>	<b>Estimated cost for SFY 2014 \$2.8 million</b>

**III. WORKSHEET**

	No. of Facilities	Inpatient Revenues	Outpatient Revenues	Total
Public Facilities Revenues	45	\$1,376,663,254	\$1,256,119,961	\$2,632,783,215
FRA Assessment Rate		5.95%	5.95%	5.95%
Total Assessment without Trend		\$81,911,464	\$74,739,138	\$156,650,601
Revenue Trend for SFY 2014		0.00%	3.70%	
Total Revenues Trended		\$1,376,663,254	\$1,302,596,400	\$2,679,259,654
FRA Assessment Rate		5.95%	5.95%	5.95%
Total Assessment with Trend		\$81,911,464	\$77,504,486	\$159,415,949
Impact of Trend (Assessment with trend less Assessment without trend)				\$2,765,348
Prior SFY Total Assessment using Prior Year Methodology				\$161,067,448
Increase of Total Assessment over Prior SFY				(\$1,651,499)

**IV. ASSUMPTIONS**

This fiscal note reflects the total assessment to be collected during SFY 2014 of approximately \$159.4 million and is a decrease of approximately \$1.7 million from SFY 2013. The impact of the 3.7% trend on outpatient revenues is approximately \$2.8 million.

The fiscal note is based on establishing the FRA assessment rate at 5.95% and a trend of 3.7% on outpatient revenues effective for dates of service beginning July 1, 2013. The FRA assessment rate of 5.95% is levied upon Missouri hospitals' trended, inpatient and outpatient net adjusted revenue in accordance with the Missouri Partnership Plan.

**FISCAL NOTE  
PRIVATE COST**

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

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

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
<b>103</b>	<b>Hospitals</b>	<b>Estimated cost for SFY 2014 \$15.2 million</b>

**III. WORKSHEET**

	No. of Facilities	Inpatient Revenues	Outpatient Revenues	Total
Private Facilities Revenues	103	\$8,275,753,492	\$6,912,129,178	\$15,187,882,670
FRA Assessment Rate		5.95%	5.95%	5.95%
Total Assessment without Trend		\$492,407,333	\$411,271,686	\$903,679,019
Revenue Trend for SFY 2014		0.00%	3.70%	
Total Revenues Trended		\$8,275,753,492	\$7,167,877,958	\$15,443,631,450
FRA Assessment Rate		5.95%	5.95%	5.95%
Total Assessment with Trend		\$492,407,333	\$426,488,739	\$918,896,071
Impact of Trend (Assessment with trend less Assessment without trend)				\$15,217,052
Prior SFY Total Assessment using Prior Year Methodology				\$901,478,013
Increase of Total Assessment over Prior SFY				\$17,418,058

**IV. ASSUMPTIONS**

This fiscal note reflects the total assessment to be collected during SFY 2014 of approximately \$918.9 million and is an increase of approximately \$17.4 million over SFY 2013. The impact of the 3.7% trend on outpatient revenues is approximately \$15.2 million.

The fiscal note is based on establishing the FRA assessment rate at 5.95% and a trend of 3.7% on outpatient revenues effective for dates of service beginning July 1, 2013. The FRA assessment rate of 5.95% is levied upon Missouri hospitals' trended, inpatient and outpatient net adjusted revenue in accordance with the Missouri Partnership Plan.

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

**PROPOSED AMENDMENT**

**13 CSR 70-15.160 Prospective Outpatient Hospital Services Reimbursement Methodology.** The division is amending sections (1), (2), and (4).

*PURPOSE: This amendment clarifies the calculations for the outpatient cost-to-charge ratio and the outpatient payment percentage, explains how the outpatient payment percentage is calculated for merged facilities, and adds references to the new Medicare/Medicaid Cost Report form (CMS 2552-10) that hospitals are required to complete for fiscal years beginning on and after May 1, 2010.*

(1) Prospective Outpatient Hospital Services Reimbursement Percentage for Hospitals Located Within Missouri.

(A) Outpatient hospital services shall be reimbursed on a prospective outpatient payment percentage effective July 1, 2002, except for services identified in subsection (1)(C). The prospective outpatient payment percentage will be calculated using the Medicaid overall outpatient cost-to-charge ratio from the fourth, fifth, and sixth prior base year cost reports regressed to the current State Fiscal Year (SFY). (If the current SFY is 2003 the fourth, fifth, and sixth prior year cost reports would be the cost report filed in calendar year 1997, 1998, and 1999.) **As part of the regression analysis, a facility's outpatient payment percentage is limited to a downward adjustment of fifteen percent (15%) from the previous year with no limit on the upward swing, unless the facility chose the lower upward and downward swing option. For SFYs 2007–2010, the lower upward and downward swing option was three percent (3%) and beginning with SFY 2011 the lower upward and downward swing option is six percent (6%). Once a facility has chosen an option, it shall be fixed and applied beginning with the year it is selected. If a facility has not chosen an option, the default is the downward adjustment of fifteen percent (15%) from the previous year with no limit on the upward swing.** The prospective outpatient payment percentage shall not exceed one hundred percent (100%) and shall not be less than twenty percent (20%).

(B) Outpatient cost-to-charge ratios will be as determined in the desk review of the base year cost reports. **Costs and charges for services reimbursed on a fee schedule, including laboratory and radiology, shall be excluded when calculating the outpatient cost-to-charge ratios used to determine outpatient percentage rates beginning in SFY 2014.**

(2) Exempt Hospitals. Exempt Hospital Outpatient payment percent will be set as follows and will include:

(D) Hospital Mergers. Hospitals that merge their operations under one (1) Medicare and MO HealthNet provider number shall have their outpatient percentage rate calculated under the surviving hospital's (the hospital whose Medicare and MO HealthNet provider number remains active) MO HealthNet provider number. **The outpatient percentage rate of the surviving entity for the remainder of the state fiscal year in which the merger occurred is determined from combining the cost report data for the applicable cost report periods for the merged facilities. The effective date of the merged rate is the date of the merger. The surviving entity's outpatient percentage rate will be calculated for subsequent state fiscal years using the combined cost report data from the appropriate cost report periods for the merged facilities.**

*((D))/(E)* A hospital that has failed to file one (1) of the cost reports used to determine their prospective outpatient payment percentage for the year, whether it be the fourth, fifth, or sixth prior year cost report, will have their prospective outpatient payment percentage based on the two (2) cost reports that are on file with the division

plus the average of those two (2) cost reports to be used in place of the missing cost report. For example, if the division does not have on file a fourth prior year cost report but has the fifth and sixth prior year cost reports, an average of the fifth and sixth prior year cost reports would be used in place of the fourth prior year cost report. This average along with the fifth and sixth prior year cost reports would then be used to calculate the prospective outpatient payment percentage.

(4) Definitions.

(B) Cost report. A cost report details, for purposes of both Medicare and Medicaid reimbursement, the cost of rendering covered services for the fiscal reporting period. The Medicare/Medicaid Uniform Cost Report contains the forms utilized in filing the cost report. **The Medicare/Medicaid Cost Report version 2552-96 (CMS 2552-96) shall be used for fiscal years ending on or after September 30, 1996. The Medicare/Medicaid Cost Report version 2552-10 (CMS 2552-10) shall be used for fiscal years beginning on and after May 1, 2010.**

*AUTHORITY: sections 208.152, 208.153, and 208.201, RSMo Supp. 2012. Emergency rule filed June 20, 2002, effective July 1, 2002, expired Feb. 27, 2003. Original rule filed June 14, 2002, effective Jan. 30, 2003. For intervening history, please consult the Code of State Regulations. Amended: Filed July 1, 2013.*

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

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

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

**Title 16—RETIREMENT SYSTEMS**  
**Division 10—The Public School Retirement System of Missouri**  
**Chapter 1—Organization and Operation of Board of Trustees**

**PROPOSED AMENDMENT**

**16 CSR 10-1.040 Election to Fill Vacancy on Board of Trustees.** The Retirement System is amending section (5).

*PURPOSE: This amendment updates the Retirement System's nomination petition requirements to reflect the 2012 changes to Missouri's Congressional Districts.*

(5) A valid petition must name only one (1) nominee and must have a total of not fewer than one thousand (1,000) signatures of members or retirees of either The Public School Retirement System of Missouri or The Public Education Employee Retirement System of Missouri and there must be no fewer than two hundred (200) such signatures from each of four (4) Missouri congressional districts; *provided that the first and third congressional districts shall be considered in combination as one (1) district, and signatures from those*

*districts shall be considered as being from a single congressional district]. Each signatory must indicate place of employment if currently serving an employer included within either retirement system and place of residence. A signatory serving an employer included within one (1) of the retirement systems shall be deemed to be from the congressional district in which the employer's administrative office is located. A signatory not serving such an employer may be assigned to any congressional district or may be unassigned at the will of the nominee. The validity of the signatures shall be determined by the office of the executive director from records of the retirement system.*

*AUTHORITY: section 169.020, RSMo Supp. [2005] 2012. Original rule filed Dec. 19, 1975, effective Jan. 1, 1976. For intervening history, please consult the Code of State Regulations. Amended: Filed June 24, 2013.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Public School and Education Employee Retirement Systems of Missouri, Attn: M. Steve Yoakum, Executive Director, PO Box 268, Jefferson City, MO 65102-0268. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 16—RETIREMENT SYSTEMS**  
**Division 10—The Public School Retirement System of Missouri**  
**Chapter 3—Funds of Retirement System**

**PROPOSED AMENDMENT**

**16 CSR 10-3.010 Payment of Funds to the Retirement System.**  
The Retirement System is amending sections currently enumerated as (1), (2), (6), and (11). The Retirement System is also deleting sections currently enumerated as (7) and (8) and renumbering the subsequent sections accordingly.

*PURPOSE: This amendment updates sections (1), (2), and (6) to reflect the implementation of a new reporting system to be used by covered employers. Sections (7) and (8) are being deleted as these sections will no longer be relevant or necessary with the implementation of the new reporting system. The amendment to section (11) is to conform to the governing statute.*

(1) *[After implementation in the district, e]Each employer reporting to The Public School Retirement System of Missouri shall report required data on employees and all contributions to the retirement system using the [Electronic Monthly Employer Reporting System (EMERS)]. State agencies reporting non-contributory employees shall report on a modified EMERS format] Online Automated System Integrated Solution (OASIS).*

(2) Employers shall use [EMERS] OASIS to report salary payments made to all employees, contributions withheld from employees included in the retirement system and supporting information required by the board of trustees. Transmission of data must be sent to the board of trustees no later than ten (10) working days after the last day of each calendar month of the school year in which salaries are paid.

(6) If remittance of the full amount of both employee's and employer's contributions which are due the retirement system is not received in accordance with these regulations, it shall be considered a failure or refusal by the employer to transmit such amount and suit for recovery of the amount [shall] may be instituted as provided for in section 169.030, RSMo.

*[(7) Prior to and during the transition to the Electronic Monthly Employer Reporting System, employers not yet connected to EMERS shall—*

*(A) Forward to the board of trustees as early in the school year as possible, and not later than fifteen (15) days after the school term begins, on a form provided by the board of trustees or on a form approved by the board of trustees, a list of the names and annual salary rates of members of the system employed to serve during the school year; and employers shall indicate on transmittal forms the names and salary rates of members who assume employment at any later date in the school year;*

*(B) File with the board of trustees not later than the thirtieth day of June a report showing the contributions withheld from salary payments to each employee and transmitted to the board of trustees in the fiscal year and the total amount of all contributions transmitted to the board of trustees in the fiscal year; and*

*(C) Accompany each monthly payment with a transmittal form to be supplied by the board of trustees, showing in the proper order the information called for thereon.*

*(8) The board of trustees, on or before the first day of June of each year, shall determine the rate of contribution which shall be in effect for the next fiscal year.]*

*[(9)](7) For purposes of determining retirement contributions and benefits, salary rate includes medical insurance premiums (including dental and vision) paid by the employer on behalf of the member and payments made by the employer on behalf of the member to a self-funded medical benefits plan. Salary, salary rate, or compensation as defined in section 169.010, RSMo, shall not be reduced due to premium rebates or refunds received by the employer as a result of the implementation of the "Patient Protection and Affordable Care Act," Public Law 111-148. Salary rate also includes payments made by the employer on behalf of the member to purchase an annuity, or fund a deferred compensation plan, in lieu of medical insurance or a self-funded medical benefits plan. The employer shall withhold from the member's salary and remit to the system contributions on any such premiums and payments, along with matching employer contributions. Premiums and payments for prescription drug, life, and other ancillary benefits determined separately from premiums and payments for general medical benefits are not part of salary rate. The payment reported for each member covered by a self-funded medical benefits plan shall be determined by the employer.*

*[(10)](8) Retirement contributions which are withheld from compensation paid to members after June 30, 1989, shall be deemed to have been picked up by the employer within the meaning of section 414(h)(2) of the Internal Revenue Code. The contributions shall be withheld and credited to member accounts in accordance with the provisions of sections 169.010-169.140, RSMo but shall be considered to have been picked up by the employer solely for the purpose of sheltering the contributions from federal income tax until paid by the retirement system in the form of a refund or other benefits. The contributions shall be subject to refund or benefit claims by either the member or his/her surviving beneficiary in the same manner as any other contributions in the member's account with the retirement system. In reporting the contributions to the retirement system, every employer included within the retirement system shall certify that—1) the employee contributions were picked up by the employer in lieu of*

being paid directly to the employees and 2) the employees had no option to receive the contributions directly. The salary reported to the retirement system for each employee shall include the contributions withheld, and the total contributions withheld and reported shall equal the percentage of that salary required under the then-prevailing contribution rate. In withholding and reporting federal income tax to taxing authorities, however, the employer shall exclude from taxable compensation the retirement contributions withheld. Nothing in this rule shall be construed in any way as affecting eligibility for, the amount of, or the process of paying any refund or benefit payable to either the member or his/her surviving beneficiary.

[[11]](9) The terms “salary,” “salary rate,” and “compensation” are synonymous when used in regulations promulgated by the board, unless the context plainly requires a different meaning.

(A) For purposes of calculating contributions and benefits, those terms mean the regular remuneration earned by a member as an employee of any covered district during a school year, including (unless excluded by subsection [[11]](9)(B)):

1. Salary paid under the terms of the basic employment agreement;
2. Wages;
3. Payments for extra duties, whether or not related to the employee’s regular position;
4. Overtime payments;
5. Career ladder payments made pursuant to sections 168.500 to 168.515, RSMo;
6. Supplemental salary paid in addition to workers’ compensation;
7. Medical benefits as specified in section [[9]](7) of this rule;
8. Payment for annual leave, sick leave, or similar paid leave actually used by the member;
9. Payment for leaves of absence if at least one hundred percent (100%) of previous contract rate;
10. Compensation on which taxation is deferred under *Internal Revenue Code* (IRC) section 401(k), 403(b), 457, 414(h)(2) or similar plans established by the employer under the IRC;
11. Salary reductions for purposes of a plan established by the employer under IRC section 125; and
12. Other similar payments that are earned by a member as an employee of any covered district during a school year.

(B) Salary, salary rate, and compensation do not include:

1. Payments for services as an independent contractor, or any other payment that must be reported on IRS form 1099-MISC;
2. Payments made by an entity that is not a covered employer, and reported to the IRS under that entity’s tax identification number;
3. Payments made for unused annual, sick, or similar leave time, except as provided by section 104.601, RSMo;
4. Payment for leaves of absence if less than one hundred percent (100%) of previous contract rate, except as provided in section 169.055 or 169.595, RSMo;
5. Extraordinary payments such as bonuses, awards, and retirement incentives;
6. Fringe benefits, except medical benefits as described in section [[9]](7) of this rule; and
7. Any other payment that is not part of the regular remuneration earned by a member as an employee of a covered district during a school year.

(C) While an individual is employed in a position covered by the system, compensation received from all employers participating in the system will be used to determine contributions and benefits. Compensation includes payments for services rendered during the regular school session, summer school or interim periods. Individuals may not have compensation covered by both Public School Retirement System (PSRS) and Public Education Employee Retirement System (PEERS) for the same period; provided, individuals who contributed to both systems on compensation for the same period during the 1996-97 school year may elect in writing to con-

tinue that status. The election is irrevocable and must be made before September 30, 1997.

(D) The following payments resulting from employment disputes will be included in salary if the award or settlement document designates those payments as salary as defined in this section: back pay awards; payments in settlement of employment contract disputes; and payments in settlement of other employment disputes. The award or settlement may be the result of a court order, an order of an administrative tribunal, or a negotiated written settlement. The payments must be allocated to the appropriate school years and corrected contributions made, including interest charges.

(E) In determining “final average salary” as defined in section 169.010, RSMo, the system will disregard any increase in compensation in excess of *[twenty percent (20%)] ten percent (10%)* from one (1) year to the next in the final average salary period. This limit will not apply to increases due to bona fide changes in position or employer, increases required by state statute, or district wide salary schedule adjustments for previously unrecognized education related service.

*AUTHORITY: section 169.020, RSMo Supp. 2012. Original rule filed Dec. 19, 1975, effective Jan. 1, 1976. For intervening history, please consult the Code of State Regulations. Amended: Filed June 24, 2013.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Public School and Education Employee Retirement Systems of Missouri, Attn: M. Steve Yoakum, Executive Director, PO Box 268, Jefferson City, MO 65102-0268. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 16—RETIREMENT SYSTEMS**  
**Division 10—The Public School Retirement System of Missouri**  
**Chapter 4—Membership and Creditable Service**

**PROPOSED AMENDMENT**

**16 CSR 10-4.005 Requirements for Membership.** The Retirement System is amending section (1).

*PURPOSE: This amendment updates section (1) to reflect the implementation of a new reporting system to be used by covered employers.*

(1) Membership in the retirement system is required by law, and each *[member] employer* shall *[complete and file with]* **submit to the board of trustees [a membership], via Online Automated System Integrated Solution (OASIS), an enrollment record for every employee.** *[This record shall be filed within fifteen (15) days following the first employment of a member in a district included in the retirement system; and i]It shall be an obligation of the employer [to see that the member completes the record,] to certify [to] the [employment of the member in the district] accuracy of the enrollment record and to see that the record is properly filed with the board of trustees.*

*AUTHORITY: section 169.020, RSMo Supp. [2005] 2012. Original rule filed June 23, 1998, effective Jan. 30, 1999. Amended: Filed*



Aug. 29, 2003, effective Feb. 29, 2004. Amended: Filed Sept. 1, 2005, effective Feb. 28, 2006. Amended: Filed June 24, 2013.

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

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

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Public School and Education Employee Retirement Systems of Missouri, Attn: M. Steve Yoakum, Executive Director, PO Box 268, Jefferson City, MO 65102-0268. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 16—RETIREMENT SYSTEMS**  
**Division 10—The Public School Retirement System of Missouri**  
**Chapter 5—Retirement, Options and Benefits**

**PROPOSED AMENDMENT**

**16 CSR 10-5.010 Service Retirement.** The Retirement System is amending subsection (17)(D).

**PURPOSE:** This amendment updates subsection (17)(D) to reflect the implementation of a new reporting system to be used by covered employers.

(17) Pursuant to section 169.596, RSMo, a retired certificated teacher receiving a retirement benefit from the Public School Retirement System of Missouri (PSRS) may teach full-time for up to two (2) years for a PSRS-covered school district without a suspension of his or her retirement benefit provided that such school district certifies that it has met the requirements set forth in section 169.596, RSMo, and provided that such school district does not exceed the limit on the number of PSRS retirees that may be hired pursuant to section 169.596, RSMo.

(D) A school district hiring a PSRS retiree under section 169.596, RSMo, shall certify to PSRS through the *[Electronic Monthly Employer Reporting System (EMERS)] Online Automated System Integrated Solution (OASIS)* or in another manner acceptable to PSRS that:

1. It has met the requirements of section 169.596, RSMo;
2. It has not exceeded the limit on the number of PSRS retirees it may hire under section 169.596, RSMo; and
3. The retired certificated teacher has been employed by the school district in a position that requires a certificate issued by DESE.

**AUTHORITY:** section 169.020, RSMo Supp. [2011] 2012. Original rule filed Dec. 19, 1975, effective Jan. 1, 1976. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 24, 2013.

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

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

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the

Public School and Education Employee Retirement Systems of Missouri, Attn: M. Steve Yoakum, Executive Director, PO Box 268, Jefferson City, MO 65102-0268. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 16—RETIREMENT SYSTEMS**  
**Division 10—The Public School Retirement System of Missouri**  
**Chapter 6—The Public Education Employee Retirement System of Missouri**

**PROPOSED AMENDMENT**

**16 CSR 10-6.020 Source of Funds.** The Retirement System is amending sections currently enumerated as (1), (2), and (6). The Retirement System is also deleting the section currently enumerated as (7) and renumbering the subsequent sections accordingly.

**PURPOSE:** This amendment updates sections (1), (2), and (6) to reflect the implementation of a new reporting system to be used by covered employers. Section (7) is being deleted as it will no longer be relevant or necessary with the implementation of the new reporting system.

(1) *[After implementation in the district, e]*Each employer reporting to The Public Education Employee Retirement System of Missouri shall report required data on employees and all contributions to the retirement system using the *[Electronic Monthly Employer Reporting System (EMERS)] Online Automated System Integrated Solution (OASIS)*.

(2) Employers shall use *[EMERS] OASIS* to report salary payments made to all employees, contributions withheld from employees included in the retirement system, and supporting information required by the board of trustees. Transmission of data must be sent to the board of trustees no later than ten (10) working days after the last day of each calendar month of the school year in which salaries are paid.

(6) If remittance for the full amount of both employee's and employer's contributions which are due the retirement system is not received in accordance with these regulations, it shall be considered a failure or refusal by the employer to transmit such amount and suit for recovery of the amount *[shall]* may be instituted as provided for in section 169.620, RSMo.

*[(7) Prior to and during the transition to the Electronic Monthly Employer Reporting System, employers not yet connected to EMERS shall—*

*(A) Forward to the board of trustees as early in the school year as possible, and not later than fifteen (15) days after the school term begins, on a form provided by the board of trustees or on a form approved by the board of trustees, a list of the names and annual salary rates of members of the system employed to serve during the school year; and employers shall indicate on transmittal forms the names and salary rates of members who assume employment at any later date in the school year;*

*(B) File with the board of trustees not later than the thirtieth day of June a report showing the contributions withheld from salary payments to each employee and transmitted to the board of trustees in the fiscal year and the total amount of all contributions transmitted to the board of trustees in the fiscal year; and*

*(C) Accompany each monthly payment with a transmittal*

form to be supplied by the board of trustees, showing in the proper order the information called for thereon.]

**[(8)](7)** Errors by employers in reporting of eligibility for membership, assigning of employees, and in remitting of contributions will be corrected retroactively, provided the employer certifies that an error was made, provides evidence adequate to support the correction, and remits any balance due from the employer and employee. If the employer has overremitted, the amount of the employer's portion of the overpayments will be credited to the employer to be applied against future contributions. The amount withheld by the employer from the employee shall be refunded to the employee in a manner consistent with the *Internal Revenue Code*.

**[(9)](8)** Any refund of contributions remitted in error for a member or an employee shall include the total interest, if any, which was credited to those contributions by the retirement system. Any credit provided to the employer for matching employer contributions required in such an instance shall be equal to the total amount paid to the member or employee, including interest. Any correcting remittance of contributions for a member shall include the total interest, if any, which would have been credited to those contributions by the retirement system had the contributions been remitted on a correct and timely basis. Any matching employer contribution remitted in such an instance shall be equal to the total amount remitted for the member, including interest.

**[(10)](9)** For purposes of determining retirement contributions and benefits, salary rate includes medical insurance premiums (including dental and vision) paid by the employer on behalf of the member and payments made by the employer on behalf of the member to a self-funded medical benefits plan. Salary, salary rate, or compensation as defined in section 169.600, RSMo, shall not be reduced due to premium rebates or refunds received by the employer as a result of the implementation of the "Patient Protection and Affordable Care Act," Public Law 111-148. Salary rate also includes payments made by the employer on behalf of the member to purchase an annuity, or fund a deferred compensation plan, in lieu of medical insurance or a self-funded medical benefits plan. The employer shall withhold from the member's salary and remit to the system contributions on any such premiums and payments, along with matching employer contributions. Premiums and payments for prescription drug, life, and other ancillary benefits determined separately from premiums and payments for general medical benefits are not part of salary rate. The payment reported for each member covered by a self-funded medical benefits plan shall be determined by the employer.

**[(11)](10)** Retirement contributions which are withheld from compensation paid to members after June 30, 1989, shall be deemed to have been picked up by the employer within the meaning of Section 414(h)(2) of the *Internal Revenue Code*. The contributions shall be withheld and credited to member accounts in accordance with the provisions of sections 169.600-169.710, RSMo, but shall be considered to have been picked up by the employer solely for the purpose of sheltering the contributions from federal income tax until paid by the retirement system in the form of a refund or other benefits. The contributions shall be subject to refund or benefit claims by either the member or his/her surviving beneficiary in the same manner as any other contributions in the member's account with the retirement system. In reporting the contributions to the retirement system, every employer included within the retirement system shall certify that—1) the employee contributions were picked up by the employer in lieu of being paid directly to the employees and 2) the employees had no option to receive the contributions directly. The salary reported to the retirement system for each employee shall include the contributions withheld, and the total contributions withheld and reported shall equal the percentage of that salary required under the then-prevailing contribution rate. In withholding and reporting federal income tax to

taxing authorities, however, the employer shall exclude from taxable compensation the retirement contributions withheld. Nothing in this rule shall be construed in any way as affecting eligibility for, the amount of, or the process of paying any refund or benefit payable to either the member or his/her surviving beneficiary.

**[(12)](11)** The terms "salary," "salary rate," and "compensation" are synonymous when used in regulations promulgated by the board, unless the context plainly requires a different meaning.

(A) For purposes of calculating contributions and benefits, those terms mean the regular remuneration earned by a member as an employee of any covered district during a school year, including (unless excluded by subsection **[(12)](11)(B)**):

1. Salary paid under the terms of the basic employment agreement;
  2. Wages;
  3. Payments for extra duties, whether or not related to the employee's regular position;
  4. Overtime payments;
  5. Career ladder payments made pursuant to sections 168.500 to 168.515, RSMo;
  6. Supplemental salary paid in addition to workers' compensation;
  7. Medical benefits as specified in section (10) of this rule;
  8. Payment for annual leave, sick leave, or similar paid leave actually used by the member;
  9. Payment for leaves of absence if at least one hundred percent (100%) of previous contract rate;
  10. Compensation on which taxation is deferred under *Internal Revenue Code* (IRC) section 401(k), 403(b), 457, 414(h)(2), or similar plans established by the employer under the IRC;
  11. Salary reductions for purposes of a plan established by the employer under IRC section 125; and
  12. Other similar payments that are earned by a member as an employee of any covered district during a school year.
- (B) Salary, salary rate, and compensation do not include:
1. Payments for services as an independent contractor, or any other payment that must be reported on IRS form 1099-MISC;
  2. Payments made by an entity that is not a covered employer, and reported to the IRS under that entity's tax identification number;
  3. Payments made for unused annual, sick, or similar leave time, except as provided by section 104.601, RSMo;
  4. Payment for leaves of absence if less than one hundred percent (100%) of previous contract rate, except as provided in section 169.595, RSMo;
  5. Extraordinary payments such as bonuses, awards, and retirement incentives;
  6. Fringe benefits, except medical benefits as described in section (10) of this rule; and
  7. Any other payment that is not part of the regular remuneration earned by a member as an employee of a covered district during a school year.

(C) While an individual is employed in a position covered by the system, compensation received from all employers participating in the system will be used to determine contributions and benefits. Compensation includes payments for services rendered during the regular school session, summer school, or interim periods. Individuals may not have compensation covered by both Public School Retirement System (PSRS) and Public Education Employee Retirement System (PEERS) for the same period; provided, individuals who contributed to both systems on compensation for the same period during the 1996-97 school year may elect in writing to continue that status. The election is irrevocable and must be made before September 30, 1997.

(D) The following payments resulting from employment disputes will be included in salary if the award or settlement document designates those payments as salary as defined in this section: back pay awards; payments in settlement of employment contract disputes; and payments in settlement of other employment disputes. The award or

settlement may be the result of a court order, an order of an administrative tribunal, or a negotiated written settlement. The payments must be allocated to the appropriate school years and corrected contributions made, including interest charges.

(E) In determining “final average salary” as defined in section 169.600, RSMo, the system will disregard any increase in compensation in excess of twenty percent (20%) from one (1) year to the next in the final average salary period. This limit will not apply to increases due to bona fide changes in position or employer or increases required by state statute.

*AUTHORITY: section 169.610, RSMo Supp. 2012. Original rule filed Dec. 19, 1975, effective Jan. 1, 1976. For intervening history, please consult the Code of State Regulations. Amended: Filed June 24, 2013.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Public School and Education Employee Retirement Systems of Missouri, Attn: M. Steve Yoakum, Executive Director, PO Box 268, Jefferson City, MO 65102-0268. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 16—RETIREMENT SYSTEMS**  
**Division 10—The Public School Retirement System of Missouri**  
**Chapter 6—The Public Education Employee Retirement System of Missouri**

**PROPOSED AMENDMENT**

**16 CSR 10-6.060 Service Retirement.** The Retirement System is amending subsection (13)(B).

*PURPOSE: This amendment updates subsection (13)(B) to reflect the implementation of a new reporting system to be used by covered employers.*

(13) Pursuant to section 169.596, RSMo, a person receiving a retirement benefit from The Public Education Employee Retirement System of Missouri (PEERS) may be employed full-time for up to two (2) years for a PEERS-covered school district without a suspension of his or her retirement benefit provided that such school district certifies that it has met the requirements set forth in section 169.596, RSMo, and provided that such school district does not exceed the limit on the number of PEERS retirees that may be hired pursuant to section 169.596, RSMo.

(B) A school district hiring a PEERS retiree under section 169.596, RSMo, shall certify to PEERS through the *[Electronic Monthly Employer Reporting System (EMERS)] Online Automated System Integrated Solution (OASIS)* or in another manner acceptable to PEERS that:—

1. It has met the requirements of section 169.596, RSMo; and
2. It has not exceeded the limit on the number of PEERS retirees it may hire under section 169.596, RSMo.

*AUTHORITY: section 169.610, RSMo Supp. [2011] 2012. Original rule filed Dec. 19, 1975, effective Jan. 1, 1976. For intervening history, please consult the Code of State Regulations. Amended: Filed June 24, 2013.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Public School and Education Employee Retirement Systems of Missouri, Attn: M. Steve Yoakum, Executive Director, PO Box 268, Jefferson City, MO 65102-0268. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION**

**Division 2220—State Board of Pharmacy  
Chapter 2—General Rules**

**PROPOSED RULE**

**20 CSR 2220-2.950 Automated Filling Systems**

*PURPOSE: This rule establishes standards for automated filling systems.*

(1) Definitions. The following definitions shall be applicable for purposes of this rule:

(A) “Automated filling system”—An automated system used by a pharmacy to assist in filling a prescription drug order by selecting, labeling, filling, or sealing medication for dispensing. An “automated filling system” shall not include automated devices used solely to count medication, vacuum tube drug delivery systems governed by 20 CSR 2220-2.800, or automated dispensing and storage systems governed by 20 CSR 2220-2.900 used to dispense medication directly to a patient or to an authorized health care practitioner for immediate distribution or administration to the patient;

(B) “Electronic verification system”—An electronic verification, bar code verification, weight verification, radio frequency identification (RFID), or similar electronic process or system that accurately verifies medication has been properly dispensed and labeled by, or loaded into, an automated filling system;

(C) “Manufacturer unit of use package”—A drug dispensed in the manufacturer’s original and sealed packaging, or in the original and sealed packaging of a repackager, without additional manipulation or preparation by the pharmacy, except for application of the pharmacy label;

(D) “Repackager”—A repackager registered with the United States Food and Drug Administration; and

(E) “Repacked”—Any drug that has been removed from the original packaging of the manufacturer or a repackager’s packaging and is placed in a container for use in an automated filling system.

(2) Medication Stocking. Automated filling systems (hereinafter “system”) may be stocked or loaded by a pharmacist or by an intern pharmacist or pharmacy technician under the direct supervision of a pharmacist. Pharmacy repacked medication, cartridges, or containers shall comply with 20 CSR 2220-2.130.

(3) Verification. Except as provided herein, a licensed pharmacist shall inspect and verify the accuracy of the final contents of any medication filled or packaged by an automated filling system, and any label affixed thereto, prior to dispensing, as required by 20 CSR 2220-2.010(1)(B).

(4) The pharmacist verification requirements of section (3) shall be deemed satisfied if—

(A) The pharmacy establishes and follows a policy and procedure manual that complies with section (5) of this rule;

(B) The filling process is fully automated from the time the filling process is initiated until a completed, labeled, and sealed prescription is produced by the automated filling system that is ready for dispensing to the patient. No manual intervention with the medication or prescription may occur after the medication is loaded into the automated filling system. For purposes of this section, manual intervention shall not include preparing a finished prescription for mailing, delivery, or storage;

(C) A pharmacist verifies the accuracy of the prescription information used by or entered into the automatic filling system for a specific patient prior to initiation of the automatic fill process. The name, initials, or identification code(s) of the verifying pharmacist shall be recorded in the pharmacy's records and maintained for five (5) years after dispensing;

(D) A pharmacist verifies the correct medication, repacked container, or manufacturer unit of use package was properly stocked, filled, and loaded in the automated filling system prior to initiating the fill process. Alternatively, an electronic verification system may be used for verification of manufacturer unit of use packages or repacked medication previously verified by a pharmacist;

(E) The medication to be dispensed is filled, labeled, and sealed in the prescription container by the automated filling system or dispensed by the system in a manufacturer's unit of use package or a repacked pharmacy container;

(F) An electronic verification system is used to verify the proper prescription label has been affixed to the correct medication, repackaged container, or manufacturer unit of use package for the correct patient; and

(G) Daily random quality testing is conducted by a pharmacist on a sample size of prescriptions filled by the automated filling system. The required sample size shall not be less than two percent (2%) of the prescriptions filled by the automated system on the date tested or two percent (2%) of the prescriptions filled by the automated system on the last day of system operation, as designated in writing by the pharmacist-in-charge. Proof of compliance with this subsection and random quality testing date(s) and results shall be documented and maintained in the pharmacy's records.

(5) Policies and Procedures. Pharmacies verifying prescriptions pursuant to section (4) of this rule shall establish and follow written policies and procedures to ensure the proper, safe, and secure functioning of the system. Policies and procedures shall be reviewed annually by the pharmacist-in-charge and shall be maintained in the pharmacy's records for a minimum of two (2) years. The required annual review shall be documented in the pharmacy's records and made available upon request. At a minimum, the pharmacy shall establish and follow policies and procedures for—

(A) Maintaining the automated filling system and any accompanying electronic verification system in good working order;

(B) Ensuring accurate filling, loading, and stocking of the system;

(C) Ensuring sanitary operations of the system and preventing cross-contamination of cells, cartridges, containers, cassettes, or packages;

(D) Reporting, investigating, and addressing filling errors and system malfunctions;

(E) Testing the accuracy of the automated filling system and any accompanying electronic verification system. At a minimum, the automated filling system and electronic verification system shall be tested before the first use of the system or restarting the system and upon any modification to the automated filling system or electronic verification system that changes or alters the filling or electronic verification process;

(F) Training persons authorized to access, stock, restock, or load the automated filling system in equipment use and operations;

(G) Tracking and documenting prescription errors related to the automated filling system that are not corrected prior to dispensing to the patient. Such documentation shall be maintained for two (2) years and produced to the board upon request;

(H) Conducting routine and preventive maintenance and, if applicable, calibration;

(I) Removing expired, adulterated, misbranded, or recalled drugs;

(J) Preventing unauthorized access to the system, including, assigning, discontinuing, or changing security access;

(K) Identifying and recording persons responsible for stocking, loading, and filling the system;

(L) Ensuring compliance with state and federal law, including, all applicable labeling, storage, and security requirements; and

(M) Maintaining an ongoing quality assurance program that monitors performance of the automatic fill system and any electronic verification system to ensure proper and accurate functioning.

(6) Recordkeeping. Except as otherwise provided herein, records required by this rule shall be maintained in the pharmacy's records electronically or in writing for a minimum of two (2) years. When the verification requirements of subsection (4)(D) of this rule are completed by a pharmacist, the name, initials, or identification code(s) of the verifying pharmacist shall be recorded in the pharmacy's records and maintained for five (5) years after dispensing. Records shall be made available for inspection and produced to the board or the board's authorized designee upon request.

*AUTHORITY: sections 338.140.1, 338.280, and 338.250, RSMo 2000, and section 338.210.4, RSMo Supp. 2012. Original rule filed July 1, 2013.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Board of Pharmacy, PO Box 625, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 526-3464, or via email at [pharmacy@pr.mo.gov](mailto:pharmacy@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this rule in the **Missouri Register**. No public hearing is scheduled.*

**T**his 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*.

**T**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 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 7—Wildlife Code: Hunting: Seasons, Methods,  
Limits**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-7.440 is amended.

This rule establishes hunting seasons and limits and is exempted by section 536.021, RSMo, from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-7.440 by establishing seasons and limits for hunting migratory game birds and waterfowl.

**3 CSR 10-7.440 Migratory Game Birds and Waterfowl: Seasons, Limits**

(3) Seasons and limits are as follows:

(A) Mourning doves, Eurasian collared-doves, and white-winged doves may be taken from one-half (1/2) hour before sunrise to sunset from September 1 through November 9. Limits: fifteen (15) doves daily in the aggregate; forty-five (45) in possession;

(B) Sora and Virginia rails may be taken from one-half (1/2) hour before sunrise to sunset from September 1 through November 9. Limits: twenty-five (25) rails in the aggregate daily or in possession;

(C) Woodcock may be taken from one-half (1/2) hour before sun-

rise to sunset from October 15 through November 28. Limits: three (3) woodcock daily; nine (9) in possession;

(D) Wilson's snipe may be taken from one-half (1/2) hour before sunrise to sunset from September 1 through December 16. Limits: eight (8) snipe daily; twenty-four (24) in possession;

(E) Blue-winged, green-winged, and cinnamon teal may be taken from sunrise to sunset from September 7 through September 22. Limits: six (6) teal in the aggregate of species daily; eighteen (18) in possession;

**SUMMARY OF PUBLIC COMMENTS:** Seasons and limits are exempted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment was filed June 25, 2013, and becomes effective **August 1, 2013**.

**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 and 168.021, RSMo Supp 2012, and section 168.011, RSMo 2000, the board adopts a rule as follows:

**5 CSR 20-400.125** Actions of the State Board of Education Relating to Applications for Educator Certificates is **adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 1, 2013 (38 MoReg 507-508). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule 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 600—Office of Early and Extended Learning**

**ORDER OF RULEMAKING**

By the authority vested in the State Board of Education (board) under section 161.092, RSMo Supp. 2012, and sections 178.691-178.699, RSMo 2000 and RSMo Supp. 2012, the board amends a rule as follows:

5 CSR 20-600.110 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2013 (38 MoReg 508-509). Changes have been made in the text of the proposed amendment and the incorporated by reference material, *Early Childhood Development Act Administrative Manual*. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** The board received two (2) comments from one (1) individual regarding the proposed amendment.

COMMENT #1: The board received one (1) comment from Linda Jennings, Fort Zumwalt School District, expressing inconsistency in the document with the current process for application. Throughout the course of the text, the application is referred to as the method of applying for program approval. This method has been revised and is now referred to as the Compliance Plan.

RESPONSE AND EXPLANATION OF CHANGE: The Department of Elementary and Secondary Education (department) reviewed the comment and will amend subsection (1)(B) to reflect the revision date change and the incorporated by reference material, specifically 1.1.4, 2.1, 2.4, 2.5, 2.6, 2.7, and 2.11 using the term "Compliance Plan" to reflect the current system for program approval.

COMMENT #2: The board received one (1) comment from Linda Jennings, Fort Zumwalt School District, noting inconsistency in wording in section 1.6.3 All participating families may be "offered" and 2.5 Family personal visits should be "provided."

RESPONSE AND EXPLANATION OF CHANGE: The department reviewed the comment and will amend the incorporated by reference material, specifically 2.5 using the term "offered" instead of "provided."

#### 5 CSR 20-600.110 General Provisions Governing Programs Authorized Under the Early Childhood Development Act

(1) All programs and projects carried out by school districts under the Early Childhood Development Act (ECDA) shall be conducted in conformity with—

(B) The state *Early Childhood Development Act Administrative Manual*, revised May 2013, which is incorporated by reference and made a part of this rule as published by the Department of Elementary and Secondary Education (department) and is available at the Early Learning Section, 205 Jefferson Street, PO Box 480, Jefferson City, MO 65102-0480 or on the department's website. This rule does not incorporate any subsequent amendments or additions. The *Early Childhood Development Act Administrative Manual* interprets state statutory requirements for the programs and establishes program management procedures consistent with state law and practice.

### Title 11—DEPARTMENT OF PUBLIC SAFETY Division 45—Missouri Gaming Commission Chapter 4—Licenses

#### ORDER OF RULEMAKING

By the authority vested in the Missouri Gaming Commission (MGC) under section 313.805, RSMo Supp. 2012, the commission amends a rule as follows:

#### 11 CSR 45-4.260 Occupational Licenses for Class A, Class B, Suppliers and Affiliate Suppliers is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2013 (38 MoReg 428-429). 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: A public hearing was held on this proposed amendment on April 10, 2013. No one commented at the public hearing. A written comment was received.

COMMENT #1: A written comment was received from Boyle and Brasher on behalf of the Missouri Gaming Association, its casino members, and casino employees licensed by the MGC. The com-

menter stated this amendment seeks to authorize granting the executive director the power to unilaterally make an initial determination to revoke or suspend a Level I or Level II occupational license. This proposed amendment is a radical departure from past practice in which the five (5) members of the MGC, as contrasted to a single individual, would make the initial determination to strip a holder of a gaming license and their livelihood. Under the proposed amendment, the director, without any preliminary review by the commission or the opportunity by the license holder to request an opportunity to appear before the commission, as provided in 11 CSR 45-2.010, could make the initial determination to revoke or suspend a gaming license for a Level I or Level II license. In addition to the issues created by the lack of the opportunity for a licensee adversely affected to appear before the commission or an opportunity for the commission to review such action, the proposed amendment conflicts with 11 CSR 45-13.050(1) which expressly provides that it is the commission, not the director, that may propose disciplinary action against a licensee. Also, 11 CSR 45-13.050(4) provides that the commission may authorize the director to issue a proposed order for disciplinary action with regard to a holder of a license of the type that may be issued by the director pursuant to 11 CSR 45-4.260(1). However, 11 CSR 45-4.260(1) only authorizes the director to license or make the initial determination as to suitability of an application for a Level II occupational applicant. Neither regulation grants authority to the director to make a determination to revoke or suspend the existing license of a Level I or Level II employee. In fact, the authority granted in 11 CSR 45-13.050 is limited to Level II applicants, not current license holders, and does not extend to Level I license holders. The commenter also stated that the proposed amendment also does not comply with the requirements of §536.021, RSMo for amending administrative rules. This statute requires that the notice of proposed rulemaking shall contain, among other things, the reasons for changing or making the rule (§536.021.2(l), RSMo). The proposed amendment has no explanation for the reason for the change. Furthermore, §536.016.1, RSMo requires that any proposed rule be based upon substantial evidence on the record and a finding that the rule is necessary to carry out the purposes of the statute that granted such rulemaking authority. There is no indication that providing the director, as contrasted with the commission, with the unilateral and sole discretion to make an initial determination to revoke or suspend a gaming license is necessary to regulate gaming in Missouri. There is no indication that the current process for disciplinary action is not working nor is there any justification for vesting the initial determination for the drastic remedy of revoking or suspending a license outside the hands of the commissioners.

The proposed amendment does not provide any limitations or guidelines limiting the discretion of the director to make an initial determination to revoke or suspend a license. The basis for such revocation or suspension should be clearly delineated. The fact that the director would have sole discretion to determine what the basis or criteria is to revoke or suspend a license invites uncertainty and the potential arbitrary application of the regulation. See, *Brown-Forman Distillers Corp. v. Stewart*, 520 SW2d 1, 9 (Mo. 1975); and *O'Brien v. Ohio Lottery Commission*, 2005 WL 694288 (Ohio App. 11 Dist). For the reasons set forth above, it is urged that the commission withdraw the proposed amendment to 11 CSR 45-4.260(1).  
RESPONSE: The commission appreciates these comments. The director, as an agent of the commission, already has the ability to initiate a Preliminary Order of Discipline under 11 CSR 45-1.090(3)(D). The change to this rule clarifies the director's responsibility and authority for the daily operation of the commission's business as required by 11 CSR 45-1.010. Any licensee aggrieved by an action of the director has the ability to request a hearing under 11 CSR 45-13.030.

The Purpose statement does comply with the provisions of §536.021, RSMo. There is no change to the proposed amendment based on this comment.

**T**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 2—DEPARTMENT OF AGRICULTURE  
Division 90—Weights and Measures**

**FISCAL YEAR JULY 1, 2013–JUNE 30, 2014  
BUDGET PLAN**

*PURPOSE: This proposed budget is filed in compliance with the provisions of section 323.025.10, RSMo Supp. 2012, which requires the Missouri Propane Gas Commission to prepare and submit a budget plan for public comment.*

**INCOME:**

Estimated Assessments*	\$510,750
Interest Income	\$ 120
<b>Total Income:</b>	<b>\$510,870</b>

**EXPENSES:**

Furnishings, Equipment and Vehicle (Depreciation and Amortization)	\$ 26,635
Rent, Utility, and Communication Expenses	\$ 24,370
Professional and Contract Services	\$ 28,465
Operating Expenses	\$ 11,615
Personnel Expenses	\$249,978
Employee Benefits	\$ 49,336
Inspection and Meeting Expenses	\$ 71,955
Commissioner Expenses	\$ 13,860
Insurance Expenses	\$ 5,480
<b>Total Expenses:</b>	<b>\$481,696</b>

**NET** **\$ 29,174**

\*Assessment rates: .00225 cent per gallon

*The assessment was raised from .00175 on April 1, 2013.*

*AUTHORITY: section 323.025.10, RSMo Supp. 2012.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed budget with the Missouri Propane Gas Commission, 4110 Country Club Drive, Ste. 200, Jefferson City, MO 65109-0302. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 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 August 21, 2013. These applications are available for public inspection at the address shown below:

**Date Filed**

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

7/09/13

**#4940 HT:** Bothwell Regional Health Center  
Sedalia (Pettis County)  
\$1,726,090, Replace MRI Unit

7/10/13

**#4943 HT:** Barnes-Jewish Hospital  
St. Louis (St. Louis City)  
\$1,714,024, Replace Neurological Angiography Unit

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 August 10, 2013. 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.

**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 application listed below. A decision is tentatively scheduled for August 21, 2013. This application is available for public inspection at the address shown below:

**Date Filed**

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

7/10/13

**#4930 NT:** Village Care Center of South County  
Sunset Hills (St. Louis County)  
\$887,591, Renovate/Modernize 118-bed SNF

Any person wishing to request a public hearing for the purpose of commenting on this application must submit a written request to this effect, which must be received by August 10, 2013. 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.




# Contractor Debarment List

## ADDITION TO STATUTORY LIST OF CONTRACTORS BARRED FROM PUBLIC WORKS PROJECTS

The following is an addition to the list of contractor(s) who have been prosecuted and convicted of violating the Missouri Prevailing Wage Law, 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 David E. Mollohan, (2) to any other contractor or subcontractor that is owned, operated or controlled by Mr. David E Mollohan including M & D Excavating or (3) to any other simulation of Mr. David E Mollohan or of M & D Excavating for a period of one year, or until January 10, 2014.

<u>Name of Contractor</u>	<u>Name of Officers</u>	<u>Address</u>	<u>Date of Conviction</u>	<u>Debarment Period</u>
David E. Mollohan d/b/a M & D Excavating Case No. 11WR-CR00453 Wright County Cir. Ct.		1448 Kaylor Road Mountain Grove, MO 65711	1/10/2013	1/10/2013-1/10/2014

  
Robert A. Bedell, Acting Division Director

Dated this 28<sup>th</sup> day of January, 2013.

**T**he 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](mailto:dissolutions@sos.mo.gov).

## **NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST**

On May 16, 2013, SMU Condo GP, L.L.C., a Missouri limited liability company ("Company"), filed its Notice of Winding Up with the Missouri Secretary of State, effective on the filing date.

All persons and organizations must submit to Company, c/o Frank C. Carnahan, Carnahan, Evans, Cantwell & Brown, P.C., 2805 S. Ingram Mill, Springfield, Missouri 65804, a written summary of any claims against Company, including: 1) claimant's name, address and telephone number; 2) amount of claim; 3) date(s) claim accrued (or will accrue); 4) brief description of the nature of the debt or the basis for the claim; and 5) if the claim is secured, and if so, the collateral used as security.

Because of the dissolution, any claims against Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the last of filing or publication of this Notice.

## **NOTICE OF WINDING UP AND DISSOLUTION OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST West County Aero LLC**

On June 17, 2013, West County Aero LLC, a Missouri limited liability company (the "Company"), filed its Notice of Winding Up and Articles of Termination with the Missouri Secretary of State. The Company requests that all persons and organizations who have claims against the Company present them immediately by letter to Christopher James McPherson, 100 S. Fourth Street, Suite 1000, St. Louis, MO 63102. All claims **must** include the name and address of the claimant, the amount claimed, the basis for and a description of the claim, and include copies of any supporting documentation. Any and all claims against the Company will be barred unless a proceeding to enforce such claim is commenced within three (3) years after the publication of this notice.

## **NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST BEATUS INTERNATIONAL, INC.**

On June 4, 2013 Beatus International, Inc. filed Articles of Dissolution by Voluntary Action with the Missouri Secretary of State. Said corporation requests that all persons and organizations who have claims against it present them by letter to Ronald Adam Busse, 9364 State Route F, Farmington, MO 63640. All claims must include the name and address of the claimant; amount of claim; basis of the claim; and documentation of the claim. By law, any claims against it will be barred unless commenced within two years after the date of this publication.

**NOTICE OF DISSOLUTION OF LIMITED LIABILITY COMPANY TO ALL CREDITORS  
OF AND CLAIMANTS AGAINST COBB'S HOLDING, LLC**

On June 4, 2013 Cobb's Holding, LLC filed Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State. Claims against Cobb's Holding, LLC must be submitted to Ronald Adam Busse, 9364 State Route F, Farmington, MO 63640. Claims must include name and address of claimant; amount of claim; basis of claim; and documentation of claim. By law, proceedings are barred unless commenced against the LLC within three years after publication of this notice.

**NOTICE OF DISSOLUTION OF CORPORATION  
TO ALL CREDITORS OF AND CLAIMANTS AGAINST  
BOYD BROS. FORD, INC.**

On June 7, 2013, Boyd Bros. Ford, Inc., a Missouri corporation (hereinafter the "Corporation") filed its Articles of Dissolution with the Missouri Secretary of State, effective upon filing.

Any claims against the Corporation must be sent to Jane Boyd, 504 Helena, Cape Girardeau, Missouri 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 Corporation will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the publication of this Notice.

**NOTICE OF DISSOLUTION TO ALL CREDITORS AND CLAIMANTS AGAINST  
USA MOSQUITO CONTROL, LLC:** On April 19, 2013, USA Mosquito Control, LLC, a Missouri Limited Liability Company (the "Company") filed its Notice of Winding Up with the MO Secretary of State, stating its intent to dissolve. Claims against the Company must be submitted to Force Law Office, 9687 U Hwy, Prairie Home, MO 65068. Claims must include name & address of claimant; and amount, basis and documentation of claim. By law, proceedings are barred unless commenced against the Company within three years after publication of this Notice.

## Rule Changes Since Update to Code of State Regulations

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—37 (2012) and 38 (2013). 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.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
<b>OFFICE OF ADMINISTRATION</b>					
1 CSR 10	State Officials' Salary Compensation Schedule				37 MoReg 1859
1 CSR 10-15.010	Commissioner of Administration	38 MoReg 5	38 MoReg 7	38 MoReg 657	
<b>DEPARTMENT OF AGRICULTURE</b>					
2 CSR 30-10.010	Animal Health	38 MoReg 5	38 MoReg 82	38 MoReg 839	
2 CSR 90-10	Weights and Measures				37 MoReg 1197 This Issue
2 CSR 90-30.040	Weights and Measures		38 MoReg 1099		
<b>DEPARTMENT OF CONSERVATION</b>					
3 CSR 10-7.433	Conservation Commission		N.A.	38 MoReg 1127	
3 CSR 10-7.437	Conservation Commission		N.A.	38 MoReg 1127	
3 CSR 10-7.440	Conservation Commission		N.A.	This Issue	
3 CSR 10-7.455	Conservation Commission		38 MoReg 1160		38 MoReg 212
3 CSR 10-10.705	Conservation Commission		38 MoReg 581	38 MoReg 1128	
3 CSR 10-10.722	Conservation Commission		38 MoReg 581	38 MoReg 1128	
3 CSR 10-10.725	Conservation Commission		38 MoReg 582	38 MoReg 1128	
3 CSR 10-12.109	Conservation Commission		38 MoReg 585	38 MoReg 1128	
3 CSR 10-12.110	Conservation Commission		38 MoReg 585	38 MoReg 1128	
3 CSR 10-12.135	Conservation Commission		38 MoReg 585	38 MoReg 1128	
3 CSR 10-20.805	Conservation Commission		38 MoReg 586	38 MoReg 1129	
<b>DEPARTMENT OF ECONOMIC DEVELOPMENT</b>					
4 CSR 195-6.010	Division of Workforce Development		38 MoReg 171	38 MoReg 768	
4 CSR 195-6.020	Division of Workforce Development		38 MoReg 171	38 MoReg 768	
4 CSR 195-6.030	Division of Workforce Development		38 MoReg 172	38 MoReg 768	
4 CSR 195-6.040	Division of Workforce Development		38 MoReg 173	38 MoReg 768	
4 CSR 195-6.050	Division of Workforce Development		38 MoReg 173	38 MoReg 769	
4 CSR 265-2.068	Division of Motor Carrier and Railroad Safety ( <i>Changed to 7 CSR 265-10.035</i> )		38 MoReg 887		
4 CSR 265-2.180	Division of Motor Carrier and Railroad Safety ( <i>Changed to 7 CSR 265-10.140</i> )		38 MoReg 896		
4 CSR 265-2.190	Division of Motor Carrier and Railroad Safety ( <i>Changed to 7 CSR 265-10.090</i> )		38 MoReg 894		
4 CSR 265-6.010	Division of Motor Carrier and Railroad Safety ( <i>Changed to 7 CSR 265-10.055</i> )		38 MoReg 892		
4 CSR 265-12.020	Division of Motor Carrier and Railroad Safety		38 MoReg 881R		
4 CSR 265-12.030	Division of Motor Carrier and Railroad Safety		38 MoReg 882R		
<b>DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION</b>					
5 CSR 20-100.255	Division of Learning Services		37 MoReg 1571	38 MoReg 520F	
5 CSR 20-100.260	Division of Learning Services		38 MoReg 99	38 MoReg 769	
5 CSR 20-400.125	Division of Learning Services		38 MoReg 507	This Issue	
5 CSR 20-400.270	Division of Learning Services		38 MoReg 105	38 MoReg 775	
5 CSR 20-400.375	Division of Learning Services		38 MoReg 825		
5 CSR 20-600.110	Division of Learning Services		38 MoReg 508	This Issue	
<b>DEPARTMENT OF HIGHER EDUCATION</b>					
6 CSR 10-3.010	Commissioner of Higher Education		38 MoReg 755		
6 CSR 10-10.010	Commissioner of Higher Education		38 MoReg 755		
<b>DEPARTMENT OF TRANSPORTATION</b>					
7 CSR 10-7.020	Missouri Highways and Transportation Commission		38 MoReg 427	38 MoReg 1129	
7 CSR 10-7.030	Missouri Highways and Transportation Commission		38 MoReg 427	38 MoReg 1129	
7 CSR 10-25.010	Missouri Highways and Transportation Commission				38 MoReg 1072
7 CSR 60-2.010	Traffic and Highway Safety Division		38 MoReg 586		
7 CSR 60-2.020	Traffic and Highway Safety Division		38 MoReg 588		
7 CSR 60-2.030	Traffic and Highway Safety Division		38 MoReg 589		
7 CSR 60-2.040	Traffic and Highway Safety Division		38 MoReg 590		
7 CSR 60-2.050	Traffic and Highway Safety Division		38 MoReg 592		
7 CSR 60-2.060	Traffic and Highway Safety Division		38 MoReg 592		
7 CSR 265-10.010	Motor Carrier and Railroad Safety		38 MoReg 882		
7 CSR 265-10.015	Motor Carrier and Railroad Safety		38 MoReg 883R		
			38 MoReg 883		
7 CSR 265-10.020	Motor Carrier and Railroad Safety		38 MoReg 884R		
			38 MoReg 884		
7 CSR 265-10.025	Motor Carrier and Railroad Safety		38 MoReg 885R		
			38 MoReg 885		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
7 CSR 265-10.030	Motor Carrier and Railroad Safety		38 MoReg 886R 38 MoReg 886		
7 CSR 265-10.035	Motor Carrier and Railroad Safety <i>(Changed from 4 CSR 265-2.068)</i>		38 MoReg 887		
7 CSR 265-10.040	Motor Carrier and Railroad Safety		38 MoReg 888R 38 MoReg 888		
7 CSR 265-10.045	Motor Carrier and Railroad Safety		38 MoReg 889		
7 CSR 265-10.050	Motor Carrier and Railroad Safety		38 MoReg 889		
7 CSR 265-10.055	Motor Carrier and Railroad Safety <i>(Changed from 4 CSR 265-6.010)</i>		38 MoReg 892		
7 CSR 265-10.060	Motor Carrier and Railroad Safety		38 MoReg 893R		
7 CSR 265-10.070	Motor Carrier and Railroad Safety		38 MoReg 893R		
7 CSR 265-10.080	Motor Carrier and Railroad Safety		38 MoReg 893R		
7 CSR 265-10.090	Motor Carrier and Railroad Safety <i>(Changed from 4 CSR 265-2.190)</i>		38 MoReg 894		
7 CSR 265-10.100	Motor Carrier and Railroad Safety		38 MoReg 894		
7 CSR 265-10.110	Motor Carrier and Railroad Safety		38 MoReg 895R 38 MoReg 895		
7 CSR 265-10.120	Motor Carrier and Railroad Safety		38 MoReg 896R		
7 CSR 265-10.130	Motor Carrier and Railroad Safety		38 MoReg 896		
7 CSR 265-10.140	Motor Carrier and Railroad Safety <i>(Changed from 4 CSR 265-2.180)</i>		38 MoReg 896		
<b>DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS</b>					
8 CSR 10-5.010	Division of Employment Security		38 MoReg 1100		
<b>DEPARTMENT OF NATURAL RESOURCES</b>					
10 CSR 10-1.010	Air Conservation Commission		37 MoReg 1646	38 MoReg 839	
10 CSR 10-2.330	Air Conservation Commission		37 MoReg 1769	38 MoReg 840	
10 CSR 10-3.010	Air Conservation Commission		38 MoReg 1100R		
10 CSR 10-5.570	Air Conservation Commission		38 MoReg 593		
10 CSR 10-6.040	Air Conservation Commission		38 MoReg 689		
10 CSR 10-6.060	Air Conservation Commission		38 MoReg 595		
10 CSR 10-6.070	Air Conservation Commission		38 MoReg 898		
10 CSR 10-6.075	Air Conservation Commission		38 MoReg 899		
10 CSR 10-6.080	Air Conservation Commission		38 MoReg 902		
10 CSR 10-6.110	Air Conservation Commission		38 MoReg 596		
10 CSR 10-6.130	Air Conservation Commission		38 MoReg 903		
10 CSR 10-6.345	Air Conservation Commission		38 MoReg 601R		
10 CSR 10-6.390	Air Conservation Commission		38 MoReg 601		
10 CSR 10-6.400	Air Conservation Commission		38 MoReg 603		
10 CSR 20-7.015	Clean Water Commission		38 MoReg 913		
10 CSR 20-7.031	Clean Water Commission		38 MoReg 939		
10 CSR 23-1.075	Division of Geology and Land Survey		38 MoReg 283	38 MoReg 1184	
10 CSR 23-5.010	Division of Geology and Land Survey		38 MoReg 1101		
10 CSR 23-5.020	Division of Geology and Land Survey		38 MoReg 1101		
10 CSR 23-5.030	Division of Geology and Land Survey		38 MoReg 1102		
10 CSR 23-5.040	Division of Geology and Land Survey		38 MoReg 1102		
10 CSR 23-5.050	Division of Geology and Land Survey		38 MoReg 1103		
10 CSR 23-5.060	Division of Geology and Land Survey		38 MoReg 1105		
10 CSR 23-5.070	Division of Geology and Land Survey		38 MoReg 1105		
10 CSR 23-5.080	Division of Geology and Land Survey		38 MoReg 1106		
10 CSR 26-2.062	Petroleum and Hazardous Substance Storage Tanks		38 MoReg 1160		
10 CSR 26-2.078	Petroleum and Hazardous Substance Storage Tanks		38 MoReg 1161		
10 CSR 26-2.082	Petroleum and Hazardous Substance Storage Tanks		38 MoReg 1162		
10 CSR 40-3.040	Land Reclamation Commission		38 MoReg 177	38 MoReg 840	
10 CSR 40-3.060	Land Reclamation Commission		38 MoReg 178	38 MoReg 840	
10 CSR 40-3.170	Land Reclamation Commission		38 MoReg 178	38 MoReg 840	
10 CSR 40-3.180	Land Reclamation Commission		38 MoReg 178	38 MoReg 840	
10 CSR 40-3.200	Land Reclamation Commission		38 MoReg 179	38 MoReg 840	
10 CSR 40-3.210	Land Reclamation Commission		38 MoReg 181	38 MoReg 841	
10 CSR 40-3.220	Land Reclamation Commission		38 MoReg 181	38 MoReg 841	
10 CSR 40-3.230	Land Reclamation Commission		38 MoReg 182	38 MoReg 841	
10 CSR 40-3.240	Land Reclamation Commission		38 MoReg 182	38 MoReg 841	
10 CSR 40-3.260	Land Reclamation Commission		38 MoReg 182	38 MoReg 841	
10 CSR 40-3.300	Land Reclamation Commission		38 MoReg 183	38 MoReg 841	
10 CSR 40-6.020	Land Reclamation Commission		38 MoReg 183	38 MoReg 842	
10 CSR 40-6.030	Land Reclamation Commission		38 MoReg 184	38 MoReg 842	
10 CSR 40-6.040	Land Reclamation Commission		38 MoReg 184	38 MoReg 842	
10 CSR 40-6.050	Land Reclamation Commission		38 MoReg 185	38 MoReg 842	
10 CSR 40-6.060	Land Reclamation Commission		38 MoReg 185	38 MoReg 842	
10 CSR 40-6.070	Land Reclamation Commission		38 MoReg 186	38 MoReg 843	
10 CSR 40-6.100	Land Reclamation Commission		38 MoReg 187	38 MoReg 843	
10 CSR 40-6.110	Land Reclamation Commission		38 MoReg 187	38 MoReg 843	
10 CSR 40-6.120	Land Reclamation Commission		38 MoReg 188	38 MoReg 843	
10 CSR 40-7.050	Land Reclamation Commission		38 MoReg 189	38 MoReg 843	
10 CSR 40-8.010	Land Reclamation Commission		38 MoReg 190	38 MoReg 843	
10 CSR 40-8.020	Land Reclamation Commission		38 MoReg 195	38 MoReg 844	
10 CSR 40-8.070	Land Reclamation Commission		38 MoReg 195	38 MoReg 844	
10 CSR 140-2	Division of Energy				38 MoReg 432
10 CSR 140-5.010	Division of Energy		38 MoReg 1106R		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
<b>DEPARTMENT OF PUBLIC SAFETY</b>					
11 CSR 30-14.010	Office of the Director	38 MoReg 243	38 MoReg 249		
11 CSR 45-4.260	Missouri Gaming Commission		38 MoReg 428	This Issue	
11 CSR 45-8.010	Missouri Gaming Commission		38 MoReg 691		
11 CSR 45-8.060	Missouri Gaming Commission		38 MoReg 691		
11 CSR 45-8.090	Missouri Gaming Commission		38 MoReg 692		
11 CSR 45-8.100	Missouri Gaming Commission		38 MoReg 692		
11 CSR 45-8.150	Missouri Gaming Commission		38 MoReg 692		
11 CSR 45-9.106	Missouri Gaming Commission		37 MoReg 1770	38 MoReg 697	
			38 MoReg 828		
11 CSR 45-9.107	Missouri Gaming Commission		38 MoReg 693		
11 CSR 45-9.110	Missouri Gaming Commission		38 MoReg 828		
11 CSR 45-9.118	Missouri Gaming Commission		38 MoReg 828		
11 CSR 85-1.010	Veterans Affairs		38 MoReg 1163		
11 CSR 85-1.015	Veterans Affairs		38 MoReg 1163		
11 CSR 85-1.020	Veterans Affairs		38 MoReg 1164		
11 CSR 85-1.030	Veterans Affairs		38 MoReg 1164		
11 CSR 85-1.040	Veterans Affairs		38 MoReg 1165		
11 CSR 85-1.050	Veterans Affairs		38 MoReg 1165		
<b>DEPARTMENT OF REVENUE</b>					
12 CSR 10-41.010	Director of Revenue	37 MoReg 1701	37 MoReg 1770	38 MoReg 472	
12 CSR 10-41.025	Director of Revenue		38 MoReg 284	38 MoReg 847	
12 CSR 10-41.030	Director of Revenue		38 MoReg 285	38 MoReg 847	
12 CSR 10-104.030	Director of Revenue		38 MoReg 286	38 MoReg 847	
12 CSR 30-3.065	State Tax Commission		38 MoReg 429	38 MoReg 1070	
<b>DEPARTMENT OF SOCIAL SERVICES</b>					
13 CSR 35-32.040	Children's Division		38 MoReg 829		
13 CSR 35-100.010	Children's Division		38 MoReg 510	38 MoReg 1129	
13 CSR 70-10.015	MO HealthNet Division		This Issue		
13 CSR 70-10.017	MO HealthNet Division		38 MoReg 693		
13 CSR 70-10.160	MO HealthNet Division		This Issue		
13 CSR 70-15.010	MO HealthNet Division	This Issue	This Issue		
13 CSR 70-15.110	MO HealthNet Division	This Issue	This Issue		
13 CSR 70-15.160	MO HealthNet Division		This Issue		
<b>ELECTED OFFICIALS</b>					
15 CSR 30-50.010	Secretary of State		38 MoReg 835		
15 CSR 30-50.040	Secretary of State		38 MoReg 835		
15 CSR 30-52.015	Secretary of State		38 MoReg 836		
15 CSR 30-52.030	Secretary of State		38 MoReg 836		
15 CSR 30-52.275	Secretary of State		38 MoReg 837		
15 CSR 30-54.010	Secretary of State		38 MoReg 837		
15 CSR 30-54.070	Secretary of State		38 MoReg 837		
15 CSR 30-54.150	Secretary of State		38 MoReg 838		
15 CSR 50-3.095	Treasurer		38 MoReg 1166		
15 CSR 50-4.030	Treasurer	38 MoReg 425	38 MoReg 429	38 MoReg 1070	
<b>RETIREMENT SYSTEMS</b>					
16 CSR 10-1.040	The Public School Retirement System of Missouri		This Issue		
16 CSR 10-3.010	The Public School Retirement System of Missouri		This Issue		
16 CSR 10-4.005	The Public School Retirement System of Missouri		This Issue		
16 CSR 10-5.010	The Public School Retirement System of Missouri		This Issue		
16 CSR 10-5.020	The Public School Retirement System of Missouri		38 MoReg 469	38 MoReg 1070	
16 CSR 10-5.030	The Public School Retirement System of Missouri		38 MoReg 470	38 MoReg 1070	
16 CSR 10-6.020	The Public School Retirement System of Missouri		This Issue		
16 CSR 10-6.060	The Public School Retirement System of Missouri		This Issue		
16 CSR 10-6.070	The Public School Retirement System of Missouri		38 MoReg 470	38 MoReg 1071	
16 CSR 10-6.090	The Public School Retirement System of Missouri		38 MoReg 471	38 MoReg 1071	
<b>BOARDS OF POLICE COMMISSIONERS</b>					
17 CSR 10-2.010	Kansas City Board of Police Commissioners		38 MoReg 604R	38 MoReg 1184R	
			38 MoReg 604	38 MoReg 1184	
17 CSR 10-2.020	Kansas City Board of Police Commissioners		38 MoReg 611R	38 MoReg 1184R	
			38 MoReg 611	38 MoReg 1185	
17 CSR 10-2.030	Kansas City Board of Police Commissioners		38 MoReg 615R	38 MoReg 1185R	
			38 MoReg 615	38 MoReg 1185	
17 CSR 10-2.040	Kansas City Board of Police Commissioners		38 MoReg 616R	38 MoReg 1185R	
			38 MoReg 616	38 MoReg 1185	
17 CSR 10-2.050	Kansas City Board of Police Commissioners		38 MoReg 623R	38 MoReg 1185R	
			38 MoReg 623	38 MoReg 1185	
17 CSR 10-2.055	Kansas City Board of Police Commissioners		38 MoReg 629R	38 MoReg 1186R	
			38 MoReg 629	38 MoReg 1186	
17 CSR 10-2.060	Kansas City Board of Police Commissioners		38 MoReg 631R	38 MoReg 1186R	
			38 MoReg 631	38 MoReg 1186	

Rule Number	Agency	Emergency	Proposed	Order	In Addition
<b>DEPARTMENT OF HEALTH AND SENIOR SERVICES</b>					
19 CSR 20-1.025	Division of Community and Public Health		38 MoReg 635R 38 MoReg 635		
19 CSR 20-1.040	Division of Community and Public Health		38 MoReg 641R 38 MoReg 641		
19 CSR 20-1.042	Division of Community and Public Health		38 MoReg 641		
19 CSR 20-1.045	Division of Community and Public Health		38 MoReg 642		
19 CSR 20-1.100	Division of Community and Public Health		38 MoReg 642		
19 CSR 20-1.200	Division of Community and Public Health		38 MoReg 642		
19 CSR 30-20.098	Division of Regulation and Licensure		38 MoReg 1166		
19 CSR 30-20.110	Division of Regulation and Licensure		38 MoReg 1167		
19 CSR 30-20.112	Division of Regulation and Licensure		38 MoReg 1168		
19 CSR 30-20.114	Division of Regulation and Licensure		38 MoReg 1168		
19 CSR 30-20.118	Division of Regulation and Licensure		38 MoReg 1170		
19 CSR 30-20.122	Division of Regulation and Licensure		38 MoReg 1170R		
19 CSR 30-20.124	Division of Regulation and Licensure		38 MoReg 1171		
19 CSR 30-20.142	Division of Regulation and Licensure		38 MoReg 1171		
19 CSR 30-82.070	Division of Regulation and Licensure		38 MoReg 643R		
19 CSR 60-50	Missouri Health Facilities Review Committee				38 MoReg 780 38 MoReg 780 38 MoReg 857 This Issue This Issue
<b>DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION</b>					
20 CSR	Applied Behavior Analysis Maximum Benefit				37 MoReg 472 38 MoReg 432
20 CSR	Construction Claims Binding Arbitration Cap				37 MoReg 62 38 MoReg 147
20 CSR	Sovereign Immunity Limits				37 MoReg 62 38 MoReg 147
20 CSR	State Legal Expense Fund Cap				37 MoReg 62 38 MoReg 147
20 CSR 2010-2.160	Missouri State Board of Accountancy	38 MoReg 1159	38 MoReg 1172		
20 CSR 2015-1.030	Acupuncturist Advisory Committee	38 MoReg 751	38 MoReg 757		
20 CSR 2030-6.015	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		38 MoReg 761		
20 CSR 2063-1.015	Behavior Analyst Advisory Board		38 MoReg 1106		
20 CSR 2063-2.005	Behavior Analyst Advisory Board		38 MoReg 1110		
20 CSR 2063-2.020	Behavior Analyst Advisory Board		38 MoReg 1110		
20 CSR 2085-11.020	Board of Cosmetology and Barber Examiners		38 MoReg 643	38 MoReg 1186	
20 CSR 2095-1.020	Committee for Professional Counselors	38 MoReg 751	38 MoReg 765		
20 CSR 2110-2.010	Missouri Dental Board		38 MoReg 647	38 MoReg 1186	
20 CSR 2110-2.050	Missouri Dental Board		38 MoReg 650	38 MoReg 1187	
20 CSR 2145-1.040	Missouri Board of Geologist Registration		38 MoReg 1114		
20 CSR 2145-2.020	Missouri Board of Geologist Registration		38 MoReg 1116		
20 CSR 2145-2.030	Missouri Board of Geologist Registration		38 MoReg 1116		
20 CSR 2145-2.065	Missouri Board of Geologist Registration		38 MoReg 1117		
20 CSR 2145-2.080	Missouri Board of Geologist Registration		38 MoReg 1120		
20 CSR 2165-2.025	Board of Examiners for Hearing Instrument Specialists		38 MoReg 290	38 MoReg 847	
20 CSR 2165-2.030	Board of Examiners for Hearing Instrument Specialists		38 MoReg 293	38 MoReg 847	
20 CSR 2193-1.010	Interior Design Council		38 MoReg 1122		
20 CSR 2193-2.020	Interior Design Council		38 MoReg 1122		
20 CSR 2193-4.010	Interior Design Council		38 MoReg 1122		
20 CSR 2193-5.010	Interior Design Council		38 MoReg 1126		
20 CSR 2200-2.001	State Board of Nursing		38 MoReg 293	38 MoReg 848	
20 CSR 2200-2.010	State Board of Nursing		38 MoReg 294	38 MoReg 848	
20 CSR 2200-2.020	State Board of Nursing		38 MoReg 296	38 MoReg 848	
20 CSR 2200-2.030	State Board of Nursing		38 MoReg 296	38 MoReg 848	
20 CSR 2200-2.035	State Board of Nursing		38 MoReg 297	38 MoReg 849	
20 CSR 2200-2.040	State Board of Nursing		38 MoReg 297	38 MoReg 849	
20 CSR 2200-2.060	State Board of Nursing		38 MoReg 297	38 MoReg 849	
20 CSR 2200-2.070	State Board of Nursing		38 MoReg 300	38 MoReg 849	
20 CSR 2200-2.080	State Board of Nursing		38 MoReg 300	38 MoReg 850	
20 CSR 2200-2.085	State Board of Nursing		38 MoReg 300	38 MoReg 850	
20 CSR 2200-2.090	State Board of Nursing		38 MoReg 301	38 MoReg 850	
20 CSR 2200-2.100	State Board of Nursing		38 MoReg 301	38 MoReg 850	
20 CSR 2200-2.110	State Board of Nursing		38 MoReg 303	38 MoReg 851	
20 CSR 2200-2.120	State Board of Nursing		38 MoReg 303	38 MoReg 851	
20 CSR 2200-2.130	State Board of Nursing		38 MoReg 303	38 MoReg 851	
20 CSR 2200-2.180	State Board of Nursing		38 MoReg 304	38 MoReg 851	
20 CSR 2200-3.001	State Board of Nursing		38 MoReg 304	38 MoReg 852	
20 CSR 2200-3.010	State Board of Nursing		38 MoReg 305	38 MoReg 852	
20 CSR 2200-3.020	State Board of Nursing		38 MoReg 307	38 MoReg 852	
20 CSR 2200-3.030	State Board of Nursing		38 MoReg 307	38 MoReg 852	
20 CSR 2200-3.035	State Board of Nursing		38 MoReg 308	38 MoReg 853	
20 CSR 2200-3.040	State Board of Nursing		38 MoReg 308	38 MoReg 853	
20 CSR 2200-3.060	State Board of Nursing		38 MoReg 308	38 MoReg 853	
20 CSR 2200-3.070	State Board of Nursing		38 MoReg 311	38 MoReg 853	
20 CSR 2200-3.080	State Board of Nursing		38 MoReg 311	38 MoReg 854	
20 CSR 2200-3.085	State Board of Nursing		38 MoReg 311	38 MoReg 854	
20 CSR 2200-3.090	State Board of Nursing		38 MoReg 312	38 MoReg 854	
20 CSR 2200-3.100	State Board of Nursing		38 MoReg 312	38 MoReg 854	
20 CSR 2200-3.110	State Board of Nursing		38 MoReg 313	38 MoReg 855	
20 CSR 2200-3.120	State Board of Nursing		38 MoReg 314	38 MoReg 855	
20 CSR 2200-3.130	State Board of Nursing		38 MoReg 314	38 MoReg 855	

Rule Number	Agency	Emergency	Proposed	Order	In Addition
20 CSR 2200-3.180	State Board of Nursing		38 MoReg 315	38 MoReg 855	
20 CSR 2200-4.022	State Board of Nursing		38 MoReg 653	38 MoReg 1187	
20 CSR 2200-6.020	State Board of Nursing		38 MoReg 653	38 MoReg 1187	
20 CSR 2200-6.030	State Board of Nursing		38 MoReg 654	38 MoReg 1187	
20 CSR 2200-6.040	State Board of Nursing		38 MoReg 654	38 MoReg 1187	
20 CSR 2200-6.050	State Board of Nursing		38 MoReg 655	38 MoReg 1188	
20 CSR 2200-6.060	State Board of Nursing		38 MoReg 656	38 MoReg 1188	
20 CSR 2220-2.017	State Board of Pharmacy		38 MoReg 315	38 MoReg 1129	
20 CSR 2220-2.018	State Board of Pharmacy		38 MoReg 316	38 MoReg 1130	
20 CSR 2220-2.030	State Board of Pharmacy		38 MoReg 316R	38 MoReg 1131R	
20 CSR 2220-2.032	State Board of Pharmacy		38 MoReg 317R	38 MoReg 1131R	
20 CSR 2220-2.034	State Board of Pharmacy		38 MoReg 317R	38 MoReg 1131R	
20 CSR 2220-2.036	State Board of Pharmacy		38 MoReg 317R	38 MoReg 1131R	
20 CSR 2220-2.080	State Board of Pharmacy		38 MoReg 318	38 MoReg 1132	
20 CSR 2220-2.083	State Board of Pharmacy		38 MoReg 319	38 MoReg 1133	
20 CSR 2220-2.100	State Board of Pharmacy		38 MoReg 320R	38 MoReg 1134R	
20 CSR 2220-2.450	State Board of Pharmacy		38 MoReg 320R	38 MoReg 1134R	
20 CSR 2220-2.950	State Board of Pharmacy		This Issue		
20 CSR 2220-7.010	State Board of Pharmacy		38 MoReg 321	38 MoReg 1134	
20 CSR 2220-7.025	State Board of Pharmacy		38 MoReg 325	38 MoReg 1134	
20 CSR 2220-7.027	State Board of Pharmacy		38 MoReg 332	38 MoReg 1135	
20 CSR 2220-7.030	State Board of Pharmacy		38 MoReg 336	38 MoReg 1135	
20 CSR 2220-7.040	State Board of Pharmacy		38 MoReg 341	38 MoReg 1135	
20 CSR 2220-7.050	State Board of Pharmacy		38 MoReg 347	38 MoReg 1135	
20 CSR 2220-7.060	State Board of Pharmacy		38 MoReg 352	38 MoReg 1135	
20 CSR 2220-7.070	State Board of Pharmacy		38 MoReg 354	38 MoReg 1135	
20 CSR 2220-7.080	State Board of Pharmacy		38 MoReg 358	38 MoReg 1136	
20 CSR 2220-7.090	State Board of Pharmacy		38 MoReg 365	38 MoReg 1136	
20 CSR 2235-1.020	State Committee of Psychologists		38 MoReg 1175		
20 CSR 2235-1.025	State Committee of Psychologists		38 MoReg 1179		
20 CSR 2235-1.026	State Committee of Psychologists		38 MoReg 1179		
20 CSR 2235-1.030	State Committee of Psychologists		38 MoReg 1179R		
			38 MoReg 1180		
20 CSR 2235-2.060	State Committee of Psychologists		38 MoReg 1182		
20 CSR 2235-2.065	State Committee of Psychologists		38 MoReg 1182		
20 CSR 2245-1.010	Real Estate Appraisers		37 MoReg 2299	38 MoReg 775	
20 CSR 2245-2.010	Real Estate Appraisers		37 MoReg 2299	38 MoReg 775	
20 CSR 2245-5.020	Real Estate Appraisers		37 MoReg 2305	38 MoReg 776	
20 CSR 2245-10.010	Real Estate Appraisers		37 MoReg 2315	38 MoReg 776	
20 CSR 2245-10.020	Real Estate Appraisers		37 MoReg 2316	38 MoReg 776	
20 CSR 2245-10.030	Real Estate Appraisers		37 MoReg 2317	38 MoReg 777	
20 CSR 2245-10.040	Real Estate Appraisers		37 MoReg 2318	38 MoReg 778	
20 CSR 2270-2.060	Missouri Veterinary Medical Board		38 MoReg 368	38 MoReg 856	
20 CSR 2270-3.030	Missouri Veterinary Medical Board		38 MoReg 368	38 MoReg 856	
20 CSR 2270-4.042	Missouri Veterinary Medical Board		38 MoReg 368	38 MoReg 856	
<b>MISSOURI CONSOLIDATED HEALTH CARE PLAN</b>					
22 CSR 10-2.010	Health Care Plan	37 MoReg 1701	37 MoReg 1774	38 MoReg 536	
22 CSR 10-2.045	Health Care Plan	37 MoReg 1715	37 MoReg 1794	38 MoReg 540	
22 CSR 10-2.051	Health Care Plan	37 MoReg 1716	37 MoReg 1795	38 MoReg 541	
22 CSR 10-2.052	Health Care Plan	37 MoReg 1717	37 MoReg 1795	38 MoReg 541	
22 CSR 10-2.060	Health Care Plan	37 MoReg 1724	37 MoReg 1808	38 MoReg 546	
22 CSR 10-2.075	Health Care Plan	37 MoReg 1727	37 MoReg 1809	38 MoReg 547	
22 CSR 10-2.091	Health Care Plan	37 MoReg 1732R	37 MoReg 1818R	38 MoReg 548R	
22 CSR 10-2.130	Health Care Plan	37 MoReg 1732	37 MoReg 1818	38 MoReg 548	
22 CSR 10-3.010	Health Care Plan	37 MoReg 1733	37 MoReg 1820	38 MoReg 548	
22 CSR 10-3.045	Health Care Plan	37 MoReg 1743	37 MoReg 1834	38 MoReg 552	
22 CSR 10-3.053	Health Care Plan	37 MoReg 1744	37 MoReg 1835	38 MoReg 553	
22 CSR 10-3.054	Health Care Plan	37 MoReg 1745	37 MoReg 1836	38 MoReg 553	
22 CSR 10-3.055	Health Care Plan	37 MoReg 1746	37 MoReg 1836	38 MoReg 553	
22 CSR 10-3.056	Health Care Plan	37 MoReg 1747	37 MoReg 1837	38 MoReg 553	
22 CSR 10-3.060	Health Care Plan	37 MoReg 1754	37 MoReg 1846	38 MoReg 558	
22 CSR 10-3.070	Health Care Plan	37 MoReg 1755	37 MoReg 1847	38 MoReg 558	
		38 MoReg 504T			
22 CSR 10-3.075	Health Care Plan	37 MoReg 1756	37 MoReg 1847	38 MoReg 558	
22 CSR 10-3.130	Health Care Plan	37 MoReg 1761	37 MoReg 1856	38 MoReg 559	



# Emergency Rule Table

Agency	Publication	Effective	Expiration
<b>Department of Social Services</b>			
<b>MO HealthNet Division</b>			
<b>13 CSR 70-15.010</b>	Inpatient Hospital Services Reimbursement Plan; Outpatient Hospital Services Reimbursement Methodology . . . . .	This Issue . . . . .	July 1, 2013 . . . . .Dec. 28, 2013
<b>13 CSR 70-15.110</b>	Federal Reimbursement Allowance (FRA) . . . . .	This Issue . . . . .	July 1, 2013 . . . . .Dec. 28, 2013
<b>Department of Insurance, Financial Institutions and Professional Registration</b>			
<b>Missouri State Board of Accountancy</b>			
<b>20 CSR 2010-2.160</b>	Fees . . . . .	.38 MoReg 1159 . . . . .	June 28, 2013 . . . . .Feb. 27, 2014
<b>Acupuncturist Advisory Committee</b>			
<b>20 CSR 2015-1.030</b>	Fees . . . . .	.38 MoReg 751 . . . . .	April 18, 2013 . . . . .Jan. 28, 2014
<b>Committee for Professional Counselors</b>			
<b>20 CSR 2095-1.020</b>	Fees . . . . .	.38 MoReg 751 . . . . .	April 18, 2013 . . . . .Jan. 28, 2014
<b>Missouri Consolidated Health Care Plan</b>			
<b>Health Care Plan</b>			
<b>22 CSR 10-2.130</b>	Additional Plan Options . . . . .	Sept. 3, 2013 Issue . . . . .	July 26, 2013 . . . . .Jan. 21, 2014
<b>20 CSR 10-3.130</b>	Additional Plan Options . . . . .	Sept. 3, 2013 Issue . . . . .	July 26, 2013 . . . . .Jan. 21, 2014

**Executive  
Orders**

	<b>Subject Matter</b>	<b>Filed Date</b>	<b>Publication</b>
	<b>2013</b>		
<b>13-10</b>	Declares a state of emergency exists in the state of Missouri and directs that the Missouri State Emergency Operations Plan be activated.	May 31, 2013	38 MoReg 1097
<b>13-09</b>	Designates members of the governor's staff to have supervisory authority over certain departments, divisions, and agencies.	May 3, 2013	38 MoReg 879
<b>13-08</b>	Activates the state militia in response to severe weather that began on April 16, 2013.	April 19, 2013	38 MoReg 823
<b>13-07</b>	Declares a state of emergency and directs that the Missouri State Emergency Operations Plan be activated due to severe weather that began on April 16, 2013.	April 19, 2013	38 MoReg 821
<b>13-06</b>	Declares a state of emergency and activates the Missouri State Emergency Operations Plan in response to severe weather that began on April 10, 2013.	April 10, 2013	38 MoReg 753
<b>13-05</b>	Declares a state of emergency and directs that the Missouri State Emergency Operations Plan be activated due to severe weather that began on Feb. 20, 2013.	Feb. 21, 2013	38 MoReg 505
<b>13-04</b>	Expresses the commitment of the state of Missouri to the establishment of Western Governors University (WGU) as a non-profit institution of higher education located in Missouri that will provide enhanced access for Missourians to enroll in and complete on-line, competency-based higher education programs. Contemporaneously with this Executive Order, the state of Missouri is entering into a Memorandum of Understanding (MOU) with WGU to further memorialize and establish the partnership between the state of Missouri and WGU.	Feb. 15, 2013	38 MoReg 467
<b>13-03</b>	Orders the transfer of the Division of Energy from the Missouri Department of Natural Resources to the Missouri Department of Economic Development.	Feb. 4, 2013	38 MoReg 465
<b>13-02</b>	Orders the transfer of the post-issuance compliance functions for tax credit and job incentive programs from the Missouri Department of Economic Development to the Missouri Department of Revenue.	Feb. 4, 2013	38 MoReg 463
<b>13-01</b>	Orders the transfer of the Center for Emergency Response and Terrorism from the Department of Health and Senior Services to the Department of Public Safety.	Feb. 4, 2013	38 MoReg 461
	<b>2012</b>		
<b>12-12</b>	Reauthorizes the Governor's Committee to End Chronic Homelessness until December 31, 2016.	Dec. 31, 2012	38 MoReg 246
<b>12-11</b>	Advises that state offices located in Cole County will be closed on Monday, January 14, 2013, for the inauguration.	Dec. 20, 2012	38 MoReg 245
<b>12-10</b>	Advises that state offices will be closed on Friday November 23, 2012.	Nov. 2, 2012	37 MoReg 1639
<b>12-09</b>	Extends Executive Order 12-08 in order to extend the deadline for completion of approved projects under the Emergency Cost-Share Program and establishes a Program Audit and Compliance Team to inspect a sample of completed projects. It also extends Executive Order 12-07 until Nov. 15, 2012.	Sept. 10, 2012	37 MoReg 1519
<b>12-08</b>	Authorizes the State Soil and Water Districts Commission 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.	July 23, 2012	37 MoReg 1294
<b>12-07</b>	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 the severe heat, dry conditions, and fire risks affecting the state.	July 23, 2012	37 MoReg 1292
<b>12-06</b>	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
<b>12-05</b>	Extends Executive Orders 11-06, 12-03, 11-07, 11-11, 11-14, and 12-04 until June 1, 2012.	March 13, 2012	37 MoReg 569
<b>12-04</b>	Activates the state militia in response to severe weather that began on February 28, 2012.	Feb. 29, 2012	37 MoReg 503
<b>12-03</b>	Declares a state of emergency and directs that the Missouri State Emergency Operations Plan be activated due to the severe weather that began on February 28, 2012.	Feb. 29, 2012	37 MoReg 501

**Executive**

<b>Orders</b>	<b>Subject Matter</b>	<b>Filed Date</b>	<b>Publication</b>
<b>12-02</b>	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
<b>12-01</b>	Designates members of the governor's staff to have supervisory authority over certain departments, divisions, and agencies.	Jan. 23, 2012	37 MoReg 311

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