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SALUS POPULI SUPREMA LEX ESTO

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



JASON KANDER
SECRETARY OF STATE

MISSOURI
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IN THIS ISSUE:

EMERGENCY RULES

Department of Social Services
 Family Support Division 431

Retirement Systems
 Missouri Local Government Employees' Retirement System
 (LAGERS) 436

PROPOSED RULES

Department of Mental Health
 Certification Standards 438

Department of Revenue
 State Tax Commission 438

Retirement Systems
 Missouri Local Government Employees' Retirement System
 (LAGERS) 441

Department of Health and Senior Services
 Division of Regulation and Licensure 441

**Department of Insurance, Financial Institutions and
 Professional Registration**
 Missouri Board of Occupational Therapy 454

ORDERS OF RULEMAKING

Department of Agriculture
 Animal Health 455

Department of Natural Resources
 Air Conservation Commission 455

Department of Revenue
 Director of Revenue 455

**Department of Insurance, Financial Institutions and
 Professional Registration**
 Board of Private Investigator and Private Fire
 Investigator Examiners 456

Missouri Consolidated Health Care Plan
 Health Care Plan 460

RULES UNDER CONSIDERATION

Department of Natural Resources
 Hazardous Waste Management Commission 461

CONTRACTOR DEBARMENT LIST 462

DISSOLUTIONS 463

SOURCE GUIDES

RULE CHANGES SINCE UPDATE 466

EMERGENCY RULES IN EFFECT 472

EXECUTIVE ORDERS 475

REGISTER INDEX 476

Register Filing Deadlines	Register Publication Date	Code Publication Date	Code Effective Date
October 1, 2013 October 15, 2013	November 1, 2013 November 15, 2013	November 30, 2013 November 30, 2013	December 30, 2013 December 30, 2013
November 1, 2013 November 15, 2013	December 2, 2013 December 16, 2013	December 31, 2013 December 31, 2013	January 30, 2014 January 30, 2014
December 2, 2013 December 16, 2013	January 2, 2014 January 15, 2014	January 29, 2014 January 29, 2014	February 28, 2014 February 28, 2014
January 2, 2014 January 15, 2014	February 3, 2014 February 18, 2014	February 28, 2014 February 28, 2014	March 30, 2014 March 30, 2014
February 3, 2014 February 18, 2014	March 3, 2014 March 17, 2014	March 31, 2014 March 31, 2014	April 30, 2014 April 30, 2014
March 3, 2014 March 17, 2014	April 1, 2014 April 15, 2014	April 30, 2014 April 30, 2014	May 30, 2014 May 30, 2014
April 1, 2014 April 15, 2014	May 1, 2014 May 15, 2014	May 31, 2014 May 31, 2014	June 30, 2014 June 30, 2014
May 1, 2014 May 15, 2014	June 2, 2014 June 16, 2014	June 30, 2014 June 30, 2014	July 30, 2014 July 30, 2014
June 2, 2014 June 16, 2014	July 1, 2014 July 15, 2014	July 31, 2014 July 31, 2014	August 30, 2014 August 30, 2014

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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HOW TO CITE RULES AND RSMo

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.

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

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

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

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

EMERGENCY AMENDMENT

13 CSR 40-2.010 General Application Procedures. The division is amending sections (1)–(6).

PURPOSE: This emergency amendment updates the process for filing an application for benefits with the Family Support Division.

EMERGENCY STATEMENT: This emergency amendment is necessary for the Family Support Division to accept and process electronic and paper applications for public assistance benefits. Missouri law, enacted in SB 127 (2013) and codified at 208.991, RSMo, requires the Department of Social Services to update its procedures governing application for MO HealthNet and CHIP benefits effective January 1, 2014, to ensure compliance with mandatory provisions of the Patient Protection and Affordable Care Act (PPACA), Pub. L. 111-148, 124 Stat. 119. Failure to timely implement these updated processes will create an immediate risk to public health, caused by a lack of public assistance and healthcare coverage for families and children who are eligible for MO HealthNet programs or CHIP. Further, this amendment is necessary to preserve a compelling governmental interest by preventing a loss of federal matching funds, avoiding increased program administration costs caused by application processing issues, and protecting the integrity of the application

and eligibility determination process. This amendment assures fairness to all parties applying for public assistance benefits by clearly setting forth application procedures to facilitate timely and efficient processing of applications, which in turn lessens the division's risk of violating application processing timeframes. A proposed amendment, which covers the same material, was published in the September 3, 2013, issue of the *Missouri Register* (38 MoReg 1393–1394). The publication has given the public an opportunity to comment on this amendment. These comments have been incorporated into this emergency amendment. The proposed amendment shall become effective February 28, 2014. This emergency amendment will cover the period between January 1, 2014 and February 27, 2014. Adoption of these application procedures by an emergency amendment is the only remaining mechanism for compliance with the PPACA. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri* and *United States Constitutions*. The Family Support Division believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed December 19, 2013, becomes effective January 1, 2014, and expires February 27, 2014.

(1) Any person [who believes s/he is eligible for or in need of any type of assistance or service administered by the Division of Family Services] shall have the right to file an application **included herein for any type of assistance or service administered by the Family Support Division.** [The interviewer] The Family Support Division shall inform the applicant [as to] of the types of assistance and services which are available, the requirements of eligibility, and [the] additional information necessary, if any, to determine eligibility. [The interviewer also shall give each applicant for Aid to Dependent Children (ADC) an information pamphlet, prepared by the Division of Family Services, which includes written notification of appeal rights.]

(2) Applications must be [disposed of promptly so that eligible persons will receive assistance as promptly as possible. Applications must be filed in the county family services office of the county in which the applicant resides on forms furnished by the county family services office. If the applicant is unable to come to the county office because of physical or mental disability, the application may be accepted in the home, institution or other place of residence.] approved or denied in accordance with the timeframes established by federal and state law except when—

(A) The application is incomplete or is missing information that is necessary to complete an eligibility determination; or

(B) The division cannot reach a decision because the applicant or an examining physician delays or fails to provide the information necessary to make an eligibility determination.

(3) Failure to make a decision within the timeframes established by federal and state law does not result in an automatic determination that the applicant is eligible for any type of assistance or service.

(4) Applications submitted by mail, telephone, or any commonly available electronic means shall be accepted and treated the same as an in-person filing of an application.

(5) An application is not considered complete without a signature. Signatures shall include electronic, telephonically recorded, and handwritten signatures.

(6) All information provided to the Family Support Division, shall be true, accurate, and complete.

[(2) For Aid to Families with Dependent Children (AFDC) applications (unless there are unusual or extreme circumstances), prompt disposition means that there shall not be more than forty-five (45) days between the date of application and— a) the date of mailing of first check, if eligible, or b) date of notice of rejection, if ineligible. If a decision as to eligibility has not been made between the thirtieth and the thirty-eighth day, a presumptive eligibility determination as to the reason for delay in processing an AFDC application will be made.

(3) In those ADC cases where an eligible applicant does not receive the first payment for the month in which the thirtieth day after application occurs, a delayed payment will be made for that month and any later months that occur before the application was approved.

(4) The guardian shall file the application for any person for whom a guardian has been legally appointed. Lack of guardian, in case of obvious mental incompetence, shall not delay or hinder the filing of an application by any such person.]

AUTHORITY: section 207.020, RSMo [1986] 2000, and section 208.991, RSMo Supp. 2013. This version filed March 24, 1976. Previous versions of this rule, which were merged to form this rule: 1) Original rule filed Feb. 20, 1947, effective March 2, 1947; 2) Original rule filed Nov. 3, 1950, effective Nov. 13, 1950. Amended: June 20, 1951, effective June 30, 1951. Amended: Sept. 26, 1951, effective Oct. 6, 1951. Amended: June 13, 1974, effective June 23, 1974; 3) Original rule filed Nov. 3, 1950, effective Nov. 13, 1950. Amended: June 15, 1967, effective June 25, 1967. Amended: June 6, 1968, effective June 16, 1968. Amended: July 1, 1968, effective July 10, 1968. Amended: June 1, 1971, effective June 10, 1971. Amended: June 13, 1974, effective June 23, 1974; and 4) Original rule filed June 30, 1972, effective July 9, 1972. Amended: March 1, 1973, effective March 10, 1973. Amended: June 13, 1974, effective June 23, 1974. Emergency amendment filed Aug. 3, 1987, effective Aug. 13, 1987, expired Dec. 1, 1987. Amended: Filed Aug. 3, 1987, effective Jan. 14, 1988. Amended: Filed July 31, 2013, effective Feb. 28, 2014. Emergency amendment filed Dec. 20, 2013, effective Jan. 1, 2014, expires Feb. 27, 2014.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 7—Family Healthcare**

EMERGENCY RULE

13 CSR 40-7.010 Scope and Definitions

PURPOSE: The purpose of this rule is to define terms that are used in determining eligibility for Family MO HealthNet programs and the Children's Health Insurance Program (CHIP).

EMERGENCY STATEMENT: This emergency rulemaking is necessary for the Family Support Division to operate the Family MO HealthNet programs and CHIP. Missouri law, enacted in SB 127 (2013) and codified at 208.991, RSMo, requires updated eligibility processes for these programs effective January 1, 2014, to ensure compliance with mandatory provisions of the Patient Protection and Affordable Care Act (PPACA), Pub. L. 111-148, 124 Stat. 119. Failure to timely implement these updated processes will create an immediate risk to public health, caused by a lack of healthcare coverage for families and children who are eligible for MO HealthNet programs or CHIP. The division has a compelling governmental interest by preventing a loss of federal matching funds, avoiding increased program administration costs caused by a lack of clear understanding of the terms used in this program, and protecting the

*integrity of the eligibility determination process by insuring applicants are aware of the definitions of terms used in the program in order to facilitate accurate and efficient processing of applications. The division also has a compelling governmental interest in complying with the PPACA to avoid depriving individuals of necessary healthcare. The rule assures fairness to all persons and parties by providing the definitions needed to understand how eligibility is determined. A proposed rule, which covers the same material, was published in the September 3, 2013, issue of the *Missouri Register* (38 MoReg 1394-1395). The publication has given the public an opportunity to comment on this rule. These comments have been incorporated into this emergency rule. The proposed rule shall become effective February 28, 2014. This emergency rule will cover the period between January 1, 2014 and February 27, 2014. Adoption of these application procedures by an emergency rule is the only remaining mechanism for compliance with the PPACA. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri and United States Constitutions*. The Family Support Division believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed December 19, 2013, becomes effective January 1, 2014, and expires February 27, 2014.*

(1) For purposes of this chapter, the following definitions shall apply:

(A) "Applicant" is the adult who completes and submits an application for a Family MO HealthNet Program or CHIP program, whether for themselves or on behalf of someone else;

(B) "Child" or "Children" means a person or persons who are under nineteen (19) years of age;

(C) "Children's Health Insurance Program" or "CHIP" means the health assistance provided to uninsured, low income children under Title XXI of the Social Security Act and established in sections 208.631 through 208.658, RSMo;

(D) "Division" means the Family Support Division, Department of Social Services;

(E) "Electronic data hub" means any electronic service established by the Secretary of the United States Department of Health and Human Services, through which the division may verify certain information with, or obtain such information from, federal agencies and other data sources;

(F) "Family Mo HealthNet programs" means MO HealthNet benefits provided to participants under the MO HealthNet for Families (MHF) program, MO HealthNet for Kids (MHK) program, MO HealthNet for Pregnant Women (MPW) program, and Uninsured Woman's Health Services (UWHS) program. Family MO HealthNet programs also include presumptive eligibility for any of the above programs;

(G) "Non-custodial parent" means the parent who does not have physical custody of the child.

1. If physical custody is questioned, a court order, judgment, decree, or any legally enforceable separation, divorce, or custody agreement establishing which party has physical custody shall control who is the custodial parent;

2. If there is no such order or agreement, or the order or agreement is silent, or in the event of joint custody, the custodial parent is the parent with whom the child expects to spend more than fifty percent (50%) of his or her overnight visits in the year for which eligibility is being determined; or

3. In the case of true joint physical custody where the child spends an equal amount of overnight visits with both parents, the non-custodial parent is the parent who does not claim the child as part of their tax household;

(H) "Parent" means a natural or biological, adopted, or stepparent;

(I) "Participant" means any individual who has applied for, is receiving, or has been denied Family MO HealthNet benefits or CHIP benefits;

(J) "Sibling" means a natural or biological, adopted, half, or step sibling;

(K) "Reasonable Compatibility" means the information received by the division, is not in conflict with other information known by the division. Income information is "reasonably compatible" if the sources of information are above or both are at or below the applicable income standard or other relevant income threshold limit, or the difference between the sources of the income information is ten percent (10%) or less and the sources of income are similar;

(L) "Tax Dependent" means an individual for whom another individual claims a deduction for a personal exemption under *Internal Revenue Code*, section 151 for a taxable year; and

(M) "Taxpayer" means an individual who expects to file a tax return for the taxable year in which an initial determination or renewal of eligibility is being made and who does not expect to be claimed as a tax dependent by another individual.

AUTHORITY: section 207.020, RSMo 2000, and section 208.991, RSMo Supp. 2013. Original rule filed July 31, 2013, effective Feb. 28, 2014. Emergency rule filed Dec. 19, 2013, effective Jan. 1, 2014, expires Feb. 27, 2014.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 7—Family Healthcare**

EMERGENCY RULE

13 CSR 40-7.015 Application Procedure for Family MO HealthNet Programs and the Children's Health Insurance Program (CHIP)

PURPOSE: This rule defines the application procedures for Family MO HealthNet programs or the Children's Health Insurance Program (CHIP).

EMERGENCY STATEMENT: This emergency rulemaking is necessary for the Family Support Division to administer the Family MO HealthNet programs and CHIP. Missouri law, enacted in SB 127 (2013) and codified at 208.991, RSMo, requires updated application and eligibility processes for these programs effective January 1, 2014, to ensure compliance with mandatory provisions of the Patient Protection and Affordable Care Act (PPACA), Pub. L. 111-148, 124 Stat. 119. Failure to timely implement these updated processes will create an immediate risk to public health, caused by a lack of health-care coverage for families and children who are eligible for MO HealthNet programs or CHIP. Further, this rule is necessary to preserve a compelling governmental interest by preventing a loss of federal matching funds, avoiding increased program administration costs caused by application processing issues, and protecting the integrity of the application and eligibility determination process. This rule assures fairness to all parties applying for public assistance benefits by clearly setting forth application procedures to facilitate timely and efficient processing of applications, which in turn lessens the division's risk of violating application processing timeframes. A proposed rule, which covers the same material, was published in the September 3, 2013, issue of the Missouri Register (38 MoReg 1395-1396). The publication has given the public an opportunity to comment on this rule. These comments have been incorporated into this emergency rule. The proposed rule shall become effective February 28, 2014. This emergency rule will cover the period between January 1, 2014 and February 27, 2014. Adoption of these application procedures by an emergency rule is the only remaining mechanism for compliance with the PPACA. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The Family Support Division believes this emergency rule is fair to all interested persons and parties under the cir-

cumstances. This emergency rule was filed December 19, 2013, becomes effective January 1, 2014, and expires February 27, 2014.

(1) General application procedures for programs administered by the Family Support Division are found at 13 CSR 40-2.010. For anything in this section conflicting with the general application procedures, this regulation controls for the application procedures for Family MO HealthNet programs or the Children's Health Insurance Program (CHIP).

(2) An application for Family MO HealthNet programs or the Children's Health Insurance Program (CHIP) may be obtained by contacting one (1) of the following sources:

(A) An insurance exchange, whether federally facilitated, state based, or operated on a partnership basis;

(B) The Family Support Division Contact Center;

(C) A Family Support Division office; or

(D) Accessing the Department of Social Services website www.dss.mo.gov.

(3) An application for Family MO HealthNet program or the Children's Health Insurance Program (CHIP) shall be accepted by mail, telephone, or in person at any Family Support office, or via the department's Internet website found at www.dss.mo.gov. The division shall also accept applications through providers with whom the division contracts in order to facilitate eligibility decisions.

(4) The following individuals may apply for Family MO HealthNet or the Children's Health Insurance Program (CHIP) on behalf of a participant:

(A) The participant;

(B) An adult who is in the participant's household;

(C) A member of the participant's family, as defined in the *Internal Revenue Code* section 36B(d)(1);

(D) An authorized representative of the participant;

(E) If the participant is a minor or incapacitated person—

1. A parent;

2. An authorized representative; or

3. A guardian or conservator; or

(F) An individual with a valid power of attorney to act on behalf of the participant.

(5) The applicant shall provide and attest to the following information when making an application for Family MO HealthNet benefits or CHIP benefits:

(A) The name of each individual who resides with the participant;

(B) The name of each individual who the participant claims or intends to claim on his or her federal income tax returns;

(C) The name of any person who claims or intends to claim the participant as a dependent on his or her federal tax forms; and

(D) For the participant, and each person listed in subsections (5)(A), (5)(B), or (5)(C), the applicant shall provide the following information:

1. Relationship to the applicant;

2. Physical address;

3. Mailing address, if different from physical address;

4. Date of birth;

5. Gender;

6. Social Security number, in accordance with section (6) of this rule;

7. Intent to file taxes or be claimed as a tax dependent on someone else's taxes;

8. Whether the participant is pregnant;

9. Any physical, mental, or emotional health condition that causes limitations in activities of daily living;

10. Residence in a medical facility or nursing home;

11. Citizenship or immigration status;

12. Race (optional);

13. Employment status, employer name and address, hours employed, and rate of pay;

14. Any and all sources of income and amounts;

15. Any federal tax deductions entitled for alimony paid or student loan interest;

16. Enrollment in any health care coverage, name of insurer, policy number, and any limitations on the coverage;

17. If he or she or anyone in their family is American Indian or Alaska Native. If any person is, information about tribe affiliation, services, and income received from benefits must be disclosed;

18. Details concerning any health coverage which is available to him or her through a job. This includes coverage that is offered through someone else's job, such as a parent or spouse; and

19. If a participant is a child, the name and address of any parent living outside the home.

(6) Social Security numbers are requested of every person who is required to be on the application pursuant to subsections (5)(A), (5)(B), or (5)(C).

(A) If the person is a participant in MO HealthNet, the person's Social Security number shall be included.

(B) If the person is not a participant in MO HealthNet, the inclusion of the Social Security number is voluntary.

(C) Social Security numbers are to be used only for the purpose of determining a participant's eligibility for MO HealthNet or for a purpose directly connected to the administration of MO HealthNet.

(7) The applicant shall sign an assignment of rights to the MO HealthNet Division to pursue and recover money owed for medical expenses from any applicable insurance policies, legal settlements or judgments, or other liable or potentially liable third parties.

(8) The applicant shall sign an assignment of rights to pursue and obtain medical support from a parent or spouse who owes such a duty.

(9) The participant and applicant shall disclose all information which may impact eligibility for any MO HealthNet program. The participant and applicant have a continuing obligation to notify the division if any information specified in the application changes within ten (10) days of the change. The continuing duty includes, but is not limited to disclosing any changes in income of the participant or household member, changes in residence or mailing address, and the addition or removal of any individual from the household whose information is or was required to be submitted.

(10) The applications shall be signed under penalty of perjury, attesting to the information provided as true, accurate, and complete.

AUTHORITY: section 207.020, RSMo 2000, and section 208.991, RSMo Supp. 2013. Original rule filed July 31, 2013, effective Feb. 28, 2014. Emergency rule filed Dec. 19, 2013, effective Jan. 1, 2014, expires Feb. 27, 2014.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 7—Family Healthcare**

EMERGENCY RULE

13 CSR 40-7.020 Household Composition

PURPOSE: The purpose of this rule is to explain the Household Composition Standard for Family MO HealthNet programs and the Children's Health Insurance Program (CHIP).

EMERGENCY STATEMENT: This emergency rulemaking is necessary for the Family Support Division to determine eligibility based on the household composition for Family MO HealthNet programs and CHIP. Missouri law, enacted in SB 127 (2013) and codified at 208.991, RSMo, requires updated application and eligibility processes for these programs effective January 1, 2014, to ensure compliance with mandatory provisions of the Patient Protection and Affordable Care Act (PPACA), Pub. L. III-148, 124 Stat. 119. Failure to timely implement these updated processes will create an immediate risk to public health, caused by a lack of healthcare coverage for families and children who are eligible for MO HealthNet programs or CHIP. This rule is necessary to preserve a compelling governmental interest by preventing a loss of federal matching funds, avoiding increased program administration costs caused by mistakes in the application process, and protecting the integrity of the eligibility determination process by codifying the household composition rules in order to facilitate accurate processing of applications. The division has a compelling governmental interest in complying with the PPACA to avoid depriving individuals of necessary healthcare. This rule assures fairness to all parties applying for Family MO HealthNet programs and CHIP by setting forth how eligibility will be determined. A proposed rule, which covers the same material, was published in the September 3, 2013, issue of the Missouri Register (38 MoReg 1396). The publication has given the public an opportunity to comment on this rule. These comments have been incorporated into this emergency rule. The proposed rule shall become effective February 28, 2014. This emergency rule will cover the period between January 1, 2014 and February 27, 2014. Adoption of these application procedures by an emergency rule is the only remaining mechanism for compliance with the PPACA. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The Family Support Division believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed December 19, 2013, becomes effective January 1, 2014, and expires February 27, 2014.

(1) A household shall include the taxpayer, or in the case of a joint return, taxpayers, and all tax dependents.

(A) In the case of a married couple living together, each spouse shall be included in the household of the other spouse regardless of whether they expect to file jointly or whether one (1) spouse is expected to be declared as a tax dependent of the other spouse.

(B) In determining the household size of a pregnant woman, the division shall count the pregnant woman plus the number of unborn children she is expecting to deliver. In determining the household size of other individuals who have a pregnant woman in the household the pregnant woman is considered as one (1) person.

(C) If a taxpayer cannot reasonably establish that another individual is a tax dependent for the tax year for which eligibility is sought, the inclusion of such individual in the household shall be determined in accordance with section (3) of this rule.

(2) In the case of a participant who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which an initial determination or renewal of eligibility is being made, the participant's household is the household of the taxpayer claiming such individual as a tax dependent with the following exceptions:

(A) Family members and unrelated individuals claimed as a tax dependent by a taxpayer other than a parent or spouse;

(B) Children claimed as a tax dependent by the non-custodial parent; or

(C) Children who expect to be claimed by one (1) parent as a tax dependent and are living with both parents but whose parents do not expect to file a joint tax return.

(3) For participants who do not expect to file a tax return, who do

not intend to be claimed as a tax dependent, or tax dependents that fall into an exception under subsections (2)(A), (2)(B), or (2)(C) of this rule, the household shall consist of—

- (A) The participant;
- (B) The spouse of the participant if living with the participant;
- (C) Children of the participant if living with the participant; and
- (D) For participants who are children—

- 1. The participant's parents who live with the participant;
- 2. Any siblings, who are also dependent children, who live with the participant.

(4) This rule shall be effective for all eligibility decisions made on January 1, 2014, and any date after.

AUTHORITY: section 207.020, RSMo 2000, and section 208.991, RSMo Supp. 2013. Original rule filed July 31, 2013, effective Feb. 28, 2014. Emergency rule filed Dec. 19, 2013, effective Jan. 1, 2014, expires Feb. 27, 2014.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 7—Family Healthcare

EMERGENCY RULE

13 CSR 40-7.030 Calculation of Modified Adjusted Gross Income (MAGI)

PURPOSE: The purpose of this rule is to explain how Modified Adjusted Gross Income (MAGI) is calculated for the Family MO HealthNet programs and the Children's Health Insurance Program (CHIP).

EMERGENCY STATEMENT: This emergency rulemaking is necessary for the Family Support Division to convert existing MO HealthNet income eligibility standards to the MAGI standard for the Family MO HealthNet programs and CHIP. Missouri law, enacted in SB 127 (2013) and codified at 208.991, RSMo, requires conversion to the MAGI standard for these programs effective January 1, 2014, to ensure compliance with mandatory provisions of the Patient Protection and Affordable Care Act (PPACA), Pub. L. III-148, 124 Stat. 119. Failure to timely implement the MAGI standard conversion will create an immediate risk to public health, caused by a lack of healthcare coverage for families and children who are eligible for MO HealthNet or CHIP benefits. Further, this rule is necessary to preserve a compelling governmental interest by preventing a loss of federal matching funds, avoiding increased program administration costs caused by application processing issues, and protecting the integrity of the application and eligibility determination process. This rule assures fairness to all parties applying for public assistance benefits by clearly setting forth how income will be calculated and considered for eligibility determination purposes. A proposed rule, which covers the same material, was published in the September 3, 2013, issue of the Missouri Register (38 MoReg 1396-1397). The publication has given the public an opportunity to comment on this rule. These comments have been incorporated into this emergency rule. The proposed rule shall become effective February 28, 2014. This emergency rule will cover the period between January 1, 2014 and February 27, 2014. Adoption of these application procedures by an emergency rule is the only remaining mechanism for compliance with the PPACA. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The Family Support Division believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed December 20, 2013, becomes effective January

1, 2014, and expires February 27, 2014.

(1) Modified Adjusted Gross Income (MAGI) based income means income calculated using the same financial methodologies used to determine modified adjusted gross income as defined in section 36B(d)(2)(B) of the *Internal Revenue Code*, with the exceptions listed below.

(A) Any lump sum gift or income is included as income only in the month in which it is received.

(B) Scholarships and grants which are used for educational purposes, and not for living expenses are excluded from income.

(C) The following Alaskan Native and American Indian benefits and distributions are excluded from income:

1. Distributions from Alaska Native Corporations and Settlement Trusts;

2. Distributions from any property held in trust, subject to federal restrictions, located within the most recent boundaries of a prior federal reservation, or otherwise under the supervision of the Secretary of the Interior;

3. Distributions and payments from rents, leases, rights of way, royalties, usage rights, or natural resources extraction and harvest from—

A. Rights of ownership or possession in any lands described in paragraph (1)(C)2. of this rule; or

B. Federally protected rights regarding off-reservation hunting, fishing, gathering, or usage of natural resources;

4. Distributions resulting from real property ownership interests related to natural resources and improvements—

A. Located on or near a reservation or within the most recent boundaries of a prior federal reservation; or

B. Resulting from the exercise of federally-protected rights relating to such real property ownership interests;

5. Payments resulting from ownership interests in or usage rights to items that have unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional lifestyle according to applicable Tribal Law or custom; and

6. Student financial assistance provided under the Bureau of Indian Affairs education programs.

(2) Eligibility determinations for participants for Family MO HealthNet programs and CHIP shall be based on a household's current monthly income and household size. A household's income is the sum of the Modified Adjusted Gross Income (MAGI) based income as defined above of every individual included in the participant's household.

(A) The division shall take into consideration reasonable anticipated changes in income that exist at initial determination such as seasonal or time based employment sources and periods, or the known ending period of employment or an income source.

(B) Income of a child shall not be included in the household if the child is not required to file a tax return under the *Internal Revenue Code*, section 6012(a)(1) for the taxable year in which eligibility is being determined, regardless if the child expects to or actually filed a tax return.

(3) This rule shall be effective for all eligibility decisions made on January 1, 2014, or any date after.

AUTHORITY: section 207.020, RSMo 2000, and section 208.991, RSMo Supp. 2013. Original rule filed July 31, 2013, effective Feb. 28, 2014. Emergency rule filed Dec. 19, 2013, effective Jan. 1, 2014, expires Feb. 27, 2014.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 7—Family Healthcare

EMERGENCY RULE

13 CSR 40-7.040 Verification Procedures

PURPOSE: The purpose of this rule is to explain what Verification Procedures the Family Support Division will use when determining eligibility for Family MO HealthNet programs and the Children's Health Insurance Program (CHIP).

EMERGENCY STATEMENT: This emergency rulemaking is necessary for the Family Support Division to verify participant eligibility for Family MO HealthNet programs and CHIP in compliance with state and federal law. Missouri law, enacted in SB 127 (2013) and codified at 208.991, RSMo, requires updated eligibility verification processes for these programs effective January 1, 2014, to ensure compliance with mandatory provisions of the Patient Protection and Affordable Care Act (PPACA), Pub. L. 111-148, 124 Stat. 119. Failure to timely implement these updated processes will create an immediate risk to public health, caused by a lack of healthcare coverage for families and children who are eligible for MO HealthNet or CHIP benefits. Further, this rule is necessary to preserve a compelling governmental interest by preventing a loss of federal matching funds, avoiding increased program administration costs caused by application processing issues, and protecting the integrity of the application and eligibility determination process. This rule assures fairness to all parties applying for public assistance benefits by clearly setting forth application procedures to facilitate timely and efficient processing of applications, which in turn lessens the division's risk of violating application processing timeframes. A proposed rule, which covers the same material, was published in the September 3, 2013, issue of the Missouri Register (38 MoReg 1397). The publication has given the public an opportunity to comment on this rule. These comments have been incorporated into this emergency rule. The proposed rule shall become effective February 28, 2014. This emergency rule will cover the period between January 1, 2014 and February 27, 2014. Adoption of these application procedures by an emergency rule is the only remaining mechanism for compliance with the PPACA. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The Family Support Division believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed December 19, 2013, becomes effective January 1, 2014, and expires February 27, 2014.

(1) The division shall verify all eligibility factors, through available means, including information obtained through the electronic data hub, a participant's statements, or other information the division has obtained. Verification shall occur upon application and recertification, and at any other time necessary to verify continued eligibility.

(A) The division shall verify eligibility information of a participant through the electronic data hub.

(B) If the information obtained through the electronic data hub is reasonably compatible with information provided by or on behalf of the participant, the division shall use the participant's information as verification for eligibility.

(C) If reasonably compatible standards are not met, secondary verification is required. Secondary verification may include the following:

1. Other electronic data sources available;
2. Other information, including paper documentation; or
3. A written statement which reasonably explains the discrepancy.

(2) If verification cannot be obtained by the division through the electronic data hub, or if the information is not reasonably compatible with other information provided, the division shall ask for any additional information from or on behalf of the participant needed in order to verify the information.

(A) The participant shall provide the required verification within ten (10) days from the date that the division requests the information in writing.

(B) A participant may request additional time to provide the information. The additional time shall be granted if the participant is making a reasonable effort to obtain the information.

(C) If a participant fails to provide the requested verification within ten (10) days from the date of the written request or fails to obtain additional time to provide the information, the division shall issue an adverse action notice to the participant notifying them that their coverage is denied or their coverage shall terminate ten (10) days from the date of the adverse action notice.

(D) The participant shall be given the right to request a hearing on the issue pursuant to section 208.080, RSMo. Failure on the part of the participant to request a hearing shall result in termination of coverage upon expiration of the adverse action notice.

(3) This rule shall be effective for all eligibility decisions made on January 1, 2014, and any date after.

AUTHORITY: section 207.020, RSMo 2000, and section 208.991, RSMo Supp. 2013. Original rule filed July 31, 2013, effective Feb. 28, 2014. Emergency rule filed Dec. 19, 2013, effective Jan. 1, 2014, expires Feb. 27, 2014.

Title 16—RETIREMENT SYSTEMS
Division 20—Missouri Local Government Employees'
Retirement System (LAGERS)
Chapter 2—Administrative Rules

EMERGENCY AMENDMENT

16 CSR 20-2.060 Correction of Errors. LAGERS is amending this rule by deleting subsections (3)(A) and (3)(B) and replacing them with new subsections (3)(A) and (3)(B).

PURPOSE: This amendment changes the method by which errors, oversights, or miscalculation of benefits which result in overpayments to any of the following: an active or former member or a retirant or a beneficiary are recouped by the system.

EMERGENCY STATEMENT: This emergency amendment is being filed in order to make LAGERS rules regarding recovery of overpayments similar to recently released IRS policy Rev. Procedure 2013-12, effective April 1, 2013. This matter was presented to the LAGERS' Board of Trustees in September 2013 for discussion and direction to staff. The board approved the rule on December 13, 2013 at a board meeting. The board directed that the matter be done at the first of the year or as soon thereafter as could be. It is imperative that this rule be filed as an emergency amendment to prevent any members who might have received overpayments from having greater monthly recoupment payments to LAGERS than required by IRS policy, thereby increasing their monthly retirement benefit. At June 30, 2013, LAGERS had fifty-six thousand four hundred ninety-four (56,494) members; of which seventeen thousand eight hundred fifty-one (17,851) are current retirees of the system. Those retirees received \$210,836,794 in benefits over the past year. LAGERS has identified seven (7) individuals that might be potentially impacted by this rule change. As an example, a retiree age sixty-six (66) who received an overpayment of approximately one thousand dollars (\$1,000) would have their monthly benefit reduced from five hundred sixty-two dollars (\$562) to four hundred three dollars (\$403) under the existing

rule; whereas, the proposed amendment would adjust the monthly benefit to five hundred twenty-eight dollars (\$528).

The existing rule would be more onerous on LAGERS' retirees' net pay and not aligned with current IRS policy. A proposed amendment, which covers the same material, is being filed concurrently with this emergency amendment. The emergency amendment complies with the protections extended by the *Missouri and United States Constitutions* and limits its scope to the circumstances creating the emergency. This change is a procedure best calculated to assure fairness to all interested persons and parties under the circumstances. Similarity between IRS policy and LAGERS policy is a compelling governmental interest and LAGERS finds that an early effective date is necessary to preserve that interest. Emergency amendment filed December 23, 2013, becomes effective January 2, 2014, and expires June 30, 2014.

Emergency amendment filed Dec. 23, 2013, effective Jan. 2, 2014, expires June 30, 2013. A proposed amendment covering this same material is published in this issue of the *Missouri Register*.

(3) In the event that an error, oversight, or miscalculation of benefits results in an active or former member, retirant, or beneficiary being paid more than the amount which s/he was entitled to receive, the executive secretary shall notify the individual of the amount of the overpayment, which shall be recovered by the system in accordance with the following policy:

(A) If the active or former member, retirant, or beneficiary is receiving a monthly benefit or other type of recurring payment from the system, Missouri Local Government Employees' System (LAGERS) will recover the overpayment by reducing the amount of the monthly benefit or recurring payment in an amount equal to twenty-five percent (25%) of the monthly payment or recurring payment until the full amount of the overpayment has been recovered. The active or former member, retirant, or beneficiary, at their discretion, may authorize LAGERS to reduce their monthly benefit or recurring payments by additional amounts until the full amount of the overpayment has been recovered.

(B) If the benefit reduction provided for in subsection (3)(A) of this rule will not result in a complete recovery of the overpayment within a period of five years from the date of the first reduction of the monthly benefit or recurring payment, LAGERS may further reduce the monthly benefit or recurring payment, up to and including a complete suspension of the monthly benefit or recurring payment, in order to recoup the overpayment, provided that such further reduction may not result in a recovery of the overpayment in a period of less than five years from the date of the initial reduction.]

(A) If the active or former member, retirant, or beneficiary is receiving a monthly benefit or other type of recurring payment from the system, the Missouri Local Government Employees' Retirement System (LAGERS) will recover the overpayment by making an adjustment to the recurring payment using an actuarially determined reduction over the individual's estimated lifespan to recover the full amount of the overpayment to the particular active or former member, retirant, or beneficiary who received the overpayment. Such overpayment recovery shall not exceed the actual dollar amount of the overpayment. The particular active or former member or retirant or beneficiary who received the overpayment may also opt to repay the overpayment to the system in one lump sum payment.

(B) In the event that an active or former member, retirant, or beneficiary received an overpayment of a lump sum or other type of nonrecurring payment from the system, LAGERS will take reasonable steps to have the overpayment amount returned to the system by the active or former member, retirant, or beneficiary who received the overpayment.

AUTHORITY: section 70.605.21, RSMo [1994] 2000. Original rule filed June 25, 1976, effective Oct. 11, 1976. Amended: Filed Oct. 6, 1983, effective Jan. 11, 1984. Amended: Feb. 16, 1999, effective July 30, 1999. Amended: Filed Aug. 30, 2000, effective Feb. 28, 2001.

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

Entirely new rules are printed without any special 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.

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

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least 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*.

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

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

(3) Any program designated by the department to provide services with funds from counties under sections 205.975-205.990, RSMo may provide these services within the mental health service area, directly or indirectly, through contract or affiliate agreements with a **qualified community mental health center, mental health clinic, or other public facility/es/y or not-for-profit corporation/s/ for such comprehensive mental health services for the residents of such county**, as specified by the county board of trustees.

AUTHORITY: section 205.987, RSMo [(1994)] 2000. Emergency rule filed Nov. 12, 1981, effective Dec. 11, 1981, expired April 10, 1982. Original rule filed Dec. 10, 1981, effective April 11, 1982. Emergency rescission and rule filed Feb. 14, 1992, effective Feb. 24, 1992, expired June 15, 1992. Rescinded and readopted: Filed Feb. 14, 1992, effective June 25, 1992. Amended: Filed July 17, 1995, effective March 30, 1996. Amended: Filed Dec. 30, 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 by writing to Rikki Wright, General Counsel, Department of Mental Health, PO Box 687, 1706 E. Elm Street, Jefferson City, MO 65102. 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 in the Missouri Register. If to be hand-delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

Title 12—DEPARTMENT OF REVENUE Division 30—State Tax Commission Chapter 4—Agricultural Land Productive Values

PROPOSED AMENDMENT

12 CSR 30-4.010 Agricultural Land Productive Values. The commission is amending this rule to adjust agricultural land values.

PURPOSE: This rule complies with the requirement of section 137.021, RSMo, to publish a range of productive values for agricultural and horticultural land for the ensuing tax year.

(1) Agricultural Land Grades and Values. The following are definitions of agricultural land grades and the productive values of each:

(A) Grade #1. This is prime agricultural land. Condition of soils is highly favorable with no limitations that restrict their use. Soils are deep, nearly level (zero to two percent (0-2%) slope) or gently sloping with low erosion hazard and not subject to damaging overflow. Soils that are consistently wet and poorly drained are not placed in Grade #1. They are easily worked and produce dependable crop yields with ordinary management practices to maintain productivity—both soil fertility and soil structure. They are adapted to a wide variety of crops and suited for intensive cropping. Use value: *[nine hundred eighty-five dollars (\$985)] one thousand thirty-five dollars (\$1,035)*;

(B) Grade #2. These soils are less desirable in one (1) or more respects than Grade #1 and require careful soil management, including some conservation practices on upland to prevent deterioration. This grade has a wide range of soils and minimum slopes (mostly

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 2—Standards for County-Funded Mental Health Services

PROPOSED AMENDMENT

9 CSR 30-2.010 Designation of Programs to Receive County Community Mental Health Funds. The department is amending section (3).

PURPOSE: This amendment adds language to section (3) related to who is eligible to receive county mental health funds so that the rule language reflects what is stated in section 205.981, RSMo, to make it consistent with the statute as it was interpreted in Gasconade County Counseling Services, Inc. v. Missouri Department of Mental Health, 314 S.W.3d 368 (Mo. App., E.D. 2010).

zero to five percent (0–5%)) that result in less choice of either crops or management practices. Primarily bottomland and best upland soils. Limitations—

1. Low to moderate susceptibility to erosion;
2. Rare damaging overflows (once in five to ten (5–10) years); and

3. Wetness correctable by drainage. Use value: *[eight hundred ten dollars (\$810)]* **eight hundred fifty dollars (\$850)**;

(C) Grade #3. Soils have more restrictions than Grade #2. They require good management for best results. Conservation practices are generally more difficult to apply and maintain. Primarily good upland and some bottomland with medium productivity. Limitations—

1. Gentle slope (two to seven percent (2–7%));
2. Moderate susceptibility to erosion;
3. Occasional damaging overflow (once in three to five (3–5) years) of Grades #1 and #2 bottomland; and

4. Some bottomland soils have slow permeability, poor drainage, or both. Use value: *[six hundred fifteen dollars (\$615)]* **six hundred forty-five dollars (\$645)**;

(D) Grade #4. Soils have moderate limitations to cropping that generally require good conservation practices. Crop rotation normally includes some small grain (for example, wheat or oats), hay, or both. Soils have moderately rolling slopes and show evidence of serious erosion. Limitations—

1. Moderate slope (four to ten percent (4–10%));
2. Grade #1 bottomland subject to frequent damaging flooding (more often than once in two (2) years), or Grades #2 and #3 bottomland subject to occasional damaging flooding (once every three to five (3–5) years);
3. Poor drainage in some cases; and

4. Shallow soils, possibly with claypan or hardpan. Use value: *[three hundred eighty-five dollars (\$385)]* **four hundred five dollars (\$405)**;

(E) Grade #5. Soils are not suited to continuous cultivation. Crop rotations contain increasing proportions of small grain (for example, wheat or oats), hay, or both. Upland soils have moderate to steep slopes and require conservation practices. Limitations—

1. Moderate to steep slopes (eight to twenty percent (8–20%));
2. Grades #2 and #3 bottomland subject to frequent damaging flooding (more than once in two (2) years) and Grade #4 bottomland subject to occasional damaging flooding; and

3. Serious drainage problems for some soils. Use value: *[one hundred ninety-five dollars (\$195)]* **two hundred five dollars (\$205)**;

(F) Grade #6. Soils are generally unsuited for cultivation and are limited largely to pasture and sparse woodland. Limitations—

1. Moderate to steep slopes (eight to twenty percent (8–20%));
2. Severe erosion hazards present;
3. Grades #3 and #4 bottomland subject to frequent damaging flooding (more than once in two (2) years), and Grade #5 bottomland subject to occasional damaging flooding (once every three to five (3–5) years); and

4. Intensive management required for crops. Use value: *[one hundred fifty dollars (\$150)]* **one hundred fifty-eight dollars (\$158)**;

(G) Grade #7. These soils are generally unsuited for cultivation and may have other severe limitations for grazing and forestry that cannot be corrected. Limitations—

1. Very steep slopes (over fifteen percent (15%));
2. Severe erosion potential;
3. Grades #5 and #6 bottomland subject to frequent damaging flooding (more than once in two (2) years);
4. Intensive management required to achieve grass or timber productions; and

5. Very shallow topsoil. Use value: *[seventy-five dollars (\$75)]* **seventy-nine dollars (\$79)**;

(H) Grade #8. Land capable of only limited production of plant growth. It may be extremely dry, rough, steep, stony, sandy, wet or severely eroded. Includes rivers, running branches, dry creek, and swamp areas. The lands do provide areas of benefit for wildlife or recreational purposes. Use value: *[thirty dollars (\$30)]* **thirty-one dollars (\$31)**; and

AUTHORITY: section 137.021, RSMo 2000. Original rule filed Dec. 13, 1983, effective March 12, 1984. For intervening history, please consult the Code of State Regulations. Amended: Filed Dec. 19, 2013.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions forty-six thousand dollars (\$46,000) in the aggregate as reflected in the attached fiscal note.

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 Sandy Wankum, Administrative Secretary, State Tax Commission, PO Box 146, Jefferson City, MO 65102, (573) 751-2414. 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.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title:** Department of Revenue
Division Title: Division 30 State Tax Commission
Chapter Title: Chapter 4 Agricultural Land Productivity Value

Rule Number and Name:	12 CSR-30.4.010 Agricultural Land Productivity Value
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
114 County Assessors	\$46,000 statewide

III. WORKSHEET

The cost of updating productivity grade values would be negligible. The cost of generating notices of increased assessments and mailing them to the taxpayers would be very roughly estimated as follows:

- Approximately 655,000 agricultural parcels would be affected.
- Estimating that the average agricultural taxpayer with land in grades one through eight owns three agricultural parcels (or two agricultural parcels and a residential parcel that could receive an increase notice) would reduce the number of impact notices to be mailed to approximately 76,667.
- Estimating the cost to print and mail each notice at \$0.60, the total cost statewide would be \$46,000.

IV. ASSUMPTIONS

This cost is based upon a \$6 per \$100 assessed valuation tax levy.

Title 16—RETIREMENT SYSTEMS
Division 20—Missouri Local Government Employees’
Retirement System (LAGERS)
Chapter 2—Administrative Rules

PROPOSED AMENDMENT

16 CSR 20-2.060 Correction of Errors. LAGERS is amending this rule by deleting subsections (3)(A) and (3)(B) and replacing them with new subsections (3)(A) and (3)(B).

PURPOSE: This amendment changes the method by which errors, oversights, or miscalculation of benefits which result in overpayments to any of the following: an active or former member or a retirant or a beneficiary are recouped by the system.

(3) In the event that an error, oversight, or miscalculation of benefits results in an active or former member, retirant, or beneficiary being paid more than the amount which s/he was entitled to receive, the executive secretary shall notify the individual of the amount of the overpayment, which shall be recovered by the system in accordance with the following policy:

(A) If the active or former member, retirant, or beneficiary is receiving a monthly benefit or other type of recurring payment from the system, Missouri Local Government Employees’ System (LAGERS) will recover the overpayment by reducing the amount of the monthly benefit or recurring payment in an amount equal to twenty-five percent (25%) of the monthly payment or recurring payment until the full amount of the overpayment has been recovered. The active or former member, retirant, or beneficiary, at their discretion, may authorize LAGERS to reduce their monthly benefit or recurring payments by additional amounts until the full amount of the overpayment has been recovered.

(B) If the benefit reduction provided for in subsection (3)(A) of this rule will not result in a complete recovery of the overpayment within a period of five years from the date of the first reduction of the monthly benefit or recurring payment, LAGERS may further reduce the monthly benefit or recurring payment, up to and including a complete suspension of the monthly benefit or recurring payment, in order to recoup the overpayment, provided that such further reduction may not result in a recovery of the overpayment in a period of less than five years from the date of the initial reduction.]

(A) If the active or former member, retirant, or beneficiary is receiving a monthly benefit or other type of recurring payment from the system, the Missouri Local Government Employees’ Retirement System (LAGERS) will recover the overpayment by making an adjustment to the recurring payment using an actuarially determined reduction over the individual’s estimated lifespan to recover the full amount of the overpayment to the particular active or former member, retirant, or beneficiary who received the overpayment. Such overpayment recovery shall not exceed the actual dollar amount of the overpayment. The particular active or former member or retirant or beneficiary who received the overpayment may also opt to repay the overpayment to the system in one lump sum payment.

(B) In the event that an active or former member, retirant, or beneficiary received an overpayment of a lump sum or other type of nonrecurring payment from the system, LAGERS will take reasonable steps to have the overpayment amount returned to the system by the active or former member, retirant, or beneficiary who received the overpayment.

AUTHORITY: section 70.605.2], RSMo [1994] 2000. Original rule filed June 25, 1976, effective Oct. 11, 1976. Amended: Filed Oct. 6, 1983, effective Jan. 11, 1984. Amended: Feb. 16, 1999, effective

July 30, 1999. Amended: Filed Aug. 30, 2000, effective Feb. 28, 2001. Emergency amendment filed Dec. 23, 2013, effective Jan. 2, 2014, expires June 30, 2013. Amended: Filed Dec. 23, 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: Any interested person or entity may submit written comments in support of or in opposition to the proposed amendment. Comments should be directed to the Missouri Local Government Employees Retirement System (LAGERS), ATTN: Robert Franson, Chief Counsel, PO Box 1665, Jefferson City, MO 65102-1665. To be considered, comments must be received within thirty (30) days of publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

PROPOSED AMENDMENT

19 CSR 30-20.070 [Standards for] Registration as a Hospital Infectious Waste Generator. The department is amending the title of the rule, section (1), and the form that follows the rule.

PURPOSE: This proposed amendment updates the rule to include: 1) citations to standards and procedures for the registration of hospitals to ensure a high level of public safety in the handling and disposal of infectious waste; 2) the name change from the Department of Health to the Department of Health and Senior Services; and 3) incorporates the generator license application into the hospital licensing application. Both applications are submitted annually and reviewed as a package to minimize redundancy.

(1) Application for Registration as a Hospital Infectious Waste Generator.

(A) Annually every hospital shall submit to the Department of Health and Senior Services an application for registration as an infectious waste generator. [Forms for t]The application shall be furnished by the Department of Health and Senior Services and are included herein.

(B) Each application shall include:

1. An operational plan for the handling and treatment of infectious waste as specified in [19 CSR 30-20.020(5)(D)1.] 19 CSR 30-20.114(1)(C);

2. A statement that the applicant understands and complies with sections 260.200–260.[245]345, RSMo; [19 CSR 30-20.010; 19 CSR 30-20.020;] 19 CSR 30-20.011; 19 CSR 30-20.114(1)(C); 10 CSR 80-2.010; and 10 CSR 80-7.010; and

3. The signature of the hospital’s chief executive officer and the director of the infectious waste management program.

(C) The application shall be submitted annually[, three (3) months previous to the registration date]. It shall be reviewed and denial or acceptance given within thirty (30) days after the Department of Health and Senior Services receives the application. If denied, specific reasons, with references, shall be given for the denial.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF HOSPITAL STANDARDS
**INFECTIOUS WASTE GENERATOR REGISTRATION
APPLICATION FOR MISSOURI HOSPITALS**

P.O. BOX 570
JEFFERSON CITY, MO 65102

Pursuant to the requirements of 260.203 RSMo., application is hereby made for registration as an infectious waste generator.

NAME OF HOSPITAL (NAME TO APPEAR ON REGISTRATION)		DATE OF APPLICATION
ADDRESS (STREET AND NUMBER, CITY, ZIP CODE)		TELEPHONE NUMBER
CHIEF EXECUTIVE OFFICER (FULL NAME)	TITLE	
NEXT IN CHARGE (FULL NAME)	TITLE	

OWNERSHIP AND MANAGEMENT (CHECK ONLY ONE)

A. GOVERNMENTAL <input type="checkbox"/> DISTRICT <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> FEDERAL <input type="checkbox"/> CITY-COUNTY <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/> CITY		B. NON-GOVERNMENTAL NON-PROFIT PROPRIETARY <input type="checkbox"/> CHURCH OPERATED <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CHURCH AFFILIATED <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER NON-PROFIT <input type="checkbox"/> CORPORATION	
NAME OF GOVERNING BODY			
CHIEF OFFICER OF GOVERNING BODY (FULL NAME)			
LEGAL NAME OF OPERATING CORPORATION			
IF OPERATED BY MANAGEMENT CONSULTANT, NAME OF FIRM			
FISCAL YEAR		TOTAL CAPACITY OF HOSPITAL (INCLUDE STAFFED AND NON-STAFFED NURSING UNITS)	
		BEDS	

CERTIFICATION

Having read and understood 19 CSR 30 Chapter 20, 260.200 - 260.245 RSMo. and 10 CSR 80. _____ I/we further certify that the _____ will comply with these sections and all required corrections and/or improvements deemed necessary following reviews and inspections by the Missouri Department of Health and Senior Services

SIGNATURES

HOSPITAL CHIEF EXECUTIVE OFFICER	DIRECTOR, INFECTIOUS WASTE MANAGEMENT PROGRAM
▶	▶

AUTHORITY: sections 197.080, RSMo 1986] and 260.203, RSMo [Supp. 1992] 2000. Original rule filed Aug. 15, 1988, effective Dec. 29, 1988. Amended: Filed Dec. 31, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Jeanne Serra, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. 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 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED AMENDMENT

19 CSR 30-20.088 Central Services [in Hospitals]. The department is amending the title of the rule, sections (5), (7), (10), and (11), and deleting section (12).

PURPOSE: This amendment clarifies the requirements associated with policy and procedures related to central services. Specific language is added to ensure proper preventive maintenance is performed on equipment.

(5) Policies and procedures shall define the activities **and locations** of all services provided, **be reviewed and kept current per hospital policy, and be readily available to staff.** Sterilization and disinfection standards of practice shall be established, **kept current, and approved by the hospital's infection control committee.** *[The principles of the Association for Practitioners in Infection Control, Association of Operating Room Nurses, Center for Disease Control and Prevention, American Society for Healthcare Central Service Personnel, Association for the Advancement of Medical Instrumentation, and others may be utilized to establish facility standards of practice for central services.]*

(7) Reprocessed, **reusable** packaged item(s) shall be identified as to content, show evidence of sterilization, and be labeled indicating the sterilizer used and the load/cycle number. A policy on the shelf life of a packaged sterile item shall be established in accordance with acceptable standards of sterilization and dependent on the quality of the packaging material, storage conditions, and the amount of handling of the item.

(10) Preventive maintenance of equipment shall **not be [done] performed less frequently than** as recommended by the manufacturer or as specified by hospital policy. Records shall be maintained as specified by hospital policy. Records shall include documentation that items *[processed by steam have undergone sufficient time, temperature and pressure and that items processed by ethylene oxide have undergone sufficient time, temperature, gas concentration and humidity]* **have been processed in accordance with the manufacturer's recommendations** to obtain pathogenic microbial kill.

(11) *[Ethylene oxide sterilized items shall be aerated as specified by hospital]* **Hospital policy shall be developed** based on the manufacturer's recommendations to eliminate the hazards *[of toxic residue for both]* **from processed items to patients and staff.**

[[12] Principles of sterilization and disinfection as approved by the hospital's infection control committee shall apply throughout the hospital when central services activities are decentralized.]

AUTHORITY: sections 192.006 and 197.080, RSMo 2000, and section 197.154, RSMo Supp. [2007] 2013. This rule previously filed as 19 CSR 30-20.021(3)(A). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Jeanne Serra, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. 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 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED AMENDMENT

19 CSR 30-20.090 [Dietary] Food and Nutrition Services [in Hospitals]. The department is amending the title of the rule, sections (1), (3) through (5), (7), (8), (11) through (14), and the purpose statement.

PURPOSE: This amendment updates language throughout and addresses changes in nutritional screening/assessment requirement time frames. Regulatory citations are also updated.

PURPOSE: This rule specifies the manner in which [dietary] food and nutrition services shall be organized and integrated in a hospital.

(1) The hospital shall have an *[full-time]* employee designated who—

(A) Serves as director of *[dietary] food and nutrition* services;
(B) Is responsible for the daily management of the *[dietary] food and nutrition* services;

(C) Is qualified by education, training, and experience in food service management and nutrition through an approved course for certification by the Dietary Managers Association or registration by the Commission on Dietetic Registration of the *[American Dietetic Association] Academy of Nutrition and Dietetics*, or an associate degree in dietetics or food systems management; and

(3) The *[qualified dietitian] director* shall ensure that a **qualified dietitian provides** high quality nutritional care *[is provided]* to patients in accordance with recognized dietary practices. *When the services of a qualified dietitian are used on a part-time or consultant basis, the following services shall be provided on*

the premises on a regularly scheduled basis] as evidenced by the following:

(A) Continuing liaison with the administration, medical staff, and nursing staff; and

[(B) Approval of planned, written menus, including modified diets; and]

[(C)](B) Evaluation and approval of the planned written menus including regular and routine modified diets for nutritional adequacy.

(4) The [consultant or part-time dietitian shall assist the] director [of dietary services] or designee shall [to] ensure[-] the following:

(B) Nutritional screening within [three (3) days] **twenty-four (24) hours** of **inpatient** admission to identify patients at nutritional risk. The hospital shall develop criteria to use in conducting the nutritional screening and staff who conduct the screening shall be trained to use the criteria;

(C) Comprehensive nutritional assessments within [twenty-four (24)] **seventy-two (72)** hours after screens on patients at nutritional risk, including height, weight, and pertinent laboratory tests;

(E) Participation in committee activities concerned with nutritional care[; and].

[(F) Planned, written menus for regular and modified diets.]

(5) The director [of dietary services] or [his/her] designee shall be responsible for—

(A) Representing the [dietary] **food and nutrition** service in interdepartmental meetings;

(C) Participating in the selection, orientation, training, scheduling, and supervision of [dietary] **food and nutrition** personnel;

(D) [Interviewing the patients for food preferences and tolerances and providing appropriate substitutions] **Developing a procedure to provide appropriate substitutions or a selective menu for patients with food preferences and/or intolerances;**

(F) Scheduling [dietary] **food and nutrition** services meetings.

(7) The director [of dietary services] shall **have the authority to [be responsible for developing and implementing] implement** written policies and procedures **governing food and nutrition services and shall have the responsibility for evaluating** and [for] monitoring to [assure] ensure they are followed. Policies and procedures shall be **reviewed at a minimum annually [kept current and approved by the chief executive officer or designee].**

(8) [Dietary] **Food and nutrition** services shall be staffed with a sufficient number of qualified personnel.

(11) At least three (3) meals or their equivalent shall be [served approximately five (5) hours apart] **offered** with supplementary [feedings] **snacks** as necessary. [There shall not be more than fourteen (14) hours between a substantial evening meal and breakfast.]

(12) [Dietary] **Food and nutrition** records shall be maintained which include: food specifications and purchase orders; meal count; standardized recipes; menu plans; nutritional evaluation of menus; and minutes of departmental and in service education meetings.

(13) The [dietary] **food and nutrition** services shall comply with [19 CSR 20-1.010] **19 CSR 20-1.025** Sanitation of Food [Services] Establishments. [Foods shall be prepared by methods that conserve nutritive value, flavor and appearance and shall be attractively served at acceptable temperatures. Potentially hazardous foods shall be served at temperatures specified in 19 CSR 20-1.010(4)(I) and (J), (5)(B)1.-.3 and (H).]

(14) When there is a contract to provide [dietary] **food and nutrition** services to a hospital, the hospital is responsible for assuring that contractual services comply with rules concerning [dietary] **food and nutrition** services in hospitals.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000, and section 197.154, RSMo Supp. [2007] 2013. This rule previously filed as 19 CSR 30-20.021(3)(B). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Jeanne Serra, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. 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 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED AMENDMENT

19 CSR 30-20.094 Medical Records [in Hospitals]. The department is amending the title of the rule, sections (1), (2), (3), (4), (6), (8), (9), (11), (14), (15), and (16); deleting sections (10), (18), and (19); and renumbering (12), (13), and (14).

PURPOSE: This amendment updates the terminology throughout the regulation. Other changes allow the state requirements to more closely resemble that of the Centers for Medicare and Medicaid Services while also clarifying the necessary documentation needed in the medical record.

(1) The director of the medical record services shall be appointed by the chief executive officer or chief operating officer. This director may be a [qualified] registered [record] **health information** administrator, [an accredited record] **a health information** technician, or an individual with demonstrated competence and knowledge of medical record department activities supervised by a qualified consultant who is a registered [record] **health information** administrator or [accredited record] **health information** technician.

(2) [Patient] **All patient** care [by members of the medical staff, nursing staff and allied health professionals] **documentation** shall be entered in the patient's medical record [in a timely manner] **promptly**. [Documentation] **Such documentation** shall be legible, dated, [authenticated] **timed, signed,** and recorded [in ink, typewritten or recorded electronically].

(3) All orders, **including verbal orders,** shall be dated, **timed** and [authenticated] **signed according to hospital policy but no later than forty-eight (48) hours** by the ordering practitioner or **another practitioner who is responsible for the care of the patient and authorized to write orders by hospital policy** and shall be kept in the patient's medical record. [Verbal orders shall be authenticated by the prescribing practitioner or attending physician within the time frame that is defined by the medical staff in

cooperation with nursing and administration.] Authentication shall [include] consist of written signatures, initials, or computer-generated signature codes [or rubber stamp signatures by the medical members and authorized persons whose signatures the stamp represents. The use of rubber stamps is discouraged, but where authorized, a signed statement shall be maintained in the administrative offices with a copy in the medical records department stating that the medical staff member whose stamp is involved is the only one who has the stamp and is the only one authorized to use it. The duplication of signature stamps and the delegation of their use by others is prohibited].

(4) *[Only] The hospital shall have a written policy that includes abbreviations, acronyms, [and] symbols, and dose designations approved by the medical staff [may be used in the medical records] for use in the hospital and those prohibited from use in the hospital. Each abbreviation or symbol shall have only one (1) meaning and an explanatory legend shall be available for use by all concerned. There shall be a list of abbreviations and symbols that shall not be used [in handwritten communications]. The prohibited list applies to all orders, preprinted forms, and medication-related documentation.*

(6) Medical records are the property of the hospital and shall not be removed from the hospital *[premises]* except by court order, subpoena, *[for the purposes of microfilming]* or for off-site storage *[approval]* approved by the governing body.

(8) Patient records shall be considered complete *[for filing]* when the required contents are assembled and authenticated. Hospital policy shall define circumstances in which incomplete medical records may be *[filed permanently by order of the medical record committee]* closed.

(9) *[An inpatient's]* All medical records shall include, as appropriate: *[a unique identifying record number; pertinent identifying and personal data; history of present illness or complaint; if injury, how the injury occurred; past history; family history; physical examination; admitting diagnosis; medical staff orders; progress notes; nurses' notes; discharge summary; final diagnosis; and evidence of informed consent. Where applicable, medical records shall contain reports such as clinical laboratory, X-ray, consultation, electrocardiogram, surgical procedures, therapy, anesthesia, pathology, autopsy and any other reports pertinent to the patient's care.]*

(A) A medical history and physical examination completed and authenticated no more than thirty (30) days before or twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, except in the case of emergencies. The medical history and physical examination shall be placed in the patient's medical record within twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services;

(B) An updated examination of the patient, including any changes in the patient's condition, when the medical history and physical examination are completed within thirty (30) days before admission or registration. Documentation of the updated examination shall be placed in the patient's medical record within twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, except in the case of emergencies;

(C) Admitting diagnosis;

(D) Results of all consultative evaluations of the patient and appropriate findings by clinical and other staff involved in the care of the patient;

(E) Documentation of complications, hospital acquired infections, and unfavorable reactions to drugs and anesthesia;

(F) Properly executed informed consent forms for procedures and treatments specified by the medical staff, or by federal or state law if applicable, requiring written patient consent;

(G) All practitioners' orders, nursing notes, reports of treatment, medication records, radiology, laboratory reports, vital signs, and other information necessary to monitor the patient's condition;

(H) Discharge summary with outcome of hospitalization, disposition of case, and provisions for follow-up care; and

(I) Final diagnosis with completion of medical records within thirty (30) days following discharge.

[[10] Admission forms shall be designed to record pertinent identifying and personal data.]

[[11]](10) A certificate of live birth shall be prepared for each child born alive and shall be forwarded to the local registrar, or as otherwise directed by the state registrar within [seven (7)] five (5) days after the date of delivery. If the physician or other person in attendance does not certify to the facts of birth within five (5) days after the birth, the person in charge of the institution shall complete and sign the certificate.

[[12]](11) When a dead fetus is delivered in an institution, the person in charge of the institution or his/her designated representative shall prepare and, within seven (7) days after delivery, file a report of fetal death with the local registrar or as otherwise directed by the state registrar.

[[13]](12) Medical records of deceased patients shall contain the date and time of death, autopsy permit, if granted, disposition of the body, by whom received and when.

[[14]](13) The State Anatomical Board shall be notified of an unclaimed dead body. A record of this notification shall be maintained.

[[15]](14) The patient's medical records shall be maintained to safeguard against loss, defacement, unauthorized access, and tampering and to prevent damage from fire and water. Medical records shall be preserved in a permanent file in the original, on microfilm, or other electronic media. Patients' medical records shall be retained for a minimum of ten (10) years, except that a minor shall have his/her record retained until his/her [twenty-third] twentieth birthday, whichever occurs later. Preservation of medical records may be extended by the hospital for clinical, educational, statistical, or administrative purposes.

[[16]](15) There shall be a [mechanism] process for the review and evaluation on a regular basis of the quality of medical record services.

[[17]](16) Should the hospital cease to be licensed, arrangements for disposition of the patient medical records shall be made with nearby hospitals, the patient's physician or a reliable storage company. Notification of the disposition is to be provided to the [department] Department of Health and Senior Services.

[[18] A history and physical examination shall be completed on each inpatient within twenty-four (24) hours of admission, or a history and physical examination shall have been completed or updated within the seven (7) days prior to admission. A history and physical which is performed up to and no more than thirty (30) days before admission may be utilized provided that the patient is reassessed and an update note is written, signed and dated to reflect the patient's status within seven (7) days prior to, or within twenty-four (24) hours after, admission.

(19) A patient's records shall be completed within thirty (30) days of discharge.]

AUTHORITY: sections 192.006 and 197.080, RSMo 2000, and section 197.154, RSMo Supp. [2007] 2013. This rule previously filed as 19 CSR 30-20.021(3)(D). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Jeanne Serra, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. 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 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED AMENDMENT

19 CSR 30-20.096 Nursing Services [in Hospitals]. The department is amending the title of the rule and sections (4), (8), (17), (19), (20), (21), (22), (29), and (31); deleting section (15), (21), and (32); and renumbering throughout.

PURPOSE: This amendment updates the existing regulation and provides clarification to the mandatory overtime prohibition and the requirements for the submission and components of the annual nurse staffing plan.

(4) Nursing policies and standards of practice describing patient care shall be in writing and be kept current **and readily available to staff.**

(8) Policies shall be developed regarding the use of overtime. The policies shall be based on the following standards:

(A) Overtime shall not be mandated for any licensed nursing personnel except when an unexpected nurse staffing shortage arises that involves a substantial risk to patient safety *[in which case]* **and** a reasonable effort *[must be applied]* **has been made** to secure safe staffing *[before requiring the on-duty licensed nursing personnel to work overtime]*. Reasonable efforts undertaken shall be *[verified]* **documented** by the hospital. Reasonable efforts shall include pursuing all of the following:

1. Reassigning on-duty staff;
2. Seeking volunteers to work extra time from all available qualified nursing staff who are presently working;
3. Contacting qualified off-duty employees who have made themselves available to work extra time, per diem staff, float pool, and flex team nurses; and
4. Seeking personnel from a contracted temporary agency or agencies when such staffing is permitted by law or an applicable collective bargaining agreement and when the employer regularly uses the contracted temporary agency or agencies;

[(B) In the absence of nurse volunteers, float pool nurses, flex team nurses or contracted temporary agency staff secured by the reasonable efforts as described in subsection (8)(A) and if qualified reassignments cannot be made, the hospital may require the nurse currently providing the patient care to fulfill his or her obligations based on the Missouri

Nurse Practice Act by performing the patient care which is required;]

[(C)](B) The prohibition of mandatory overtime does not apply to overtime work that occurs because of an unforeseeable emergency or when a hospital and a subsection of nurses commit, in writing, to a set, predetermined staffing schedule or prescheduled on-call time. An unforeseeable emergency is defined as a period of unusual, unpredictable, or unforeseeable circumstances such as, but not limited to, an act of terrorism, a disease outbreak, adverse weather conditions, or natural disasters which impact patient care and which prevent replacement staff from reporting for duty;

*[(D)](C) Other than overtime permitted under subsections (8)(A) and (B), [T]he facility is prohibited from requiring a nurse to work additional consecutive hours **beyond the nurse's predetermined schedule of hours when doing so may, in the nurse's judgment, jeopardize patient safety** and from taking action against a nurse on the grounds that a nurse failed to work the additional hours or when a nurse declines to work additional consecutive hours *[beyond the nurse's predetermined schedule of hours because doing so may, in the nurse's judgment, jeopardize patient safety]*;*

[(E) Subsection (8)(D) is not applicable if overtime is permitted under subsections (8)(A), (B), and (C);]

[(F)](D) Nurses required to work more than twelve (12) consecutive hours under subsections (8)(A), [or (B)], or (C)] shall be provided the option to have at least ten (10) consecutive hours of uninterrupted off-duty time immediately following the worked time; and

[(G)](E) The nursing service shall maintain and make available upon request to the department a list of qualified nurses, nurse registries, and per diem nurses that may be called upon to provide replacement staff in the event of sickness, vacations, vacancies, disasters, and other absences of direct care nursing staff.

[(15) The nursing service administrator shall have sufficient time to perform the necessary managerial duties and functions of the position.]

[(16)](15) A qualified registered professional nurse shall be designated and authorized to act in the absence of the nursing service administrator.

[(17)](16) Nursing personnel shall hold a valid and current license in accordance with sections 335.011–335.096, RSMo.

*[(18)](17) There shall be a job description for each classification of nursing personnel which delineates the specific qualifications, licensure, certification, authority, responsibilities, functions, and performance standards for that classification. Job descriptions shall be reviewed *[annually]* **per hospital policy** and revised as necessary to reflect current job requirements.*

[(19)](18) There shall be scheduled annual evaluations of job performance for all classifications of nursing personnel.

*[(20)](19) All nursing personnel shall be oriented to the hospital, nursing services, their position classification, the use of overtime, and the nursing service regulation 19 CSR 30-20.096. The orientation shall be of sufficient length and content to prepare nursing personnel for their specified duties and responsibilities. Competency shall be validated **and documented** prior to assuming independent performance in actual patient situations.*

[(21) For specialized nursing units and those units providing specific clinical services, written policies and procedures, including standards of practice, shall be available and current.]

[(22)](20) Nursing personnel meetings shall be conducted at intervals necessary for leadership and to communicate management information. Separate meetings for the various job classifications of personnel

may be conducted. Minutes of all meetings shall be maintained and reflect attendance, scope of discussion, and action(s) taken. The minutes shall be filed according to hospital policy.

[(23)](21) By January 15 of each year, [E]very hospital shall develop, implement, and submit to the [department by April 1, 2009, and annually thereafter at the start of the hospital's fiscal year] Department of Health and Senior Services, a written or electronic copy of the hospital-wide staffing plan for nursing services. Every hospital shall have a [process] policy that [ensures] requires the [consideration of] input on the staffing plan from direct care nursing staff from [each unit] within the hospital.

[(24)](22) The hospital-wide staffing plan for nursing services shall:

(A) Include the number, skill mix, and qualifications of direct care nursing staff needed for each unit of the hospital;

(B) Be based on the expected nursing care required by the unit population and individual needs of each patient. The expected unit population and individual nursing care needs of each patient shall be the major consideration in determining the number and skill mix of direct care nursing staff needed;

(C) Identify relevant factors in each hospital unit including, but not limited to, the number of patients in a unit; intensity of care required; skill and experience of care givers including registered nurses, licensed practical nurses, ancillary personnel, and other members of the patient care team consistent with the level of authority and responsibility delegated under state licensure; admission, discharge, and transfers; nonpatient care duties; geography of a unit; and the availability of technological support; [and]

(D) Provide for documentation of the actual staffing plan[.]; and

(E) Nurses included in the staffing plan count shall spend a minimum of seventy-five percent (75%) of their time providing direct patient care.

[(25)](23) Every hospital shall establish nursing sensitive indicators and monitor outcomes of these indicators to evaluate the adequacy of the hospital-wide staffing plan for nursing services. At least one (1) of each of the following three (3) types of outcomes shall be used to evaluate the adequacy of the staffing plan:

(A) Patient outcomes such as patient falls, adverse drug events, injuries to patients, skin breakdown, infection rates, length of stay, or patient readmissions;

(B) Operational outcomes such as work-related injury or illness, vacancy and turnover rates, nursing care hours per patient day, on-call use, or overtime rates; and

(C) Validated patient complaints related to staffing levels.

[(26)](24) The hospital shall, in consultation with its direct care nursing staff, monitor and evaluate the hospital-wide staffing plan and nursing sensitive outcomes for effectiveness on a continual basis and revise the plan annually and as necessary.

[(27)](25) Each facility shall develop and utilize a methodology which ensures it is staffed with sufficient numbers and skill mix of appropriately qualified direct care nursing staff in each unit to meet the unit population and individualized care needs of the patients. Each unit shall document actual staffing and patient census during every shift.

[(28)](26) At a minimum, there shall be a sufficient number of registered professional nurses on duty at all times to provide patient care requiring the judgment and skills of a registered professional nurse and to supervise the activities of all nursing personnel.

[(29)](27) There shall be sufficient licensed and ancillary nursing personnel on duty on each nursing unit to meet the needs of each patient in accordance with accepted standards of nursing practice.

[(30)](28) Each nursing unit shall post in a visible location on the nursing unit or make available to the patient(s) or patient's authorized

representative a copy of the unit's hospital-wide staffing plan for nursing services and documentation of actual daily staffing levels.

[(31)](29) Patient care assignments shall be consistent with the qualifications of the nursing personnel and the identified patient needs. [Nurses included in the count of direct care nursing staff in a unit of a hospital for purposes of compliance with the hospital-wide staffing plan shall have appropriate licensing, training, and orientation to ensure that the nurses are capable of providing competent nursing care to the patients in the unit. Hospitals shall also verify that nurses included in the count are capable of providing competent nursing care to the patients in the unit. Nurses included in the count shall spend a minimum of seventy-five percent (75%) of their time providing direct patient care.]

[(32)] Documentation in the patient's medical record shall reflect use of the nursing process in the delivery of care throughout the patient's hospitalization.]

[(33)](30) A registered professional nurse shall assess the patient's needs for nursing care in all settings where nursing care is provided. A nursing assessment shall be completed within twenty-four (24) hours of admission as an inpatient. The registered professional nurse may be assisted in the process by other qualified nursing staff members.

[(34)](31) Evidence of planning the patient's care, [Patient] education, and discharge needs shall be addressed, kept current, and appropriately documented in the medical records.

[(35)](32) The necessary types and quantities of supplies and equipment shall be available to meet the current needs of each patient. Reference materials pertinent to patient care shall be readily accessible.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000, and section 197.154, RSMo Supp. [2008] 2013. This rule previously filed as 19 CSR 30-20.021(3)(E). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Oct. 22, 2008, effective June 30, 2009. Amended: Filed Dec. 31, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Jeanne Serra, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. 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 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED AMENDMENT

19 CSR 30-20.104 Social [Work] Services [in Hospitals]. The department is deleting sections (1) and (2); adding new sections (1), (2), (3), (6), and (7); renumbering throughout; and amending sections (4) and (5) and the title of the rule.

PURPOSE: This amendment updates terminology and provides clarification throughout. Specific requirements are added that identify the requirements for the social services director and requirements for the director when the person is not a qualified social worker. Language is also incorporated into this rule to encompass the requirements of free-standing psychiatric and free-standing rehabilitation hospitals.

[(1) The program shall include: a method of screening to determine the social service needs of the patient; a method of providing appropriate social work interventions, including discharge planning and counseling; and a mechanism for referrals to community agencies when appropriate.]

[(2) The social service program shall be identified and integrated in the total hospital organizational plan. Social work services shall be provided under the direction of a qualified social services worker. When the individual is not a qualified social worker, a qualified social worker shall be employed on a part-time or consultant basis.]

(1) The hospital shall have an employee designated who—
(A) Serves as the director of social services;
(B) Is responsible for the daily management of social services; and
(C) Is qualified by education, training, and experience.

(2) When the director is not a qualified social worker, a qualified social worker shall be employed on a part-time or consultant basis. The qualified social worker shall make visits to the facility to monitor and evaluate the psychosocial and discharge planning needs of the patients.

(3) The social service program shall include: care coordination, a method of screening to determine the psychosocial and discharge planning needs of the patient; a method for assessing and documenting such needs and of providing appropriate social service interventions, including discharge planning and counseling; and a process for referrals to community agencies when appropriate.

[(3)](4) Social [work] services including discharge planning shall be integrated with other direct patient-care services of the hospitals. [The] A social [work] service assessment and plan of action shall be implemented for each patient who has need for social services.

[(4)](5) Written policies and procedures relating to the quality and scope of social [work] services shall be reviewed and kept current.

(6) Freestanding rehabilitation hospitals and rehabilitation distinct part units shall make social services available to identify and help resolve personal and social problems interfering with the rehabilitation process; enhance the social functioning of patients; help patients understand and effectively use medical and rehabilitation services; help families of patients adjust to the patient's disability and participate effectively in the rehabilitation program; and identify and develop resources within the rehabilitation hospital and the community which are needed by patients.

(7) Freestanding psychiatric hospitals and psychiatric distinct part units shall have dedicated social services staff. Their purpose shall be to identify and help resolve personal and social problems interfering with the treatment process, enhance the social functioning of patients; help patients understand and effectively use medical and psychiatric services, help families of patients adjust to the patient's disability and participate effectively in the treatment program and identify and develop resources within the behavioral health hospital or unit and the community which are needed by patients.

(A) There shall be a director of social services who monitors

and evaluates the quality and appropriateness of social services furnished. The director of social services shall have a master's degree from an accredited school of social work or shall be qualified by education and experience in the social services needs of the mentally ill. If the director of social services does not hold a master's degree in social work, at least one (1) staff member shall have this qualification.

(B) The social services staff shall participate as members of the treatment team, exchanging information and evaluations with the physician and other professional disciplines in order to ensure a comprehensive treatment program for patients. Essential information regarding the patients' social situation and social history shall be recorded in the patient's chart to aid the treatment team and other disciplines in understanding the patient and developing an appropriate plan of treatment.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000. This rule previously filed as 19 CSR 30-20.021(3)(f). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Jeanne Serra, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. 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 30—Division of Regulation and Licensure

Chapter 20—Hospitals

PROPOSED AMENDMENT

19 CSR 30-20.108 Fire Safety, General Safety and Operating Features [for Hospitals]. The department is amending the title of the rule and sections (1), (3), and (4), and adding new sections (5) through (9).

PURPOSE: This amendment updates the citation of material incorporated by reference and the name change from the Department of Health to the Department of Health and Senior Services.

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 the 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.

(1) Each hospital shall comply with the "Operating Features" requirements of Chapter [31] 19 of NFPA 101, [1994] 2000. New hospitals or portions of hospitals constructed or remodeled after the effective date of this amendment shall be maintained so that the building and its various operating systems comply with NFPA 99, [1993] 1999 and NFPA 101, [1994] 2000, which are incorporated by reference in

this rule and are published by the National Fire Protection Association (NFPA), NFPA Headquarters, 1 Batterymarch Park, Quincy, MA 02169. This rule does not incorporate any subsequent amendments or additions. Existing hospital facilities constructed prior to the effective date of this amendment shall maintain and operate the building in compliance with the design and safety regulations in effect at the time of their construction.

(3) Each hospital shall develop a *[mechanism]* process for the identification and abatement of occupant safety hazards in their facilities. Any safety hazard or threat to the general safety of patients, staff, or the public shall be corrected.

(4) Each hospital shall develop and maintain current a disaster plan which is specified to its facility for response to man-made or natural disasters. *[Annex 1] Chapter 11* of NFPA 99, *[1993] 1999* which is incorporated by reference in this rule and is published by the National Fire Protection Association (NFPA), NFPA Headquarters, 1 Batterymarch Park, Quincy, MA 02169, shall be used as a guide in the preparation and revision of the hospital's health care disaster plan. This rule does not incorporate any subsequent amendments or additions.

(5) Fire detection and alarm systems, smoke containment and evacuation systems, exit lighting, fire and smoke doors, and other equipment required by this rule shall be tested at intervals not to exceed six (6) months and shall be continuously maintained in proper operating condition. Automatic sprinkler systems will be tested in accordance with 101 NFPA 2000, section 9.7.5, which is incorporated by reference in this rule and is published by the National Fire Protection Association (NFPA), NFPA Headquarters, 1 Batterymarch Park, Quincy, MA 02169. This rule does not incorporate any subsequent amendments or additions.

(6) Fire-retardant protective coatings shall be applied to paneling and other materials at intervals as necessary to maintain the required flame-retardant properties.

(7) All draperies, curtains, and cubicle curtains shall be inherently flame retardant or treated and maintained to retard flame.

(8) A written fire safety and evacuation plan shall be available to all personnel. The plan shall provide for the protection of all persons in the event of fire and for their evacuation to areas of refuge in or outside the building when necessary. All employees shall be periodically instructed and kept informed respecting their duties under the plan.

(9) Fire drills shall be held at least quarterly for each shift and shall include the simulated use of fire alarm signals and simulation of emergency fire conditions. The movement of patients is not required.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000. This rule previously filed as 19 CSR 30-20.021(3)(K). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 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 Jeanne Serra, Acting Director, Department of Health and Senior Services,

Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102. 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 30—Division of Regulation and Licensure
Chapter 20—Hospitals

PROPOSED AMENDMENT

19 CSR 30-20.116 Infection Prevention and Control [in Hospitals]. The department is amending the title of the rule, sections (1) through (6), and the purpose statement.

PURPOSE: This amendment updates the title of the regulation and adds the requirement for infection prevention activities throughout. The proposal also requires the infection prevention and control measures to comply with current standards endorsed by the CDC or the World Health Organization. All hospitals must also have a process for reporting patient and employee infections.

PURPOSE: This rule specifies the requirements for infection prevention and control practices in a hospital.

[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.]

(1) There shall be an active multidisciplinary infection prevention and control committee responsible for implementing and monitoring the infection prevention and control program for patients and staff. The committee shall include, but not be limited to, the infection control officer, a member of the medical staff, registered professional nursing staff, quality improvement staff and administration. This program shall include measures for preventing, identifying, reporting, and investigating healthcare-associated infections and shall establish procedures for collecting data, *[conducting]* participating in root cause analysis, *[reporting sentinel events,]* and implementing corrective actions as relevant to infection prevention and control. These measures and procedures shall be applied throughout the hospital, *[including as a part of the employee health program].*

(2) The infection prevention and control committee shall conduct an ongoing review and analysis of healthcare-associated infections (HAI) data and risk factors. Priorities and goals related to active surveillance, monitoring, reporting, and preventing the acquisition and the acquisition and transmission of potentially infectious agents will be established based on risks identified.

(3) Hospitals shall implement written policies and procedures outlining infection prevention and control measures. These measures shall include, but are not limited to, a hospital-wide hand hygiene program *[that complies with the October 25, 2002 Guideline for Hand Hygiene in Health-Care Settings, which is incorporated by reference in this rule. A copy of the CDC Guideline for Hand Hygiene in Health-Care Settings may be obtained from the Superintendent of Documents, U.S. Government Printing Office (GPO), Washington, DC 20402-9371; telephone: (202]*

512-1800. This rule does not incorporate any subsequent amendments or additions]. This program must comply with current national standards endorsed by Centers for Disease Control and Prevention (CDC) or World Health Organization guidelines. At a minimum, the program shall require every health-care worker to properly wash or sanitize his or her hands immediately before and immediately after *[each and every episode of patient care]* having direct contact with a patient. Procedures shall include, at a minimum, requirements for the facility's infection prevention and control program to conduct surveillance of personnel in accordance with section 197.150, RSMo. Surveillance procedures may also include monitoring the employees' and medical staff's use of hand hygiene products. *[A mechanism approved by the hospital infection control committee for reporting and monitoring patient and employee infections shall be developed for all patient care and support departments in the hospital.]*

(4) *[Orientation and ongoing education shall be provided to all patient care and patient-care support personnel on the cause, effect, transmission, prevention and elimination of infections. Records of employee attendance shall be retained and available for inspection.]* All areas of the hospital shall have a process for reporting patient and employee infections. A *[mechanism]* process for monitoring compliance with infection prevention and control policies and procedures shall be coordinated with *[administrative staff, personnel staff and the quality improvement program]* the infection prevention and control committee.

(5) Infection prevention and control committee meetings shall be held at least quarterly. Minutes shall be retained per hospital policy.

(6) There shall be *[an annual]* a process for the review and evaluation on a regular basis of the quality and scope of the infection prevention and control program.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000, and sections 197.150 and 197.154, RSMo Supp. [2007] 2013. This rule previously filed as 19 CSR 30-20.021(5)(B). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Jeanne Serra, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. 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 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED AMENDMENT

19 CSR 30-20.125 Unlicensed Assistive Personnel Training Program. The department is deleting section (1), adding a new section

(1), and amending sections (2) through (5).

PURPOSE: This amendment updates and clarifies the requirements for unlicensed assistive personnel working in hospitals. References are corrected for state regulations and federal references are now included.

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.

(1) *[Definitions Relating to this Rule.*

(A) *Acute care unit—an area of a hospital that provides care primarily for patients with acute diseases or conditions. This does not include care provided in a long-term care unit such as a skilled nursing, intermediate care and residential care unit.*

(B) *Unlicensed Assistive Personnel (UAP)—unlicensed health care personnel who provide direct patient care twenty-five percent (25%) or more of the time, under the delegation and supervision of a registered nurse. Individuals who provide a specific job function such as, but not limited to, phlebotomist, radiology technician or patient transporter are not included in this definition.] Hospitals may only employ or contract with a staffing agency for unlicensed assistive personnel (UAP) in accordance with this rule.*

(2) The hospital training policy for UAPs shall include the following minimum standards:

(A) The curriculum of the UAP Program shall consist of a standard plan of instruction to include:

1. A minimum of seventy-five (75) hours of classroom instruction~~./.~~;

2. Computer or paper-based learning modules that provide documentation of completion may be substituted for up to sixty (60) hours of classroom time~~./.~~;

3. A minimum of one hundred (100) hours of clinical practicum~~./.~~; and

4. Curriculum content of the program shall include procedures and instructions on basic *[nursing]* patient care skills including but not limited to the areas of:

A. The Role of the UAP (ethics, law, team member communication, observation, reporting, documentation, medical terminology);

B. Patient/Client Rights (Health Insurance Portability and Accountability Act (HIPAA), privacy, confidentiality, advanced directives, abuse and neglect, age specific care, cultural diversity, pain management, restraint-free care, end-of-life care, death and dying, do not resuscitate (DNR) orders, post-mortem care);

C. Vital Signs;

D. Basic Human Needs (age specific cognitive/psychological/social needs, activities of daily living, ambulation, positioning, personal care, elimination and toileting, nutrition, hydration, feeding, bed making);

E. Infection Control (universal precautions, blood-borne pathogens, safe needle devices, aseptic technique, hand washing, gloving, isolation);

F. Skin Care (wound care, pressure ulcers, and prevention); and

G. Safety (cardiopulmonary resuscitation (CPR), allergies, fall prevention, environmental safety issues, fire/electrical, hazardous materials transportation safety information (HAZMAT), emergency procedures, body mechanics).

(B) **Comparable certified medical assistant training from an**

accredited medical assistant program may be substituted for up to fifty (50) hours of classroom time of comparable subject matter.

[5.](C) The clinical practicum of one hundred (100) hours shall start after the student has enrolled and started the course curriculum.

[6.](D) Skill validation and knowledge verification is to be used to determine student competence.

[7.](E) Annual in-service training also shall occur as required *[under 19 CSR 30-20.021(3)(L)6. and 7. and (5)(B)4.]* by **19 CSR 30-20.110.**

(3) The *[hospital training policy for UAPs shall begin three (3) months after the effective date of this rule.]* UAP training shall be completed within ninety (90) days of employment for any individual who is hired as a UAP. *[UAPs from staffing agencies shall comply with this regulation.]* A UAP shall not work in direct patient care, except as part of their supervised practicum, until the entire UAP training requirements have been met. Hospitals shall not be required to meet the UAP training requirements if an employee demonstrates competency in the content areas required by this rule; in the duties specific to their job and the patient population assigned and:—

(D) Has documentation of current registration as a certified nursing assistant in another state that meets the requirements listed in 42 CFR 483.151 and 483.152 (April 2012) which are incorporated by reference in this rule and are published by the U.S. Government Printing Office, 710 North Capitol Street, NW, Washington, DC 20401. This rule does not incorporate any subsequent amendments or additions; or

[(D)](E) Has documented experience as a nurse assistant, emergency medical technician, or surgical technician in the past three (3) years; or

[(E)](F) Has proof of completion of UAP training program in Missouri or another state which meets the requirements of this rule within the last three (3) years; or

[(F)](G) Has completed a professional or licensed practical nursing program outside the United States and is awaiting the licensure examination in this country.

(4) The hospital training policy for UAPs shall meet the following faculty qualifications and responsibilities:

(A) A registered **professional** nurse shall be designated as the course coordinator and shall be responsible for all aspects of the course, and must supervise all classroom and clinical instruction;

(B) Instructors shall hold a current license or temporary permit to practice as a registered **professional** nurse in Missouri **or in another Nurse Licensure Compact state** and have a minimum of two (2) years of nursing experience in an acute care, long-term care, or ambulatory surgery facility within the prior five (5) years, or an experience as a clinical faculty member in a nursing program within the prior five (5) years. An instructor's nursing license shall not be under current disciplinary action;

(C) A clinical supervisor's or preceptor's nursing license shall not be under current disciplinary action *[or investigation]*; and

(5) A hospital or ambulatory surgical center that provides training for UAPs shall meet the following training site requirements:

(A) Provide designated space sufficient to accommodate the classroom teaching portion of the course or have a written agreement with another acute care hospital, an area vocational-technical school, a high school offering a health service occupation program, a community college, or a provider agency to provide the classroom portion of the course;

(D) Maintain, either electronically or on paper *[in the employee's personnel file,]* records of course completion and competency for a minimum of three (3) years. Records shall be signed and dated by the course coordinator and each of the instructors and clinical

supervisors verifying classroom time, clinical time, and competency for each student; and

AUTHORITY: section 197.287, RSMo 2000. Original rule filed Jan. 31, 2008, effective Sept. 30, 2008. Amended: Filed Dec. 31, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Jeanne Serra, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. 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 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED AMENDMENT

19 CSR 30-20.136 Respiratory Care Services [in Hospitals]. The department is amending the title of the rule and sections (3) through (7) and (9).

PURPOSE: This amendment updates the language in the existing regulation and provides clarifying information related to services provided by a registered nurse and evaluation of the therapy administered by staff.

(3) Respiratory care services shall be administered under the direction of a *[qualified registered or certified]* **licensed respiratory [therapist] care practitioner** or a registered professional nurse with relevant education and experience. **When services are administered under the direction of a professional nurse, a licensed respiratory care practitioner shall be employed on a part-time or consultant basis.**

(4) Therapy shall be administered in accordance with *[a physician's written]* **the orders of a qualified and licensed practitioner** and shall be documented in the patient's medical record.

(5) Respiratory care services shall be provided by qualified personnel **as specified by the medical staff.** *[In-service shall be ongoing and documented.]*

(6) Approved written policies and procedures which define and describe the scope and conduct of respiratory care shall be reviewed *[annually and revised as necessary]* **and kept current per hospital policy and readily available to staff.**

(7) *[A qualified registered or certified respiratory therapist or a registered professional nurse]* **Personnel administering respiratory therapy services** shall evaluate and reevaluate the therapy administered and this shall be documented in the patient's medical record.

(9) There shall be a *[mechanism]* **process** for the review and evaluation on a regular basis of the quality and appropriateness of respiratory care services provided.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000, and section 197.154, RSMo Supp. [2007] 2013. This rule previously filed as 19 CSR 30-20.021(4)(J). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Jeanne Serra, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. 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 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED AMENDMENT

19 CSR 30-20.138 [Special Patient] Specialized Inpatient Care Services [in Hospitals]. The department is amending the title of the rule, sections (1) through (6), deleting section (5), and renumbering thereafter.

PURPOSE: This amendment provides clarifying language related to a physician's ability to oversee more than one service area. The amendment also updates the terminology used throughout.

(1) [Special] **Each specialized inpatient care [units] service**, if provided, shall be under the medical direction of a qualified physician[,] **who is a member of the medical staff and appointed by the governing body. This shall not prohibit a qualified physician from being the medical director of more than one (1) specialized inpatient care service area.**

(2) Patient care in each [special] **specialized inpatient care [unit] service area** shall be integrated with the other nursing services and supervised by a qualified registered professional nurse with relevant education, experience, and demonstrated current competency.

(3) [Approved written policies and procedures shall define and describe the scope and conduct of each special patient-care service. These shall be reviewed annually and revised as necessary] **Each specialized inpatient care service area shall have written policies and procedures that are reviewed and kept current per hospital policy and are readily available to staff.**

(4) Qualifications of personnel [for assignment] **assigned** to each [special] **specialized inpatient care [unit] service area** shall be delineated in writing. [Orientation, in-service training and continuing education shall be provided and documented.]

[(5) Registered nurse staffing patterns shall be developed to meet the needs of each patient in special care units.]

[(6)](5) A multi-disciplinary committee, chaired by the director, shall develop protocols for [the conduct of] patient care in each [special] **specialized inpatient care [unit] service area.** This com-

mittee shall meet at least quarterly and minutes shall be kept and filed on a confidential basis.

[(7)](6) There shall be a [mechanism] **process** for the review and evaluation on a regular basis of the quality and appropriateness of care provided in each [special] **specialized inpatient** care service area.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000, and section 197.154, RSMo Supp. [2007] 2013. This rules previously filed as 19 CSR 30-20.021(4)(K). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Jeanne Serra, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. 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 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED AMENDMENT

19 CSR 30-20.140 Surgical Services [in Hospitals]. The department is amending the title of the rule, sections (2), (3), (4), (6), (8), and (9), and adding a new section (7).

PURPOSE: This amendment provides clarifying language to the existing regulations. A specific addition is language related to the performance, timeframes, and documentation of a medical history and physical examination.

(2) Approved written policies and procedures shall define and describe the scope and conduct of surgical services. These shall be [reviewed annually and revised as necessary] **kept current per hospital policy and are readily available to staff.**

(3) The surgical suite shall be [supervised] **directed** by a qualified registered professional nurse with relevant education[,] **and** experience [and demonstrated current competency]. This [supervisor] **director** shall have the authority to implement hospital policies and procedures for the surgical suite and shall have the responsibility for evaluating all nursing personnel assigned to the surgical suite.

(4) A qualified registered professional nurse **with relevant education, experience, and competency** shall be assigned circulating duties for surgical procedures performed.

(6) Prior to surgery, **except in the case of emergencies**, the patient's medical record shall contain [evidence that the patient has been advised as to the surgical procedure(s) contemplated, the type of anesthesia to be administered and the risks involved with each. Evidence that informed consent has been given

shall become a part of the patient's medical record] evidence of informed consent.

(7) A medical history and physical examination shall be completed and documented no more than thirty (30) days before or twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. An updated examination of the patient, including any changes in the patient's condition, shall be completed and documented within twenty-four (24) hours after admission or registration when the medical history and physical examination are completed within thirty (30) days before admission or registration. The medical history and physical examination shall be placed in the patient's medical record within twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, except in the case of emergencies.

[(7)](8) An operating room record documenting the patient care provided shall become a part of the patient's medical record. The record shall contain at least the name and hospital identification number of the patient[, the patient's hospital number,]; date and times of the surgery; [the] name(s) of the surgeon(s) and assistants or other practitioners who performed surgical tasks[,]; pre-operative and post-operative diagnosis; name of the specific surgical procedure(s) [, the date, time surgery began and ended, names and titles of persons assisting with the procedure] performed; type of anesthesia administered; any complications; description of techniques, findings, and tissues removed or altered; any prosthetic devices, grafts, tissues, transplants, or devices implanted; and the verification of countable materials.

[(8)](9) There shall be a [mechanism] process for the review and evaluation on a regular basis of the quality and appropriateness of surgical services.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000, and section 197.154, RSMo Supp. [2007] 2013. This rule previously filed as 19 CSR 30-20.021(4)(L). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Jeanne Serra, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. 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 30—Division of Regulation and Licensure
Chapter 22—Rehabilitation Hospitals**

PROPOSED RESCISSION

19 CSR 30-22.020 Administration Standards for Rehabilitation Hospitals. The Department of Health has the authority to establish

standards for the operation of rehabilitation hospitals. This rule provided standards for the administration, medical staff, nursing staff, and supporting departments to assist in the restoration of individuals to maximum physical, mental, social, vocational, and economic usefulness.

PURPOSE: This rule is being rescinded as relevant language is being incorporated into 19 CSR 30-20.134 Rehabilitation Services so that units in freestanding rehabilitation hospitals are held to the same standards as rehabilitation units in acute care hospitals.

AUTHORITY: section 197.080, RSMo 1986. This rule previously filed as 13 CSR 50-22.020 and also 19 CSR 10-22.020. Original rule filed Nov. 21, 1969, effective Jan. 21, 1970. Amended: Filed June 14, 1988, effective Oct. 13, 1988. Rescinded: Filed Dec. 31, 2013.

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

PRIVATE COST: This proposed rescission 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 rescission with the Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Jeanne Serra, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. 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 30—Division of Regulation and Licensure
Chapter 22—Rehabilitation Hospitals**

PROPOSED RESCISSION

19 CSR 30-22.030 Standards for Registration as a Hospital Infectious Waste Generator. This rule established standards and procedures for the registration of rehabilitation hospitals to ensure a high level of public safety in the handling and disposal of infectious waste.

PURPOSE: This rule is being rescinded as an identical rule, 19 CSR 30-20.070, governing all hospitals already exists.

AUTHORITY: sections 197.080 and 260.203, RSMo Supp. 1993. Original rule filed Aug. 15, 1988, effective Dec. 29, 1988. Rescinded: Filed Dec. 31, 2013.

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

PRIVATE COST: This proposed rescission 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 rescission with the Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Jeanne Serra, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. 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 30—Division of Regulation and Licensure
Chapter 24—Psychiatric Hospitals

PROPOSED RESCISSION

19 CSR 30-24.040 Standards for Registration as a Hospital Infectious Waste Generator. This rule established standards and procedures for the registration of psychiatric hospitals to ensure a high level of public safety in the handling and disposal of infectious waste.

PURPOSE: This rule is being rescinded as an identical rule, 19 CSR 30-20.070, governing all hospitals already exists.

AUTHORITY: sections 197.080 and 260.203, RSMo Supp. 1993. Original rule filed Aug. 16, 1988, effective Dec. 29, 1988. Rescinded: Filed Dec. 31, 2013.

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

PRIVATE COST: This proposed rescission 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 rescission with the Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Jeanne Serra, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. 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 2205—Missouri Board of Occupational Therapy
Chapter 3—Licensure Requirements

PROPOSED AMENDMENT

20 CSR 2205-3.030 Application for Limited Permit. The board is proposing to amend sections (7) and (8).

PURPOSE: This amendment defines first available examination and second available examination.

(7) The limited permit will be valid for eight (8) weeks from the date of the applicant's eligibility expiration date as established by the certifying entity for the first available examination. **First available examination shall mean a certification examination taken by an individual who has never previously sat for, or been declared eligible to take, such an examination. Individuals taking the first available examination shall complete the first available examination within ninety (90) days from the first date on which the certifying entity declares that individual eligible to take the first available examination.** If the limited permit holder successfully completes the **first available** examination with a passing score, the limited permit will be extended for an additional sixty (60) days during which time the limited permit holder may apply for a license.

(8) Only those individuals who completed their first available examination but failed to achieve a passing score, may renew their limited permit. The limited permit may be renewed only once using the form provided by the board. A renewed limited permit will be valid for eight (8) weeks from the date of the applicant's eligibility expiration

dates as established by the certifying entity for the limited permit holder's second available examination. **Second available examination shall mean a certification examination taken by an individual who failed to achieve a passing score on his or her first available examination as defined by the board. Individuals taking the second available examination shall complete the second available examination no later than two hundred seventy (270) days from the date on which the certifying entity declared that individual eligible to take the first available examination.** If the limited permit holder successfully completes the second available examination with a passing score, the limited permit will be extended for an additional sixty (60) days during which time the limited permit holder may apply for a license.

AUTHORITY: section 324.056, RSMo 2000, and sections 43.543, 324.050, 324.065, 324.068, 324.077, and 324.086, RSMo Supp. 2013. This rule originally filed as 4 CSR 205-3.030. Original rule filed Aug. 4, 1998, effective Dec. 30, 1998. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Dec. 19, 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 Missouri Board of Occupational Therapy, PO Box 1335, Jefferson City, MO 65102, by facsimile at (573) 526-3489, or via email at ot@pr.mo.gov. 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.

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

The 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 2—DEPARTMENT OF AGRICULTURE
Division 30—Animal Health
Chapter 2—Health Requirements for Movement of
Livestock, Poultry, and Exotic Animals

ORDER OF WITHDRAWAL

By the authority vested in the Department of Agriculture under section 267.645, RSMo 2000, the director withdraws a proposed amendment as follows:

2 CSR 30-2.020 Movement of Livestock, Poultry, and Exotic Animals Within Missouri **is withdrawn**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 3, 2013 (38 MoReg 1360-1362). This proposed amendment is withdrawn.

SUMMARY OF COMMENTS: The Missouri Department of Agriculture received numerous comments on the proposed amendment. The comments emphasized that the department should further open the rule up for additional comments regarding the Trichomoniasis regulation and implementation of this rule.

RESPONSE: The Missouri Department of Agriculture has decided to withdraw the proposed amendment and seek additional stakeholder input.

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 10—Air Conservation Commission
Chapter 6—Air Quality Standards, Definitions, Sampling
and Reference Methods and Air Pollution Control
Regulation for the Entire State of Missouri

ORDER OF RULEMAKING

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo Supp. 2013, the commission amends a rule as follows:

10 CSR 10-6.020 Definitions and Common Reference Tables **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 15, 2013 (38 MoReg 1265-1297). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Natural Resources' Air Pollution Control Program received no comments on the proposed amendment.

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 10—Air Conservation Commission
Chapter 6—Air Quality Standards, Definitions, Sampling
and Reference Methods and Air Pollution Control
Regulation for the Entire State of Missouri

ORDER OF RULEMAKING

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo Supp. 2013, the commission adopts a rule as follows:

10 CSR 10-6.161 Commercial and Industrial Solid Waste Incinerators **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on August 15, 2013 (38 MoReg 1297-1298). 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: The Missouri Department of Natural Resources' Air Pollution Control Program received no comments on the proposed rule.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 2—Income Tax

ORDER OF RULEMAKING

By the authority vested in the acting director of revenue under section 143.961, RSMo 2000, and section 143.451.2(3), RSMo Supp. 2013, the acting director adopts a rule as follows:

12 CSR 10-2.052 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 1, 2013 (38 MoReg 1764–1765). Changes have been made in the text of the proposed rule, those changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The department received one (1) comment from Department of Revenue staff regarding the proposed rule. The department discovered the title of the rule was not properly stated.

COMMENT #1: Upon review of the published rule in the *Missouri Register*, the department discovered the rule title needed to be changed. The title of the regulation should be changed to address the “optional,” as opposed to “new,” apportionment available for corporate income taxation.

RESPONSE AND EXPLANATION OF CHANGE: The department has accepted the recommendation and has changed the rule title.

12 CSR 10-2.052 Optional Single Sales Factor

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2234—Board of Private Investigator and
Private Fire Investigator Examiners
Chapter 1—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under section 324.1100, RSMo Supp. 2013, the board amends a rule as follows:

20 CSR 2234-1.010 Definitions is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1643). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2234—Board of Private Investigator and
Private Fire Investigator Examiners
Chapter 1—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under sections 324.1102 and 324.1138, RSMo Supp. 2013, the board amends a rule as follows:

20 CSR 2234-1.020 General Organization is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1643–1644). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publica-

tion in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2234—Board of Private Investigator and
Private Fire Investigator Examiners
Chapter 1—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under section 324.1138, RSMo Supp. 2013, the board amends a rule as follows:

**20 CSR 2234-1.030 Policy for Release of Public Records
is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1644). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2234—Board of Private Investigator and
Private Fire Investigator Examiners
Chapter 1—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under sections 324.002 and 324.1138, RSMo Supp. 2013, the board amends a rule as follows:

**20 CSR 2234-1.040 Complaint Handling and Disposition
is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1644–1645). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2234—Board of Private Investigator and
Private Fire Investigator Examiners
Chapter 1—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under sections 324.1102 and 324.1132, RSMo Supp. 2013, the board amends a rule as follows:

20 CSR 2234-1.050 Fees is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1645-1648). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

**Division 2234—Board of Private Investigator and
Private Fire Investigator Examiners
Chapter 2—Private Investigator and Private Fire
Investigator**

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under sections 324.1102, 324.1108, 324.1110, 324.1112, and 324.1114, RSMo Supp. 2013, the board amends a rule as follows:

**20 CSR 2234-2.010 Application for Licensure—Private
Investigator is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1649). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

**Division 2234—Board of Private Investigator and
Private Fire Investigator Examiners
Chapter 2—Private Investigator and Private Fire
Investigator**

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under sections 324.1102, 324.1108, 324.1110, 324.1112, and 324.1114, RSMo Supp. 2013, the board adopts a rule as follows:

**20 CSR 2234-2.015 Application for Licensure—Private Fire
Investigator is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1649-1653). 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 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2234—Board of Private Investigator and
Private Fire Investigator Examiners
Chapter 2—Private Investigator and Private Fire
Investigator**

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under section 324.1100, RSMo Supp. 2013, the board amends a rule as follows:

20 CSR 2234-2.020 Name and Address Changes is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1654). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

**Division 2234—Board of Private Investigator and
Private Fire Investigator Examiners
Chapter 2—Private Investigator and Private Fire
Investigator**

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under section 324.1100, RSMo Supp. 2013, the board amends a rule as follows:

**20 CSR 2234-2.030 Replacement of Renewal License
is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1654). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

**Division 2234—Board of Private Investigator and
Private Fire Investigator Examiners
Chapter 2—Private Investigator and Private Fire
Investigator**

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under sections 324.039, 324.1102, and 324.1126, RSMo Supp. 2013, the board amends a rule as follows:

20 CSR 2234-2.040 Licensure Renewal is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1654–1657). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

**Division 2234—Board of Private Investigator and
Private Fire Investigator Examiners
Chapter 3—Private Investigator Agency and
Private Fire Investigator Agency**

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under sections 324.1102, 324.1108, 324.1110, 324.1112, 324.1114, and 324.1132, RSMo Supp. 2013, the board amends a rule as follows:

20 CSR 2234-3.010 Application for Licensure—Agency
is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1658). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

**Division 2234—Board of Private Investigator and
Private Fire Investigator Examiners
Chapter 3—Private Investigator Agency and
Private Fire Investigator Agency**

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under sections 324.1100 and 324.1132, RSMo Supp. 2013, the board amends a rule as follows:

20 CSR 2234-3.020 Change of Name, Ownership, Location, or
Investigator-In-Charge is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1658–1659). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

**Division 2234—Board of Private Investigator and
Private Fire Investigator Examiners
Chapter 3—Private Investigator Agency and
Private Fire Investigator Agency**

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under sections 324.1102 and 324.1126, RSMo Supp. 2013, the board amends a rule as follows:

20 CSR 2234-3.030 Licensure Renewal is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1659). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

**Division 2234—Board of Private Investigator and
Private Fire Investigator Examiners
Chapter 3—Private Investigator Agency and
Private Fire Investigator Agency**

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under sections 324.1102, 324.1116, and 324.1118, RSMo Supp. 2013, the board amends a rule as follows:

20 CSR 2234-3.040 Application for Licensure—Agency Employee
is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1659). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

**Division 2234—Board of Private Investigator and
Private Fire Investigator Examiners
Chapter 3—Private Investigator Agency and
Private Fire Investigator Agency**

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under sections 324.1102 and 324.1126, RSMo Supp. 2013, the board amends a rule as follows:

20 CSR 2234-3.070 Licensure Renewal—Licensed Agency Investigator Employees and Agency Fire Investigator Employees is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1659–1660). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
**Division 2234—Board of Private Investigator and Private
Fire Investigator Examiners**
Chapter 4—Private Investigator Trainers

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under section 324.1140, RSMo Supp. 2013, the board rescinds a rule as follows:

20 CSR 2234-4.010 Application for License—Private Investigator Trainer is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1660). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
**Division 2234—Board of Private Investigator and Private
Fire Investigator Examiners**
Chapter 4—Private Investigator Trainers

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under sections 324.1138 and 324.1140, RSMo Supp. 2013, the board rescinds a rule as follows:

20 CSR 2234-4.020 Trainer Responsibilities—Private Investigator Trainer is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1660). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
**Division 2234—Board of Private Investigator and Private
Fire Investigator Examiners**
Chapter 4—Private Investigator Trainers

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under section 324.1100, RSMo Supp. 2013, the board rescinds a rule as follows:

20 CSR 2234-4.030 Name and Address Changes—Private Investigator Trainer is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1660). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
**Division 2234—Board of Private Investigator and Private
Fire Investigator Examiners**
Chapter 4—Private Investigator Trainers

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under section 324.1100, RSMo Supp. 2013, the board rescinds a rule as follows:

20 CSR 2234-4.040 Replacement of Renewal License—Private Investigator Trainer is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1660–1661). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
**Division 2234—Board of Private Investigator and Private
Fire Investigator Examiners**
Chapter 4—Private Investigator Trainers

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under sections 324.1102 and 324.1126, RSMo Supp. 2013, the board rescinds a rule as follows:

20 CSR 2234-4.050 Licensure Renewal—Private Investigator Trainer is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1661). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
**Division 2234—Board of Private Investigator and Private
Fire Investigator Examiners**
**Chapter 6—Continuing Education Requirements—Private
Investigators**

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under sections 324.1122, 324.1126, and 324.1138, RSMo Supp. 2013, the board amends a rule as follows:

20 CSR 2234-6.010 Continuing Education is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1661–1664). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
**Division 2234—Board of Private Investigator and Private
Fire Investigator Examiners**
Chapter 7—Code of Conduct

ORDER OF RULEMAKING

By the authority vested in the Board of Private Investigator and Private Fire Investigator Examiners under section 324.1138, RSMo Supp. 2013, the board amends a rule as follows:

20 CSR 2234-7.010 Code of Conduct is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2013 (38 MoReg 1665–1666). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN**
Division 10—Health Care Plan
Chapter 2—State Membership

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care

Plan under section 103.059, RSMo 2000, the director amends a rule as follows:

22 CSR 10-2.094 Tobacco-Free Incentive Provisions and Limitations is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 1, 2013 (38 MoReg 1557–1558). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN**
Division 10—Health Care Plan
Chapter 2—State Membership

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2000, the director amends a rule as follows:

22 CSR 10-2.120 Wellness Program is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 1, 2013 (38 MoReg 1559–1560). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

As defined in section 536.026, RSMo 2000 “an agency may solicit comments from the public on the subject matter of a rule that the agency is considering proposing. The agency may file a notice of the rule under consideration as a proposed rulemaking with the secretary of state for publication in the *Missouri Register* as soon as practicable after the filing thereof in the secretary’s office. The notice may contain the number and the subject matter of the rule as well as a statement indicating where, when, and how persons may comment.”

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

Following is the Text of Rules Under Consideration Submitted by the Department of Natural Resources

Title 10—DEPARTMENT OF NATURAL RESOURCES Division 25—Hazardous Waste Management Commission

The Missouri Department of Natural Resources Hazardous Waste Program has completed a review of the following rules and is in the process of developing a group of amendments in response to the determinations made by the department during the review process.

10 CSR 25-3.260 Definitions, Modifications to Incorporations and Confidential Business Information;

10 CSR 25-4.261 Methods for Identifying Hazardous Waste;

10 CSR 25-5.262 Standards Applicable to Generators of Hazardous Waste;

10 CSR 25-7.264 Standards for Owners and Operators of Hazardous Waste Treatment, Storage, and Disposal Facilities;

10 CSR 25-7.265 Interim Status Standards for Owners and Operators of Hazardous Waste Treatment, Storage, and Disposal Facilities;

10 CSR 25-7.266 Standards for the Management of Specific Hazardous Wastes and Specific Types of Hazardous Waste Management Facilities;

10 CSR 25-7.268 Land Disposal Restrictions; and

10 CSR 25-7.270 Missouri Administered Permit Programs: The Hazardous Waste Permit Program

The review was conducted as required by section 260.373.3, RSMo, which required the Department of Natural Resources to identify rules in Chapters 3, 4, 5, and 7 of Title 10, Division 25 of the Code of State Regulations that are inconsistent with a statutory limitation on the authority of the Missouri Hazardous Waste Management Commission to adopt rules that are stricter than, or that establish requirements sooner than, federal regulations in certain subject areas.

Information about section 260.373, RSMo and the review and identification process may be found in a report prepared by the department and presented to the Missouri Hazardous Waste Management Commission. A link to the report is available at the Missouri Department of Natural Resources Hazardous Waste Program’s website at—

<http://dnr.mo.gov/env/hwp/rules-dev-hwp.htm>.

Now that the review and identification process is complete and a report has been submitted to the Missouri Hazardous Waste Management Commission, the department, with input from stakeholders, will begin developing the proposed rule amendments, as well as all the required supporting documentation for the amendments. Additional information about this rulemaking will be posted to the website listed above throughout the rulemaking process.


For questions about the rulemaking process, the review and identification process for the affected rules, or the report to the commission, please contact Tim Eiken, Rules Coordinator of the Hazardous Waste Program, at tim.eiken@dnr.mo.gov or (573) 522-8057.

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 Troy Langley, (2) to any other contractor or subcontractor that is owned, operated or controlled by Mr. Troy Langley including Urban Metropolitan Development, LLC or (3) to any other simulation of Mr. Troy Langley or Urban Metropolitan Development for a period of one year, or until August 8, 2014.

<u>Name of Contractor</u>	<u>Name of Officers</u>	<u>Address</u>	<u>Date of Conviction</u>	<u>Debarment Period</u>
Troy Langley d/b/a Urban Metropolitan Development, LLC Case No. 12AO-CR01752 Jasper County Cir. Ct.		1101 Juniper St., Ste. 925 Atlanta, Georgia 30309	08/08/2013	08/08/2013-08/08/2014

Dated this 8 day of January, 2014.


John E. Lindsey, Division Director

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

NOTICE OF DISSOLUTION OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST PRECISION CUTTING AND CORING, LLC

On December 20, 2013, Precision Cutting and Coring, LLC ("Company") filed a Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State, effective on filing. Claims against Company must be submitted to Moore & Brower, P.C., 4600 Madison, Suite 700, Kansas City, Missouri, 64112. Claims must include: name and address of claimant; amount of claim; basis of the claim; and documentation of claim. By law, all claims against the Company shall be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this Notice.

NOTICE OF DISSOLUTION OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST PRECISION CUTTING AND CORING, LLC

On December 20, 2013, MICA Resources, LLC ("Company") filed a Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State, effective on filing. Claims against Company must be submitted to Moore & Brower, P.C., 4600 Madison, Suite 700, Kansas City, Missouri, 64112. Claims must include: name and address of claimant; amount of claim; basis of the claim; and documentation of claim. By law, all claims against the Company shall be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this Notice.

NOTICE OF WINDING UP AND DISSOLUTION OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST Blackbird Advisors VII, LLC

Effective December 31, 2013, Blackbird Advisors VII, 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 Mr. James Mannebach, 415A Axminster Drive, Fenton, MO 63026. 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 WINDING UP AND DISSOLUTION OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST Blackbird Management Group, LLC

Effective December 31, 2013, Blackbird Management Group, 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 Mr. James Mannebach, 415A Axminster Drive, Fenton, MO 63026. 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 WINDING UP AND DISSOLUTION OF LIMITED LIABILITY
COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST
Blackbird Advisors IV, LLC**

Effective December 31, 2013, Blackbird Advisors IV, 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 Mr. James Mannebach, 415A Axminister Drive, Fenton, MO 63026. 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 WITHDRAWAL FOR A
LIMITED LIABILITY PARTNERSHIP
TO ALL CREDITORS OF
AND CLAIMANTS AGAINST
GRACE CAPITAL LLP

On December 31, 2013, Grace Capital LLP, a Missouri limited liability partnership (hereinafter the "Partnership") filed its Notice Of Withdrawal for a Limited Liability Partnership with the Missouri Secretary of State.

Persons with claims against Grace Capital LLP should present them in accordance with the following procedure:

A. In order to file a claim with the limited liability partnership, you must furnish the following:

- i. Amount of the claim
- ii. Basis of the claim
- iii. Documentation of the claim.

B. Claims must be sent to:

Larry J. Porschen, Managing Partner
Grace Capital LLP
15 Sunnen Drive, Suite 100
St. Louis, MO 63143.

All claims against the Partnership shall be barred unless the proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is FHD Minerals, LLC.
2. The Articles of Organization for FHD Minerals, LLC were filed with the Missouri Secretary of State on February 2, 2010.
3. On December 27, 2013, FHD Minerals, LLC filed a Notice of Winding Up for Limited Liability Company with the Secretary of State of Missouri.
4. Persons with claims against FHD Minerals, LLC should present them in accordance with the following procedure:
 - (a) In order to file a claim with FHD Minerals, LLC, you must furnish the following:
 - (i) Amount of the claim
 - (ii) Basis for the claim
 - (iii) Documentation for the claim
 - (b) The claim must be mailed to:

Kathryn D. Greene
4711 Wildwood
Dallas, Texas 75209
5. All claims against FHD Minerals, LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after publication of this notice.

**Notice of Corporate Dissolution
To All Creditors and Claimants Against
Floyd Whitworth Trucking, Inc., a Missouri Corporation**

On December 24, 2013, Floyd Whitworth Trucking, Inc., a Missouri corporation, filed its Articles of Dissolution with the Missouri Secretary of State. Said corporation requests that all persons and organizations with claims against it present them immediately by letter to the corporation at Lowther Johnson, Attorneys at Law, LLC, 901 St. Louis St., 20th Floor, Springfield, MO 65806. All claims must include: (1) name and address of the claimant; (2) the amount claimed; (3) the basis for the claim; (4) the date(s) on which the event(s) on which the claim is based occurred; and (5) any documentation in support of the claim. NOTICE: Because of the dissolution of Floyd Whitworth Trucking, Inc., any claims against it will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the publication date of the two (2) notices authorized by RSMo 351.482, whichever is published last.

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
1 CSR 10	OFFICE OF ADMINISTRATION State Officials' Salary Compensation Schedule				37 MoReg 1859 38 MoReg 2053
1 CSR 10-7.010	Commissioner of Administration		38 MoReg 1738		
1 CSR 20-5.015	Personnel Advisory Board and Division of Personnel		38 MoReg 1608		
1 CSR 20-5.020	Personnel Advisory Board and Division of Personnel		38 MoReg 1608		
DEPARTMENT OF AGRICULTURE					
2 CSR 30-2.020	Animal Health		38 MoReg 1360	This IssueW	
2 CSR 30-10.010	Animal Health		39 MoReg 68		
2 CSR 80-2.050	State Milk Board		38 MoReg 1363	39 MoReg 253	
2 CSR 80-5.010	State Milk Board		38 MoReg 1363	39 MoReg 253	
2 CSR 90-10	Weights and Measures				38 MoReg 1241
DEPARTMENT OF CONSERVATION					
3 CSR 10-3.010	Conservation Commission		38 MoReg 1742	39 MoReg 253	
3 CSR 10-4.130	Conservation Commission		38 MoReg 1742	39 MoReg 253	
3 CSR 10-5.430	Conservation Commission		38 MoReg 1742	39 MoReg 253	
3 CSR 10-6.510	Conservation Commission		38 MoReg 1742	39 MoReg 254	
3 CSR 10-6.545	Conservation Commission		38 MoReg 1743	39 MoReg 255	
3 CSR 10-6.550	Conservation Commission		38 MoReg 1743	39 MoReg 255	
3 CSR 10-7.410	Conservation Commission		38 MoReg 1744	39 MoReg 255	
3 CSR 10-7.431	Conservation Commission		38 MoReg 1744	39 MoReg 255	
3 CSR 10-7.433	Conservation Commission		38 MoReg 1744	39 MoReg 255	
3 CSR 10-7.440	Conservation Commission		38 MoReg 1745	39 MoReg 255	
3 CSR 10-7.455	Conservation Commission				39 MoReg 403
3 CSR 10-9.105	Conservation Commission		38 MoReg 1745	39 MoReg 256	
3 CSR 10-9.110	Conservation Commission		38 MoReg 1747	39 MoReg 256	
3 CSR 10-9.442	Conservation Commission		38 MoReg 1750	39 MoReg 256	
3 CSR 10-10.705	Conservation Commission		38 MoReg 1750	39 MoReg 256	
3 CSR 10-10.744	Conservation Commission		38 MoReg 1752	39 MoReg 256	
3 CSR 10-11.130	Conservation Commission		38 MoReg 1752	39 MoReg 256	
3 CSR 10-11.180	Conservation Commission		38 MoReg 1752	39 MoReg 257	
3 CSR 10-11.184	Conservation Commission		38 MoReg 1753	39 MoReg 257	
3 CSR 10-11.185	Conservation Commission		38 MoReg 1753	39 MoReg 257	
3 CSR 10-11.205	Conservation Commission		38 MoReg 1754	39 MoReg 257	
3 CSR 10-12.110	Conservation Commission		38 MoReg 1754	39 MoReg 257	
3 CSR 10-12.115	Conservation Commission		38 MoReg 1755	39 MoReg 257	
3 CSR 10-12.125	Conservation Commission		38 MoReg 1756	39 MoReg 258	
3 CSR 10-12.135	Conservation Commission		38 MoReg 1756	39 MoReg 258	
3 CSR 10-12.140	Conservation Commission		38 MoReg 1757	39 MoReg 258	
3 CSR 10-12.145	Conservation Commission		38 MoReg 1757	39 MoReg 258	
DEPARTMENT OF ECONOMIC DEVELOPMENT					
4 CSR 85-8.010	Division of Business and Community Services	38 MoReg 1925			
4 CSR 85-8.020	Division of Business and Community Services	38 MoReg 1934			
4 CSR 85-8.030	Division of Business and Community Services	38 MoReg 1934			
4 CSR 85-9.010	Division of Business and Community Services	38 MoReg 1935			
4 CSR 85-9.020	Division of Business and Community Services	38 MoReg 1936			
4 CSR 85-9.030	Division of Business and Community Services	38 MoReg 1937			
4 CSR 85-9.040	Division of Business and Community Services	38 MoReg 1947			
4 CSR 85-9.050	Division of Business and Community Services	38 MoReg 1954			
4 CSR 240-3.570	Public Service Commission		38 MoReg 1461R		
4 CSR 240-13.010	Public Service Commission		38 MoReg 1363		
4 CSR 240-13.015	Public Service Commission		38 MoReg 1364		
4 CSR 240-13.020	Public Service Commission		38 MoReg 1365		
4 CSR 240-13.025	Public Service Commission		38 MoReg 1366		
4 CSR 240-13.030	Public Service Commission		38 MoReg 1367		
4 CSR 240-13.035	Public Service Commission		38 MoReg 1368		
4 CSR 240-13.040	Public Service Commission		38 MoReg 1369		
4 CSR 240-13.045	Public Service Commission		38 MoReg 1370		
4 CSR 240-13.050	Public Service Commission		38 MoReg 1371		
4 CSR 240-13.055	Public Service Commission		38 MoReg 1375		
4 CSR 240-13.060	Public Service Commission		38 MoReg 1375		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
4 CSR 240-13.070	Public Service Commission		38 MoReg 1376		
4 CSR 240-31.010	Public Service Commission		38 MoReg 1461		
4 CSR 240-31.020	Public Service Commission		38 MoReg 1463		
4 CSR 240-31.030	Public Service Commission		38 MoReg 1464		
4 CSR 240-31.040	Public Service Commission		38 MoReg 1465R		
4 CSR 240-31.050	Public Service Commission		38 MoReg 1465R		
4 CSR 240-31.060	Public Service Commission		38 MoReg 1466		
4 CSR 240-31.065	Public Service Commission		38 MoReg 1467R		
4 CSR 240-31.070	Public Service Commission		38 MoReg 1468R		
4 CSR 240-31.080	Public Service Commission		38 MoReg 1468R		
4 CSR 240-31.090	Public Service Commission		38 MoReg 1468		
4 CSR 240-31.100	Public Service Commission		38 MoReg 1469R		
4 CSR 240-31.110	Public Service Commission		38 MoReg 1469		
4 CSR 240-31.120	Public Service Commission		38 MoReg 1470		
4 CSR 240-31.130	Public Service Commission		38 MoReg 1472		
4 CSR 240-120.065	Public Service Commission		38 MoReg 1480		
4 CSR 240-120.085	Public Service Commission		38 MoReg 1481		
4 CSR 240-120.130	Public Service Commission		38 MoReg 1481		
4 CSR 240-123.065	Public Service Commission		38 MoReg 1482		
4 CSR 240-123.070	Public Service Commission		38 MoReg 1483		
4 CSR 240-123.095	Public Service Commission		38 MoReg 1483		
4 CSR 240-125.010	Public Service Commission		38 MoReg 1484		
4 CSR 240-125.040	Public Service Commission		38 MoReg 1484		
4 CSR 240-125.070	Public Service Commission		38 MoReg 1485		

DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

5 CSR 10-1.010	Commissioner of Education		38 MoReg 1527		
5 CSR 10-2.010	Commissioner of Education		38 MoReg 1966		
5 CSR 10-2.020	Commissioner of Education		38 MoReg 1971		
5 CSR 10-2.030	Commissioner of Education		38 MoReg 1971		
5 CSR 20-100.170	Division of Learning Services		38 MoReg 1972R		
5 CSR 20-100.255	Division of Learning Services		37 MoReg 1571	38 MoReg 520F	
5 CSR 20-100.265	Division of Learning Services		38 MoReg 1758		
5 CSR 20-200.290	Division of Learning Services		38 MoReg 1762		
5 CSR 20-200.300	Division of Learning Services		38 MoReg 1762		
5 CSR 20-300.160	Division of Learning Services		38 MoReg 1527		
5 CSR 20-300.170	Division of Learning Services		38 MoReg 1528		
5 CSR 20-300.180	Division of Learning Services		38 MoReg 1531		
5 CSR 20-300.190	Division of Learning Services		38 MoReg 1531		
5 CSR 20-300.200	Division of Learning Services		38 MoReg 1531		
5 CSR 20-400.120	Division of Learning Services		39 MoReg 191R		
5 CSR 20-400.130	Division of Learning Services		39 MoReg 191R		
5 CSR 20-400.140	Division of Learning Services		39 MoReg 192R		
5 CSR 20-400.375	Division of Learning Services		38 MoReg 825		
			38 MoReg 1972		
5 CSR 20-400.500	Division of Learning Services		38 MoReg 1976		
5 CSR 20-400.510	Division of Learning Services		38 MoReg 1977		
5 CSR 20-400.520	Division of Learning Services		38 MoReg 1978		
5 CSR 20-400.530	Division of Learning Services		38 MoReg 1979		
5 CSR 20-400.540	Division of Learning Services		38 MoReg 1981		
5 CSR 20-400.550	Division of Learning Services		38 MoReg 1985		
5 CSR 20-400.560	Division of Learning Services		38 MoReg 1987		
5 CSR 20-400.570	Division of Learning Services		38 MoReg 1992		
5 CSR 20-400.580	Division of Learning Services		38 MoReg 1992		
5 CSR 20-400.590	Division of Learning Services		38 MoReg 1993		
5 CSR 20-400.600	Division of Learning Services		38 MoReg 1994		
5 CSR 20-400.610	Division of Learning Services		38 MoReg 1994		
5 CSR 20-400.620	Division of Learning Services		38 MoReg 1998		
5 CSR 20-400.630	Division of Learning Services		38 MoReg 1998		
5 CSR 20-400.640	Division of Learning Services		38 MoReg 1999		
5 CSR 20-400.650	Division of Learning Services		38 MoReg 2002		
5 CSR 20-400.660	Division of Learning Services		38 MoReg 2003		
5 CSR 20-400.670	Division of Learning Services		38 MoReg 2005		
5 CSR 20-400.680	Division of Learning Services		38 MoReg 2006		
5 CSR 20-400.690	Division of Learning Services		38 MoReg 2007		
5 CSR 20-400.700	Division of Learning Services		38 MoReg 2008		
5 CSR 20-500.120	Division of Learning Services		38 MoReg 1764		
5 CSR 30-640.100	Division of Financial and Administrative Services		38 MoReg 1532R		

DEPARTMENT OF TRANSPORTATION

7 CSR 10-6.010	Missouri Highways and Transportation Commission		38 MoReg 1860		
7 CSR 10-6.015	Missouri Highways and Transportation Commission		38 MoReg 1861		
7 CSR 10-6.020	Missouri Highways and Transportation Commission		38 MoReg 1862		
7 CSR 10-6.030	Missouri Highways and Transportation Commission		38 MoReg 1863		
7 CSR 10-6.040	Missouri Highways and Transportation Commission		38 MoReg 1864		
7 CSR 10-6.050	Missouri Highways and Transportation Commission		38 MoReg 1870		
7 CSR 10-6.060	Missouri Highways and Transportation Commission		38 MoReg 1870		
7 CSR 10-6.070	Missouri Highways and Transportation Commission		38 MoReg 1871		
7 CSR 10-6.080	Missouri Highways and Transportation Commission		38 MoReg 1873		
7 CSR 10-6.085	Missouri Highways and Transportation Commission		38 MoReg 1874		
7 CSR 10-6.090	Missouri Highways and Transportation Commission		38 MoReg 1876		
7 CSR 60-2.010	Traffic and Highway Safety Division	38 MoReg 1591	38 MoReg 1610		
7 CSR 60-2.020	Traffic and Highway Safety Division	38 MoReg 1593	38 MoReg 1611		
7 CSR 60-2.030	Traffic and Highway Safety Division	38 MoReg 1595	38 MoReg 1612		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
7 CSR 60-2.040	Traffic and Highway Safety Division	38 MoReg 1597	38 MoReg 1613		
7 CSR 60-2.050	Traffic and Highway Safety Division	38 MoReg 1600	38 MoReg 1615		
7 CSR 60-2.060	Traffic and Highway Safety Division		38 MoReg 1616		
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS					
8 CSR 10-3.085	Division of Employment Security		38 MoReg 1876		
8 CSR 10-3.150	Division of Employment Security	38 MoReg 1515	38 MoReg 1532	39 MoReg 258	
8 CSR 10-4.020	Division of Employment Security		38 MoReg 1533	39 MoReg 258	
8 CSR 10-4.210	Division of Employment Security	38 MoReg 1516	38 MoReg 1533	39 MoReg 259	
8 CSR 50-2.030	Division of Workers' Compensation		38 MoReg 2087		
DEPARTMENT OF MENTAL HEALTH					
9 CSR 30-2.010	Certification Standards		This Issue		
DEPARTMENT OF NATURAL RESOURCES					
10 CSR 10-3.010	Air Conservation Commission		38 MoReg 1100R	38 MoReg 2045R	
10 CSR 10-5.240	Air Conservation Commission		38 MoReg 1877R		
10 CSR 10-6.010	Air Conservation Commission		38 MoReg 2089		
10 CSR 10-6.020	Air Conservation Commission		38 MoReg 1265	This Issue	
10 CSR 10-6.161	Air Conservation Commission		38 MoReg 1297	This Issue	
10 CSR 10-6.200	Air Conservation Commission		38 MoReg 1382		
			38 MoReg 2008		
10 CSR 20-6.011	Clean Water Commission		38 MoReg 1534		
10 CSR 20-7.015	Clean Water Commission		38 MoReg 913	39 MoReg 259	
10 CSR 20-7.031	Clean Water Commission		38 MoReg 939	39 MoReg 291	
10 CSR 25	Hazardous Waste Management Commission				This Issue
10 CSR 40-6.030	Land Reclamation Commission		38 MoReg 1298	38 MoReg 2045	
10 CSR 40-6.070	Land Reclamation Commission		38 MoReg 1299	38 MoReg 2045	
10 CSR 40-6.100	Land Reclamation Commission		38 MoReg 1300	38 MoReg 2045	
10 CSR 40-8.030	Land Reclamation Commission		38 MoReg 1301	38 MoReg 2046	
10 CSR 40-8.040	Land Reclamation Commission		38 MoReg 1301	38 MoReg 2046	
10 CSR 140-2	Division of Energy				38 MoReg 432 38 MoReg 1431
DEPARTMENT OF PUBLIC SAFETY					
11 CSR 45-4.010	Missouri Gaming Commission		39 MoReg 192		
11 CSR 45-4.020	Missouri Gaming Commission		39 MoReg 192		
11 CSR 45-4.030	Missouri Gaming Commission		39 MoReg 196		
11 CSR 45-4.055	Missouri Gaming Commission		39 MoReg 196		
11 CSR 45-4.190	Missouri Gaming Commission		39 MoReg 196		
11 CSR 45-4.200	Missouri Gaming Commission		39 MoReg 197		
11 CSR 45-4.205	Missouri Gaming Commission		39 MoReg 198R		
11 CSR 45-4.260	Missouri Gaming Commission		39 MoReg 198		
11 CSR 45-4.380	Missouri Gaming Commission		39 MoReg 201		
11 CSR 45-4.390	Missouri Gaming Commission		39 MoReg 201		
11 CSR 45-4.400	Missouri Gaming Commission		39 MoReg 203		
11 CSR 45-4.410	Missouri Gaming Commission		39 MoReg 203		
11 CSR 45-4.420	Missouri Gaming Commission		39 MoReg 204		
11 CSR 45-5.237	Missouri Gaming Commission		38 MoReg 2019		
11 CSR 45-7.170	Missouri Gaming Commission		39 MoReg 204		
11 CSR 45-9.111	Missouri Gaming Commission		38 MoReg 2020		
11 CSR 45-9.113	Missouri Gaming Commission		39 MoReg 204		
11 CSR 45-9.118	Missouri Gaming Commission		39 MoReg 205		
11 CSR 45-9.119	Missouri Gaming Commission		38 MoReg 2022		
11 CSR 45-10.020	Missouri Gaming Commission		39 MoReg 205		
11 CSR 45-13.030	Missouri Gaming Commission		39 MoReg 205		
DEPARTMENT OF REVENUE					
12 CSR 10-2.052	Director of Revenue		38 MoReg 1764	This Issue	
12 CSR 10-23.500	Director of Revenue	38 MoReg 1520	38 MoReg 1550	39 MoReg 164	
12 CSR 10-41.010	Director of Revenue	38 MoReg 1965	38 MoReg 2022		
12 CSR 30-4.010	State Tax Commission		This Issue		
DEPARTMENT OF SOCIAL SERVICES					
13 CSR 35-36.010	Children's Division		38 MoReg 2025		
13 CSR 35-71.010	Children's Division		39 MoReg 206		
13 CSR 35-71.020	Children's Division		39 MoReg 207		
13 CSR 35-71.025	Children's Division		39 MoReg 209		
13 CSR 35-71.030	Children's Division		39 MoReg 210		
13 CSR 35-71.035	Children's Division		39 MoReg 213		
13 CSR 35-71.040	Children's Division		39 MoReg 213		
13 CSR 35-71.045	Children's Division		39 MoReg 214		
13 CSR 35-71.050	Children's Division		39 MoReg 216		
13 CSR 35-71.060	Children's Division		39 MoReg 218		
13 CSR 35-71.070	Children's Division		39 MoReg 220		
13 CSR 35-71.075	Children's Division		39 MoReg 225		
13 CSR 35-71.080	Children's Division		39 MoReg 226		
13 CSR 35-71.090	Children's Division		39 MoReg 228		
13 CSR 35-71.100	Children's Division		39 MoReg 228		
13 CSR 35-71.110	Children's Division		39 MoReg 230		
13 CSR 35-71.120	Children's Division		39 MoReg 231		
13 CSR 35-71.130	Children's Division		39 MoReg 231		
13 CSR 35-71.140	Children's Division		39 MoReg 233		
13 CSR 40-2.010	Family Support Division	This Issue	38 MoReg 1393	39 MoReg 164	
13 CSR 40-7.010	Family Support Division	This Issue	38 MoReg 1394	39 MoReg 164	
13 CSR 40-7.015	Family Support Division	This Issue	38 MoReg 1395	39 MoReg 164	

Rule Number	Agency	Emergency	Proposed	Order	In Addition
13 CSR 40-7.020	Family Support Division	This Issue	38 MoReg 1396	39 MoReg 165	
13 CSR 40-7.030	Family Support Division	This Issue	38 MoReg 1396	39 MoReg 165	
13 CSR 40-7.040	Family Support Division	This Issue	38 MoReg 1397	39 MoReg 165	
13 CSR 40-24.080	Family Support Division		38 MoReg 2026		
13 CSR 40-24.090	Family Support Division		38 MoReg 2032		
13 CSR 40-24.100	Family Support Division		38 MoReg 2035		
13 CSR 40-100.040	Family Support Division	38 MoReg 1601	38 MoReg 1617	39 MoReg 398	
13 CSR 65-2.010	Missouri Medicaid Audit and Compliance		39 MoReg 235		
13 CSR 65-2.020	Missouri Medicaid Audit and Compliance		39 MoReg 238		
13 CSR 65-2.030	Missouri Medicaid Audit and Compliance		39 MoReg 245		
13 CSR 70-3.030	MO Heathcote Division		38 MoReg 1617		
13 CSR 70-3.200	MO HealthNet Division		38 MoReg 1877		
13 CSR 70-4.120	MO HealthNet Division		38 MoReg 1765		
13 CSR 70-10.015	MO HealthNet Division		38 MoReg 1218	38 MoReg 2046	
13 CSR 70-10.016	MO HealthNet Division		38 MoReg 2039		
13 CSR 70-10.030	MO HealthNet Division		39 MoReg 245		
13 CSR 70-10.160	MO HealthNet Division	38 MoReg 1520	38 MoReg 1221	38 MoReg 2046	
13 CSR 70-15.010	MO HealthNet Division	38 MoReg 1215	38 MoReg 1222	38 MoReg 2046	
13 CSR 70-15.030	MO HealthNet Division		38 MoReg 1618		
13 CSR 70-15.110	MO HealthNet Division	38 MoReg 1216	38 MoReg 1226	38 MoReg 2046	
13 CSR 70-15.160	MO HealthNet Division		38 MoReg 1232	38 MoReg 2047	
13 CSR 70-20.031	MO HealthNet Division		38 MoReg 1619		
13 CSR 70-20.032	MO HealthNet Division		38 MoReg 1620		
13 CSR 70-20.050	MO HealthNet Division		38 MoReg 1620		
13 CSR 70-20.060	MO HealthNet Division		38 MoReg 1768		
13 CSR 70-20.071	MO HealthNet Division		38 MoReg 1769		
13 CSR 70-20.200	MO HealthNet Division		38 MoReg 1769		
13 CSR 70-20.250	MO HealthNet Division		38 MoReg 1621		
13 CSR 70-20.300	MO HealthNet Division		38 MoReg 1621		
13 CSR 70-20.310	MO HealthNet Division		38 MoReg 1622		
13 CSR 70-25.120	MO HealthNet Division		38 MoReg 1880		
13 CSR 70-40.010	MO HealthNet Division		38 MoReg 1882		
13 CSR 70-45.010	MO HealthNet Division		38 MoReg 1883		
13 CSR 70-50.010	MO HealthNet Division		38 MoReg 1770		
13 CSR 70-60.010	MO HealthNet Division		38 MoReg 1776		
13 CSR 70-70.010	MO HealthNet Division		38 MoReg 1776		
13 CSR 70-98.015	MO HealthNet Division		38 MoReg 1777		
13 CSR 70-98.020	MO HealthNet Division		38 MoReg 1884		
DEPARTMENT OF CORRECTIONS					
14 CSR 80-5.010	State Board of Probation and Parole		38 MoReg 2043		
14 CSR 80-5.020	State Board of Probation and Parole		38 MoReg 2043		
ELECTED OFFICIALS					
15 CSR 30-15.010	Secretary of State		38 MoReg 1553	39 MoReg 398	
15 CSR 30-15.020	Secretary of State		38 MoReg 1553	39 MoReg 398	
15 CSR 30-50.010	Secretary of State		38 MoReg 835		
			39 MoReg 249		
15 CSR 30-50.040	Secretary of State		38 MoReg 835		
			39 MoReg 249		
15 CSR 30-52.015	Secretary of State		38 MoReg 836		
			39 MoReg 250		
15 CSR 30-52.030	Secretary of State		38 MoReg 836		
			39 MoReg 250		
15 CSR 30-52.275	Secretary of State		38 MoReg 837		
			39 MoReg 251		
15 CSR 30-54.010	Secretary of State		38 MoReg 837		
			39 MoReg 251		
15 CSR 30-54.070	Secretary of State		38 MoReg 837		
			39 MoReg 251		
15 CSR 30-54.150	Secretary of State		38 MoReg 838		
			39 MoReg 252		
15 CSR 30-90.010	Secretary of State	38 MoReg 1522	38 MoReg 1554	39 MoReg 398	
15 CSR 30-90.090	Secretary of State	38 MoReg 1522	38 MoReg 1554	39 MoReg 398	
15 CSR 30-90.170	Secretary of State	38 MoReg 1523	38 MoReg 1555	39 MoReg 398	
RETIREMENT SYSTEMS					
16 CSR 10-1.040	The Public School Retirement System of Missouri		38 MoReg 1232	38 MoReg 2047	
16 CSR 10-3.010	The Public School Retirement System of Missouri		38 MoReg 1233	38 MoReg 2047	
16 CSR 10-4.005	The Public School Retirement System of Missouri		38 MoReg 1234	38 MoReg 2047	
16 CSR 10-5.010	The Public School Retirement System of Missouri		38 MoReg 1235	38 MoReg 2047	
16 CSR 10-6.020	The Public School Retirement System of Missouri		38 MoReg 1235	38 MoReg 2048	
16 CSR 10-6.060	The Public School Retirement System of Missouri		38 MoReg 1237	38 MoReg 2048	
16 CSR 20-2.060	Missouri Local Government Employees' Retirement System (LAGERS)	This Issue	This Issue		
DEPARTMENT OF HEALTH AND SENIOR SERVICES					
19 CSR 25-30.031	State Public Health Laboratory	38 MoReg 1602	38 MoReg 1623	39 MoReg 399	
19 CSR 25-30.050	State Public Health Laboratory	38 MoReg 1604	38 MoReg 1625	39 MoReg 399	

Rule Number	Agency	Emergency	Proposed	Order	In Addition
19 CSR 25-30.051	State Public Health Laboratory		38 MoReg 1625	39 MoReg 399	
19 CSR 25-30.060	State Public Health Laboratory	38 MoReg 1604	38 MoReg 1626	39 MoReg 399	
19 CSR 30-20.070	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.088	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.090	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.094	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.096	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.098	Division of Regulation and Licensure		38 MoReg 1166	38 MoReg 2093	
19 CSR 30-20.104	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.108	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.110	Division of Regulation and Licensure		38 MoReg 1167	38 MoReg 2093	
19 CSR 30-20.112	Division of Regulation and Licensure		38 MoReg 1168	38 MoReg 2093	
19 CSR 30-20.114	Division of Regulation and Licensure		38 MoReg 1168	38 MoReg 2094	
19 CSR 30-20.116	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.118	Division of Regulation and Licensure		38 MoReg 1170	38 MoReg 2094	
19 CSR 30-20.122	Division of Regulation and Licensure		38 MoReg 1170R	38 MoReg 2094R	
19 CSR 30-20.124	Division of Regulation and Licensure		38 MoReg 1171	38 MoReg 2094	
19 CSR 30-20.125	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.136	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.138	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.140	Division of Regulation and Licensure		This Issue		
19 CSR 30-20.142	Division of Regulation and Licensure		38 MoReg 1171	38 MoReg 2095	
19 CSR 30-22.020	Division of Regulation and Licensure		This IssueR		
19 CSR 30-22.030	Division of Regulation and Licensure		This IssueR		
19 CSR 30-24.040	Division of Regulation and Licensure		This IssueR		
DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION					
20 CSR	Applied Behavior Analysis Maximum Benefit				38 MoReg 432
20 CSR	Construction Claims Binding Arbitration Cap				39 MoReg 167
20 CSR	Sovereign Immunity Limits				39 MoReg 167
20 CSR	State Legal Expense Fund Cap				39 MoReg 167
20 CSR 200-2.100	Insurance Solvency and Company Regulation	38 MoReg 1695	38 MoReg 1778		
20 CSR 400-2.160	Life, Annuities and Health		38 MoReg 1555	39 MoReg 399	
20 CSR 400-5.600	Life, Annuities and Health		38 MoReg 1885		
20 CSR 400-11.100	Life, Annuities and Health	38 MoReg 1353	38 MoReg 1397	38 MoReg 2095	
20 CSR 400-11.120	Life, Annuities and Health	38 MoReg 1732	38 MoReg 1816		
20 CSR 400-12.100	Life, Annuities and Health	38 MoReg 1737	38 MoReg 1826		
20 CSR 1140-30.240	Division of Finance		38 MoReg 1628		
20 CSR 2030-2.040	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		38 MoReg 1487	39 MoReg 400	
20 CSR 2030-2.050	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		38 MoReg 1487	39 MoReg 400	
20 CSR 2030-2.060	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		38 MoReg 1487	39 MoReg 400W	
20 CSR 2063-6.005	Behavior Analyst Advisory Board		38 MoReg 1631		
20 CSR 2085-8.070	Board of Cosmetology and Barber Examiners		39 MoReg 68		
20 CSR 2085-12.010	Board of Cosmetology and Barber Examiners		38 MoReg 1637	39 MoReg 400	
20 CSR 2085-12.020	Board of Cosmetology and Barber Examiners		38 MoReg 1637	39 MoReg 401	
20 CSR 2085-13.070	Board of Cosmetology and Barber Examiners		38 MoReg 1638	39 MoReg 401	
20 CSR 2145-1.040	Missouri Board of Geologist Registration		38 MoReg 1114	38 MoReg 2048	
20 CSR 2145-2.020	Missouri Board of Geologist Registration		38 MoReg 1116	38 MoReg 2048	
20 CSR 2145-2.030	Missouri Board of Geologist Registration		38 MoReg 1116	38 MoReg 2048	
20 CSR 2145-2.065	Missouri Board of Geologist Registration		38 MoReg 1117	38 MoReg 2049	
20 CSR 2145-2.080	Missouri Board of Geologist Registration		38 MoReg 1120	38 MoReg 2049	
20 CSR 2165-1.020	Board of Examiners for Hearing Instrument Specialists		38 MoReg 1638	39 MoReg 401	
20 CSR 2165-2.030	Board of Examiners for Hearing Instrument Specialists		38 MoReg 1641	39 MoReg 401	
20 CSR 2200-1.010	State Board of Nursing		38 MoReg 1641	39 MoReg 401	
20 CSR 2200-4.020	State Board of Nursing		38 MoReg 1642	39 MoReg 402	
20 CSR 2200-4.030	State Board of Nursing		38 MoReg 1556	39 MoReg 402	
20 CSR 2205-3.030	Missouri Board of Occupational Therapy		38 MoReg 1303	38 MoReg 2049	
20 CSR 2210-2.030	State Board of Optometry		This Issue		
20 CSR 2220-2.950	State Board of Pharmacy		39 MoReg 73		
20 CSR 2231-2.010	Division of Professional Registration		38 MoReg 1237	38 MoReg 2049	
20 CSR 2231-2.010	Division of Professional Registration		38 MoReg 1643	39 MoReg 402	
20 CSR 2232-1.040	Missouri State Committee of Interpreters		38 MoReg 1409	38 MoReg 2095	
20 CSR 2232-2.010	Missouri State Committee of Interpreters		38 MoReg 1412	38 MoReg 2096	
20 CSR 2232-2.020	Missouri State Committee of Interpreters		38 MoReg 1416	38 MoReg 2096	
20 CSR 2232-2.030	Missouri State Committee of Interpreters		38 MoReg 1420	38 MoReg 2096	
20 CSR 2234-1.010	Board of Private Investigator Examiners		38 MoReg 1643	This Issue	
20 CSR 2234-1.020	Board of Private Investigator Examiners		38 MoReg 1643	This Issue	
20 CSR 2234-1.030	Board of Private Investigator Examiners		38 MoReg 1644	This Issue	
20 CSR 2234-1.040	Board of Private Investigator Examiners		38 MoReg 1644	This Issue	
20 CSR 2234-1.050	Board of Private Investigator Examiners		38 MoReg 1645	This Issue	
20 CSR 2234-2.010	Board of Private Investigator Examiners		38 MoReg 1649	This Issue	
20 CSR 2234-2.015	Board of Private Investigator Examiners		38 MoReg 1649	This Issue	
20 CSR 2234-2.020	Board of Private Investigator Examiners		38 MoReg 1654	This Issue	

Rule Number	Agency	Emergency	Proposed	Order	In Addition
20 CSR 2234-2.030	Board of Private Investigator Examiners		38 MoReg 1654	This Issue	
20 CSR 2234-2.040	Board of Private Investigator Examiners		38 MoReg 1654	This Issue	
20 CSR 2234-3.010	Board of Private Investigator Examiners		38 MoReg 1658	This Issue	
20 CSR 2234-3.020	Board of Private Investigator Examiners		38 MoReg 1658	This Issue	
20 CSR 2234-3.030	Board of Private Investigator Examiners		38 MoReg 1659	This Issue	
20 CSR 2234-3.040	Board of Private Investigator Examiners		38 MoReg 1659	This Issue	
20 CSR 2234-3.070	Board of Private Investigator Examiners		38 MoReg 1659	This Issue	
20 CSR 2234-4.010	Board of Private Investigator Examiners		38 MoReg 1660R	This IssueR	
20 CSR 2234-4.020	Board of Private Investigator Examiners		38 MoReg 1660R	This IssueR	
20 CSR 2234-4.030	Board of Private Investigator Examiners		38 MoReg 1660R	This IssueR	
20 CSR 2234-4.040	Board of Private Investigator Examiners		38 MoReg 1660R	This IssueR	
20 CSR 2234-4.050	Board of Private Investigator Examiners		38 MoReg 1661R	This IssueR	
20 CSR 2234-6.010	Board of Private Investigator Examiners		38 MoReg 1661	This Issue	
20 CSR 2234-7.010	Board of Private Investigator Examiners		38 MoReg 1665	This Issue	
20 CSR 2235-1.020	State Committee of Psychologists		38 MoReg 1175	38 MoReg 2050	
20 CSR 2235-1.025	State Committee of Psychologists		38 MoReg 1179	38 MoReg 2050	
20 CSR 2235-1.026	State Committee of Psychologists		38 MoReg 1179	38 MoReg 2050	
20 CSR 2235-1.030	State Committee of Psychologists		38 MoReg 1179R	38 MoReg 2051R	
			38 MoReg 1180	38 MoReg 2051	
20 CSR 2235-2.060	State Committee of Psychologists		38 MoReg 1182	38 MoReg 2051	
20 CSR 2235-2.065	State Committee of Psychologists		38 MoReg 1182	38 MoReg 2051	
20 CSR 2245-1.010	Real Estate Appraisers		38 MoReg 1303	38 MoReg 2052	
20 CSR 2245-3.005	Real Estate Appraisers		38 MoReg 1304	38 MoReg 2052	
20 CSR 2245-3.010	Real Estate Appraisers		38 MoReg 1304	38 MoReg 2052	
20 CSR 2245-6.040	Real Estate Appraisers		38 MoReg 1305	38 MoReg 2052	
20 CSR 2245-8.010	Real Estate Appraisers		38 MoReg 1305	38 MoReg 2052	
20 CSR 2245-8.030	Real Estate Appraisers		38 MoReg 1306	38 MoReg 2052	

MISSOURI CONSOLIDATED HEALTH CARE PLAN

22 CSR 10-1.010	Health Care Plan		39 MoReg 73		
22 CSR 10-1.020	Health Care Plan		39 MoReg 73		
22 CSR 10-2.010	Health Care Plan	39 MoReg 5	39 MoReg 74		
22 CSR 10-2.020	Health Care Plan	39 MoReg 7	39 MoReg 75		
22 CSR 10-2.030	Health Care Plan	39 MoReg 13	39 MoReg 81		
22 CSR 10-2.045	Health Care Plan	39 MoReg 15	39 MoReg 83		
22 CSR 10-2.051	Health Care Plan	39 MoReg 16	39 MoReg 84		
22 CSR 10-2.052	Health Care Plan	39 MoReg 17	39 MoReg 87		
22 CSR 10-2.053	Health Care Plan	39 MoReg 18	39 MoReg 89		
22 CSR 10-2.054	Health Care Plan	39 MoReg 20R	39 MoReg 92R		
22 CSR 10-2.055	Health Care Plan	39 MoReg 20R	39 MoReg 92R		
		39 MoReg 21	39 MoReg 92		
22 CSR 10-2.060	Health Care Plan	39 MoReg 31	39 MoReg 105		
22 CSR 10-2.070	Health Care Plan	39 MoReg 33	39 MoReg 106		
22 CSR 10-2.075	Health Care Plan	39 MoReg 34	39 MoReg 107		
22 CSR 10-2.089	Health Care Plan	39 MoReg 36	39 MoReg 109		
22 CSR 10-2.090	Health Care Plan	39 MoReg 38	39 MoReg 113		
22 CSR 10-2.094	Health Care Plan	38 MoReg 1524	38 MoReg 1557	This Issue	
22 CSR 10-2.110	Health Care Plan		39 MoReg 115		
22 CSR 10-2.120	Health Care Plan	38 MoReg 1525	38 MoReg 1559	This Issue	
22 CSR 10-2.130	Health Care Plan	38 MoReg 1359R	38 MoReg 1420R	38 MoReg 2096R	
22 CSR 10-2.140	Health Care Plan	39 MoReg 41	39 MoReg 116		
22 CSR 10-3.010	Health Care Plan	39 MoReg 42	39 MoReg 119		
22 CSR 10-3.020	Health Care Plan	39 MoReg 42	39 MoReg 119		
22 CSR 10-3.045	Health Care Plan	39 MoReg 44	39 MoReg 120		
22 CSR 10-3.053	Health Care Plan	39 MoReg 45	39 MoReg 121		
22 CSR 10-3.054	Health Care Plan	39 MoReg 46R	39 MoReg 125R		
22 CSR 10-3.055	Health Care Plan	39 MoReg 46	39 MoReg 125		
22 CSR 10-3.056	Health Care Plan	39 MoReg 48	39 MoReg 126		
22 CSR 10-3.057	Health Care Plan	39 MoReg 48R	39 MoReg 128R		
		39 MoReg 49	39 MoReg 128		
22 CSR 10-3.060	Health Care Plan	39 MoReg 59	39 MoReg 141		
22 CSR 10-3.075	Health Care Plan	39 MoReg 61	39 MoReg 142		
22 CSR 10-3.090	Health Care Plan	39 MoReg 64	39 MoReg 145		
22 CSR 10-3.130	Health Care Plan	38 MoReg 1359R	38 MoReg 1423R	38 MoReg 2096R	

Agency	Publication	Effective	Expiration
Department of Economic Development			
Division of Business and Community Services			
4 CSR 85-8.010	Definitions . . . . .	.38 MoReg 1925	Nov. 7, 2013 .Term. Jan 16, 2014
4 CSR 85-8.020	Program Administration . . . . .	.38 MoReg 1934	Nov. 7, 2013 .Term. Jan 16, 2014
4 CSR 85-8.030	Tax Credit Accountability Act Compliance . . . . .	.38 MoReg 1934	Nov. 7, 2013 .Term. Jan 16, 2014
4 CSR 85-9.010	Definitions . . . . .	.38 MoReg 1935	Nov. 7, 2013 .Term. Jan 16, 2014
4 CSR 85-9.020	Application Process . . . . .	.38 MoReg 1936	Nov. 7, 2013 .Term. Jan 16, 2014
4 CSR 85-9.030	Project Proposal . . . . .	.38 MoReg 1937	Nov. 7, 2013 .Term. Jan 16, 2014
4 CSR 85-9.040	Event Notification . . . . .	.38 MoReg 1947	Nov. 7, 2013 .Term. Jan 16, 2014
4 CSR 85-9.050	Final Application . . . . .	.38 MoReg 1954	Nov. 7, 2013 .Term. Jan 16, 2014
Department of Transportation			
Traffic and Highway Safety Division			
7 CSR 60-2.010	Definitions . . . . .	.38 MoReg 1591	Oct. 1, 2013 . . .March 29, 2014
7 CSR 60-2.020	Approval Procedure . . . . .	.38 MoReg 1593	Oct. 1, 2013 . . .March 29, 2014
7 CSR 60-2.030	Standards and Specifications . . . . .	.38 MoReg 1595	Oct. 1, 2013 . . .March 29, 2014
7 CSR 60-2.040	Responsibilities of Authorized Service Providers . . . . .	.38 MoReg 1597	Oct. 1, 2013 . . .March 29, 2014
7 CSR 60-2.050	Breath Alcohol Ignition Interlock Device Security . . . . .	.38 MoReg 1600	Oct. 1, 2013 . . .March 29, 2014
Department of Labor and Industrial Relations			
Division of Employment Security			
8 CSR 10-3.150	Fraud Penalties on Federal and State Benefits . . . . .	.38 MoReg 1515	Oct. 1, 2013 . . .March 29, 2014
8 CSR 10-4.210	Prohibition on the Non-Charging Benefits . . . . .	.38 MoReg 1516	Oct. 1, 2013 . . .March 29, 2014
Department of Public Safety			
Office of the Director			
11 CSR 30-15.010	Format for Concealed Carry Permits . . . . .	.38 MoReg 1351	Aug. 28, 2013Feb. 27, 2014
Peace Officer Standards and Training Program			
11 CSR 75-17.010	Minimum Training Standards for School Protection Officer Training Centers . . . . .	.38 MoReg 1517	Sept. 2, 2013Feb. 28, 2014
11 CSR 75-17.020	Minimum Training Standards for School Protection Officer Training Instructors . . . . .	.38 MoReg 1518	Sept. 2, 2013Feb. 28, 2014
11 CSR 75-17.030	Minimum Training Standards for School Protection Officers . . . . .	.38 MoReg 1518	Sept. 2, 2013Feb. 28, 2014
11 CSR 75-17.040	Minimum Continuing Education Training Standards for School Protection Officers . . . . .	.38 MoReg 1519	Sept. 2, 2013Feb. 28, 2014
Department of Revenue			
Director of Revenue			
12 CSR 10-23.500	Optional Second Plate for Commercial Motor Vehicles . . . . .	.38 MoReg 1520	Aug. 29, 2013Feb. 27, 2014
12 CSR 10-41.010	Annual Adjusted Rate of Interest . . . . .	.38 MoReg 1965	Jan. 1, 2014June 29, 2014
Department of Social Services			
Family Support Division			
13 CSR 40-2.010	General Application Procedures	This Issue	Jan. 1, 2014Feb. 28, 2014
13 CSR 40-7.010	Scope and Definitions	This Issue	Jan. 1, 2014Feb. 28, 2014
13 CSR 40-7.015	Application Procedure for Family MO HealthNet Programs and the Children’s Health Insurance Program (CHIP)	This Issue	Jan. 1, 2014Feb. 28, 2014
13 CSR 40-7.020	Household Composition	This Issue	Jan. 1, 2014Feb. 28, 2014
13 CSR 40-7.030	Calculation of Modified Adjusted Gross Income (MAGI)	This Issue	Jan. 1, 2014Feb. 28, 2014
13 CSR 40-7.040	Verification Procedures	This Issue	Jan. 1, 2014Feb. 28, 2014
13 CSR 40-100.040	State Directory of New Hires . . . . .	.38 MoReg 1601	Sept. 26, 2013 . . .March 24, 2014
MO HealthNet Division			
13 CSR 70-10.160	Public/Private Long-Term Care Services and Supports Partnership Supplemental Payment to Nursing Facilities . . . . .	.38 MoReg 1520	Sept. 7, 2013March 5, 2014

Agency	Publication	Effective	Expiration
Elected Officials			
Secretary of State			
15 CSR 30-90.010	Definitions . . . . .	.38 MoReg 1522	Aug. 28, 2013Feb. 27, 2014
15 CSR 30-90.090	Refusal to File; Cancellation; Defects in Filing . . . . .	.38 MoReg 1522	Aug. 28, 2013Feb. 27, 2014
15 CSR 30-90.170	Status of Parties upon Filing an Information Statement . . . . .	.38 MoReg 1523	Aug. 28, 2013Feb. 27, 2014
Retirement Systems			
Missouri Local Government Employees' Retirement System (LAGERS)			
16 CSR 20-2.060	Correction of Errors . . . . .	.This Issue	Jan. 2, 2014June 30, 2014
Department of Health and Senior Services			
State Public Health Laboratory			
19 CSR 25-30.031	Type II Permits . . . . .	.38 MoReg 1602	Sept. 15, 2013March 13, 2014
19 CSR 25-30.050	Approved Breath Analyzers . . . . .	.38 MoReg 1604	Sept. 15, 2013March 13, 2014
19 CSR 25-30.060	Operating Procedures for Breath Analyzers . . . . .	.38 MoReg 1604	Sept. 15, 2013March 13, 2014
Department of Insurance, Financial Institutions and Professional Registration			
Financial Examination			
20 CSR 200-2.100	Credit for Reinsurance . . . . .	.38 MoReg 1695	Jan. 1, 2014June 29, 2014
Life, Annuities and Health			
20 CSR 400-11.120	Continuing Education for Individual Navigators . . . . .	.38 MoReg 1732	Sept. 30, 2013March 28, 2014
20 CSR 400-12.100	Missouri Health Insurance Pool Transitional Plan of Operation . . . . .	.38 MoReg 1737	Sept. 30, 2013March 28, 2014
Missouri State Board of Accountancy			
20 CSR 2010-2.160	Fees . . . . .	.38 MoReg 1159	June 28, 2013Feb. 27, 2014
Missouri Consolidated Health Care Plan			
Health Care Plan			
22 CSR 10-2.010	Definitions . . . . .	.39 MoReg 5	Jan. 1, 2014June 29, 2014
22 CSR 10-2.020	General Membership Provisions . . . . .	.39 MoReg 6	Jan. 1, 2014June 29, 2014
22 CSR 10-2.030	Contributions . . . . .	.39 MoReg 13	Jan. 1, 2014June 29, 2014
22 CSR 10-2.045	Plan Utilization Review Policy . . . . .	.39 MoReg 15	Jan. 1, 2014June 29, 2014
22 CSR 10-2.051	PPO 300 Plan Benefit Provisions and Covered Charges . . . . .	.39 MoReg 16	Jan. 1, 2014June 29, 2014
22 CSR 10-2.052	PPO 600 Plan Benefit Provisions and Covered Charges . . . . .	.39 MoReg 17	Jan. 1, 2014June 29, 2014
22 CSR 10-2.053	High Deductible Health Plan Benefit Provisions and Covered Charges . . . . .	.39 MoReg 18	Jan. 1, 2014June 29, 2014
22 CSR 10-2.054	Medicare Supplement Plan Benefit Provisions and Covered Charges . . . . .	.39 MoReg 20	Jan. 1, 2014June 29, 2014
22 CSR 10-2.055	Medical Plan Benefit Provisions and Covered Charges . . . . .	.39 MoReg 20	Jan. 1, 2014June 29, 2014
22 CSR 10-2.055	Medical Plan Benefit Provisions and Covered Charges . . . . .	.39 MoReg 21	Jan. 1, 2014June 29, 2014
22 CSR 10-2.060	PPO 300 Plan, PPO 600 Plan, and HDHP Limitations . . . . .	.39 MoReg 31	Jan. 1, 2014June 29, 2014
22 CSR 10-2.070	Coordination of Benefits . . . . .	.39 MoReg 33	Jan. 1, 2014June 29, 2014
22 CSR 10-2.075	Review and Appeals Procedure . . . . .	.39 MoReg 34	Jan. 1, 2014June 29, 2014
22 CSR 10-2.089	Pharmacy Employer Group Waiver Plan for Medicare Primary Members . . . . .	.39 MoReg 36	Jan. 1, 2014June 29, 2014
22 CSR 10-2.090	Pharmacy Benefit Summary . . . . .	.39 MoReg 38	Jan. 1, 2014June 29, 2014
22 CSR 10-2.094	Tobacco-Free Incentive Provisions and Limitations . . . . .	.38 MoReg 1524	Oct. 1, 2013March 29, 2014
22 CSR 10-2.120	Wellness Program . . . . .	.38 MoReg 1525	Oct. 1, 2013March 29, 2014
22 CSR 10-2.130	Additional Plan Options . . . . .	.38 MoReg 1359	July 26, 2013Jan. 21, 2014
22 CSR 10-2.140	Wellness Center Provisions, Charges, and Services . . . . .	.39 MoReg 41	Jan. 1, 2014June 29, 2014
22 CSR 10-3.010	Definitions . . . . .	.39 MoReg 42	Jan. 1, 2014June 29, 2014
22 CSR 10-3.020	General Membership Provisions . . . . .	.39 MoReg 42	Jan. 1, 2014June 29, 2014
22 CSR 10-3.045	Plan Utilization Review Policy . . . . .	.39 MoReg 44	Jan. 1, 2014June 29, 2014
22 CSR 10-3.053	PPO 1000 Plan Benefit Provisions and Covered Charges . . . . .	.39 MoReg 45	Jan. 1, 2014June 29, 2014
22 CSR 10-3.054	PPO 2000 Plan Benefit Provisions and Covered Charges . . . . .	.39 MoReg 46	Jan. 1, 2014June 29, 2014
22 CSR 10-3.055	High Deductible Health Plan Provisions and Covered Charges . . . . .	.39 MoReg 46	Jan. 1, 2014June 29, 2014
22 CSR 10-3.056	PPO 600 Plan Benefit Provisions and Covered Charges . . . . .	.39 MoReg 48	Jan. 1, 2014June 29, 2014

Agency		Publication	Effective	Expiration
22 CSR 10-3.057	Medical Plan Benefit Provisions and Covered Charges . . .	.39 MoReg 48	Jan. 1, 2014	June 29, 2014
22 CSR 10-3.057	Medical Plan Benefit Provisions and Covered Charges . . .	.39 MoReg 49	Jan. 1, 2014	June 29, 2014
22 CSR 10-3.060	PPO 600, PPO 1000 Plan, and HDHP Limitations . . . . .	.39 MoReg 59	Jan. 1, 2014	June 29, 2014
22 CSR 10-3.075	Review and Appeals Procedure . . . . .	.39 MoReg 61	Jan. 1, 2014	June 29, 2014
22 CSR 10-3.090	Pharmacy Benefit Summary . . . . .	.39 MoReg 64	Jan. 1, 2014	June 29, 2014
22 CSR 10-3.130	Additional Plan Options . . . . .	.38 MoReg 1359	July 26, 2013	Jan. 21, 2014

Executive Orders	Subject Matter	Filed Date	Publication
2014			
14-01	Creates the Missouri Military Partnership to protect, retain, and enhance the Department of Defense activities in the state of Missouri.	Jan. 10, 2014	Next Issue
2013			
13-14	Orders the Missouri Department of Revenue to follow sections 143.031.1 and 143.091, RSMo, and require all taxpayers who properly file a joint federal income tax return to file a combined state income tax return.	Nov. 14, 2013	38 MoReg 2085
13-13	Advises that state offices will be closed on Friday November 29, 2013.	Nov. 1, 2013	38 MoReg 1859
13-12	Activates the state militia in response to the heavy rains, flooding, and flash flooding that began on Aug. 2, 2013.	Aug. 7, 2013	38 MoReg 1459
13-11	Declares a state of emergency and activates the Missouri State Operation Plan due to heavy rains, flooding, and flash flooding.	Aug. 6, 2013	38 MoReg 1457
13-10	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
13-09	Designates members of the governor's staff to have supervisory authority over certain departments, divisions, and agencies.	May 3, 2013	38 MoReg 879
13-08	Activates the state militia in response to severe weather that began on April 16, 2013.	April 19, 2013	38 MoReg 823
13-07	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
13-06	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
13-05	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
13-04	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
13-03	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
13-02	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
13-01	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

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

ADMINISTRATION, OFFICE OF

commissioner of administration
Missouri accountability portal; 1 CSR 10-7.010; 11/1/13
personnel advisory board and division of personnel
definitions of terms; 1 CSR 20-5.015; 10/15/13
leaves of absence; 1 CSR 20-5.020; 10/15/13
state official's salary compensation schedule; 1 CSR 10; 12/2/13

AGRICULTURE

animal health
inspection of meat and poultry; 2 CSR 30-10.010; 1/2/14
movement of livestock, poultry, and exotic animals within
Missouri; 2 CSR 30-2.020; 9/3/13, 2/3/14
state milk board
inspection fees; 2 CSR 80-5.010; 9/3/13, 1/15/14
inspection frequency and procedure; 2 CSR 80-2.050; 9/3/13,
1/15/14
weights and measures
quality standards for motor fuels; 2 CSR 90-30.040; 7/1/13

AIR QUALITY, AIR POLLUTION CONTROL

additional air quality control measures may be required when
sources are clustered in a small land area; 10 CSR 10-
5.240; 11/15/13
ambient air quality standards; 10 CSR 10-6.010; 12/16/13
auto exhaust emission control; 10 CSR 10-3.010; 7/1/13, 12/2/13
commercial and industrial solid waste incinerators; 10 CSR 10-
6.161; 8/15/13, 2/3/14
definitions and common reference tables; 10 CSR 10-6.020;
8/15/13, 2/3/14
hospital, medical, infection waste incinerators; 10 CSR 10-6.200;
9/3/13, 12/2/13

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

guidelines for acceptable standard of care; 20 CSR 2030-2.060;
9/16/13, 1/15/14
standard of care when evaluating criteria for building design; 20
CSR 2030-2.040; 9/16/13, 1/15/14
title block; 20 CSR 2030-2.050; 9/16/13, 1/15/14

BEHAVIOR ANALYST ADVISORY BOARD

ethical rules of conduct; 20 CSR 2063-6.005; 10/15/13

**BREATH ALCOHOL IGNITION INTERLOCK DEVICE
CERTIFICATION AND OPERATIONAL REQUIREMENTS**

approval procedure; 7 CSR 60-2.020; 4/15/13
breath alcohol ignition interlock device security; 7 CSR 60-2.050;
4/15/13
definitions; 7 CSR 60-2.010; 4/15/13
responsibilities of authorized service providers; 7 CSR 60-2.040;
4/15/13
standards and specifications; 7 CSR 60-2.030; 4/15/13
suspension or revocation of approval of a device; 7 CSR 60-2.060;
4/15/13

BUSINESS AND COMMUNITY SERVICES, DIVISION OF

application process; 4 CSR 85-9.020; 12/2/13
definitions
4 CSR 85-8.010; 12/2/13
4 CSR 85-9.010; 12/2/13
event notification; 4 CSR 85-9.040; 12/2/13
final application; 4 CSR 85-9.050; 12/2/13
project proposal; 4 CSR 85-9.030; 12/2/13
program administration; 4 CSR 85-8.020; 12/2/13
tax credit accountability act compliance; 4 CSR 85-8.030; 12/2/13

CERTIFICATE OF NEED PROGRAM

application review schedule; 19 CSR 60-50; 12/2/13, 1/2/14

CHILDREN'S DIVISION

alternative care review board; 13 CSR 35-36.010; 12/2/13
basic residential treatment for children and youth core requirements
(applicable to all agencies)-basis for licensure and licens-
ing procedures; 13 CSR 35-71.020; 1/15/14
buildings, grounds, and equipment; 13 CSR 35-71.080; 1/15/14
child care program; 13 CSR 35-71.110; 1/15/14
court review and dispositional hearing; 13 CSR 35-71.030; 1/15/14
definitions; 13 CSR 35-71.010; 1/15/14
exemptions of religious residential treatment for children and youth
operating sites; 13 CSR 35-71.025; 1/15/14
hand-up pilot program; 13 CSR 35-32.040; 6/3/13, 10/1/13
health care; 13 CSR 35-71.075; 1/15/14
hearings and judicial review; 13 CSR 35-71.035; 1/15/14
organization and administration; 13 CSR 35-71.040; 1/15/14
personnel; 13 CSR 35-71.045; 1/15/14
protection and care of the child; 13 CSR 35-71.070; 1/15/14
record keeping; 13 CSR 35-71.090; 1/15/14
social services program; 13 CSR 35-71.060; 1/15/14
specialized standards for intensive residential treatment for children
and youth; 13 CSR 35-71.140; 1/15/14
specialized standards-residential treatment for children and youth;
13 CSR 35-71.130; 1/15/14
specific rules for basic care agencies providing care for infant, tod-
dler, or preschool age children (birth through age six); 13
CSR 35-71.100; 1/15/14
specific rules for residential treatment agencies for children and
youth providing maternity care; 13 CSR 35-71.120;
1/15/14
staff qualifications and requirements; 13 CSR 35-71.050; 1/15/14

CLEAN WATER COMMISSION

effluent regulations; 10 CSR 20-7.015; 6/17/13, 1/15/14
fees; 10 CSR 20-6.011; 10/1/13
water quality standards; 10 CSR 20-7.031; 6/17/13, 1/15/14

CONSERVATION, DEPARTMENT OF

bullfrogs and green frogs; 3 CSR 10-12.115; 11/1/13, 1/15/14
channel catfish, blue catfish, flathead catfish; 3 CSR 10-6.510; 3
CSR 10-6.510; 11/1/13, 1/15/14
commercial deer processing: permit, privileges, requirements; 3
CSR 10-10.744; 11/1/13, 1/15/14
commercialization; 3 CSR 10-10.705; 11/1/13, 1/15/14, 1/15/14
deer
firearms hunting season; 3 CSR 10-7.433; 11/1/13, 1/15/14
hunting seasons; general provisions; 3 CSR 10-7.431; 11/1/13,
1/15/14
dove hunting; 3 CSR 10-11.185; 11/1/13, 1/15/14
falconry; 3 CSR 10-9.442; 11/1/13, 1/15/14
fishing
daily and possession limits; 3 CSR 10-12.140; 11/1/13,
1/15/14
length limits; 3 CSR 10-12.145; 11/1/13, 1/15/14
methods; 3 CSR 10-12.135; 11/1/13, 1/15/14
methods and hours; 3 CSR 10-11.205; 11/1/13, 1/15/14
general prohibition: applications; 3 CSR 10-9.110; 11/1/13, 1/15/14
general provisions; 3 CSR 10-9.105; 11/1/13, 1/15/14
hunting
and trapping; 3 CSR 10-12.125; 11/1/13, 1/15/14
general provisions and seasons; 3 CSR 10-11.180; 11/1/13,
1/15/14
methods; 3 CSR 10-7.410; 11/1/13, 1/15/14

migratory game birds and waterfowl; seasons, limits; 3 CSR 10-7.440; 11/1/13, 1/15/14
monetary values established for fish and wildlife; 3 CSR 10-3.010; 11/1/13, 1/15/14
other fish; 3 CSR 10-6.550; 11/1/13, 1/15/14
owner may protect property; public safety; 3 CSR 10-4.130; 11/1/13, 1/15/14
quail hunting; 3 CSR 10-11.184; 11/1/13, 1/15/14
turkeys: seasons, methods, limits; 3 CSR 10-7.455; 1/15/14
trout permit; 3 CSR 10-5.430; 11/1/13, 1/15/14
use of boats and motors; 3 CSR 10-12.110; 11/1/13, 1/15/14
vehicles, bicycles, horses, and horseback riding; 3 CSR 10-11.130; 11/1/13, 1/15/14
white bass, yellow bass, striped bass; 3 CSR 10-6.545; 11/1/13, 1/15/14

COSMETOLOGY AND BARBER EXAMINERS, BOARD OF

crossover schools; 20 CSR 2085-13.070; 10/15/13, 1/15/14
general rules and application requirements for all schools; 20 CSR 2085-12.010; 10/15/13, 1/15/14
instructor renewal and inactive license requirements; 20 CSR 2085-8.070; 1/2/14
specific requirements for barber schools; 20 CSR 2085-12.020; 10/15/13, 1/15/14

ELECTIONS

initiative, referendum, new party and independent candidate petitions Missouri Voter Registration System option; 15 CSR 30-15.030; 9/16/13, 1/2/14
processing procedures for initiative, referendum, new party and independent candidate petitions; 15 CSR 30-15.020; 10/1/13, 1/15/14
signature verification procedures for initiative, referendum, new party and independent petitions; 15 CSR 30-15.010; 10/1/13, 1/15/14

ELEMENTARY AND SECONDARY EDUCATION, DEPARTMENT OF

administrative appeal procedure for applicants denied certification; 5 CSR 20-400.120; 1/15/14
administrative procedures for recertifying teachers whose certificates have been revoked by a certifying authority other than the state board of education; 5 CSR 20-400.140; 1/15/14
administrative procedures for recertifying teachers whose certificates have been revoked by the state board of education; 5 CSR 20-400.130; 1/15/14
application for certificate of license to teach; 5 CSR 20-400.500; 12/2/13
approval of eligible employees; 5 CSR 20-300.190; 10/1/13
certification requirements for teacher of
adult education and literacy; 5 CSR 20-400.700; 12/2/13
career continuous administrator certificate; 5 CSR 20-400.630; 12/2/13
career continuous career education certificate; 5 CSR 20-400.690; 12/2/13
career continuous student services certificate; 5 CSR 20-400.650; 12/2/13
career education (postsecondary) certificates; 5 CSR 20-400.670; 12/2/13
career education (secondary) certificates; 5 CSR 20-400.660; 12/2/13
career education (secondary/postsecondary) certificates; 5 CSR 20-400.680; 12/2/13
early childhood education (birth-pre-kindergarten); 5 CSR 20-400.510; 12/2/13
elementary education (grades K-6); 5 CSR 20-400.520; 12/2/13

English for speakers of other languages (grades K-12); 5 CSR 20-400.570; 12/2/13
gifted education (grades K-12); 5 CSR 20-400.580; 12/2/13
initial administrator certificate; 5 CSR 20-400.610; 12/2/13
initial student services certificate; 5 CSR 20-400.640; 12/2/13
K-12 education; 5 CSR 20-400.550; 12/2/13
mathematics specialists (grades 1-6); 5 CSR 20-400.590; 12/2/13
middle school education (grades 5-9); 5 CSR 20-400.530; 12/2/13
secondary education (grades 9-12); 5 CSR 20-400.540; 12/2/13
special education; 5 CSR 20-400.560; 12/2/13
special reading (grades K-12); 5 CSR 20-400.600; 12/2/13
transition administrator certificate; 5 CSR 20-400.620; 12/2/13
charter school closure; 5 CSR 20-100.265; 11/1/13
definitions; 5 CSR 20-500.120; 11/1/13
disbursement of funds; 5 CSR 20-300.200; 10/1/13
districts effectively evaluating educators; 5 CSR 20-400.375; 6/3/13, 12/2/13
eligibility for scholarships; 5 CSR 10-2.030; 12/2/13
establishment of sheltered workshops; 5 CSR 20-300.160; 10/1/13
general department organization; 5 CSR 10-1.010; 10/1/13
Missouri school improvement program; 5 CSR 20-100.170; 12/2/13
operation of extended employment sheltered workshops; 5 CSR 20-300.170; 10/1/13
physical fitness challenge/assessment "Cade's Law"; 5 CSR 20-200.290; 11/1/13
rebuild Missouri schools program; 5 CSR 30-640.100; 10/1/13
renewal or revocation of a certificate of authority; 5 CSR 20-300.180; 10/1/13
scholarship granting organizations; 5 CSR 10-2.010; 12/2/13
scholarships; 5 CSR 10-2.020; 12/2/13
training of school employees in the care needed for students with diabetes; 5 CSR 20-200.300; 11/1/13

ENERGY, DIVISION OF

definitions and general provisions; 10 CSR 140-5.010; 7/1/13, 10/15/13

EXAMINERS FOR HEARING INSTRUMENT SPECIALISTS, BOARD OF

fees; 20 CSR 2165-1.020; 10/15/13, 1/15/14
licensure by examination; 20 CSR 2165-2.030; 10/15/13, 1/15/14

EXECUTIVE ORDERS

orders the Missouri Department of Revenue to follow sections 143.031.1 and 143.091, RSMo, and require all taxpayers who properly file a joint federal income tax return to file a combined state income tax return; 13-14; 12/16/13

FAMILY SUPPORT DIVISION

child support program, general administration
state directory of new hires; 13 CSR 40-100.040; 10/15/13, 1/15/14
community programs
formula for the distribution of community service block grant funds to community action agencies; 13 CSR 40-24.080; 12/2/13
supplemental funding formula for community action agencies to administer the CSBG program; 13 CSR 40-24.090; 12/2/13
use of community service block grant discretionary funds; 13 CSR 40-24.100; 12/2/13
family healthcare
application procedure for family MO HealthNet programs and Children's Health Insurance program (CHIP); 13 CSR 40-7.015; 9/3/13, 1/2/14, 2/3/14
calculation of modified adjusted gross income (MAGI); 13 CSR 40-7.030; 9/3/13, 1/2/14, 2/3/14

household composition; 13 CSR 40-7.020; 9/3/13, 1/2/14, 2/3/14
 scope and definition; 13 CSR 40-7.010; 9/3/13, 1/2/14, 2/3/14
 verification procedures; 13 CSR 40-7.040; 9/3/13, 1/2/14, 2/3/14
 income maintenance
 general application procedures; 13 CSR 40-2.010; 9/3/13, 1/2/14, 2/3/14

FINANCE, DIVISION OF

operations and supervision of residential mortgage loan brokers; 20 CSR 1140-30.240; 10/15/13

GAMING COMMISSION, MISSOURI

access to areas of class B licensee facilities; 11 CSR 45-7.170; 1/15/14
 affiliate supplier's license; 11 CSR 45-4.205; 1/15/14
 application for class A or class B license; 11 CSR 45-4.030; 1/15/14
 application period and fees for a class A and class B license; 11 CSR 45-4.055 1/15/14
 identification badge requirements; 11 CSR 45-4.410; 1/15/14
 licensee performance of duties; 11 CSR 45-4.400; 1/15/14
 licensee's and applicant's duty to disclose changes in information; 11 CSR 45-10.020; 1/15/14
 license renewal and continuing suitability requirement; 11 CSR 45-4.190; 1/15/14
 licenses, restrictions on licenses, licensing authority for the executive director, and other definitions; 11 CSR 45-4.020; 1/15/14
 minimum internal control standards (MICS)
 chapter K; 11 CSR 45-9.111; 12/2/13
 chapter M; 11 CSR 45-9.113; 1/15/14
 chapter R; 11 CSR 45-9.118; 1/15/14
 chapter S; 11 CSR 45-9.119; 12/2/13
 occupational and key person/key business entity license application and annual fees; 11 CSR 45-4.380; 1/15/14
 occupational license; 11 CSR 45-4.420; 1/15/14
 occupational license renewal; 11 CSR 45-4.390; 1/15/14
 occupational licenses for class A, class B, and suppliers; 11 CSR 45-4.260; 1/15/14
 requests for hearings; 11 CSR 45-13.030; 1/15/14
 types of licenses; 11 CSR 45-4.010; 1/15/14
 shipping of electronic gaming devices, gaming equipment, or supplies; 11 CSR 45-5.237; 12/2/13
 supplier's license; 11 CSR 45-4.200; 1/15/14

GEOLOGIST REGISTRATION, MISSOURI BOARD OF

educational requirements; 20 CSR 2145-2.020; 7/1/13, 12/2/13
 fees; 20 CSR 2145-1.040; 7/1/13, 12/2/13
 post-baccalaureate experience in geology; 20 CSR 2145-2.030; 7/1/13, 12/2/13
 renewal of license; 20 CSR 2145-2.080; 7/1/13, 12/2/13
 temporary courtesy license; 20 CSR 2145-2.065; 7/1/13, 12/2/13

HAZARDOUS WASTE MANAGEMENT COMMISSION

rules under consideration; 10 CSR 25-3, 4, 5, and 7; 2/3/14

HEALTH AND SENIOR SERVICES

regulation and licensure
 administrative standards for rehabilitation hospitals; 19 CSR 30-22.020; 2/3/14
 central services; 19 CSR 30-20.088; 2/3/14
 environmental waste management and support services; 19 CSR 30-20.114; 7/15/13, 12/16/13
 fire safety, general safety, and operating features; 19 CSR 30-20.108; 2/3/14
 food and nutrition services; 19 CSR 30-20.090; 2/3/14
 home-care services in hospitals; 19 CSR 30-20.122; 7/15/13, 12/16/13
 infection prevention and control; 19 CSR 30-20.116; 2/3/14
 medical records; 19 CSR 30-20.094; 2/3/14

medical services; 19 CSR 30-20.124; 7/15/13, 12/16/13
 nursing services; 19 CSR 30-20.096; 2/3/14
 orientation and continuing education; 19 CSR 30-20.110; 7/15/13, 12/16/13
 outpatient services in hospitals; 19 CSR 30-20.118; 7/15/13, 12/16/13
 pathology and medical laboratory services; 19 CSR 30-20.098; 7/15/13, 12/16/13
 registration as a hospital infectious waste generator; 19 CSR 30-20.070; 2/3/14
 respiratory care services; 19 CSR 30-20.136; 2/3/14
 quality assessment and performance improvement program; 19 CSR 30-20.112; 7/15/13, 12/16/13
 social services; 19 CSR 30-20.104; 2/3/14
 specialized inpatient care services; 19 CSR 30-20.138; 2/3/14
 standards for registration as a hospital infectious waste generator
 19 CSR 30-22.030; 2/3/14
 19 CSR 30-24.040; 2/3/14
 surgical services; 19 CSR 30-20.140; 2/3/14
 unlicensed assistive personnel training program; 19 CSR 30-20.125; 2/3/14
 variance requests; 19 CSR 30-20.142; 7/15/13, 12/16/13
 state public health laboratory
 approved breath analyzers; 19 CSR 25-30.050; 10/15/13, 1/15/14
 breath analyzer calibration and accuracy verification standards; 19 CSR 25-30.051; 10/15/13, 1/15/14
 operating procedures for breath analyzers; 19 CSR 25-30.060; 10/15/13, 1/15/14
 type II permit; 19 CSR 25-30.031; 10/15/13, 1/15/14

HIGHWAYS AND TRANSPORTATION COMMISSION, MISSOURI

outdoor advertising
 administrative review of notices to remove outdoor advertising and to terminate nonconforming signs; 7 CSR 10-6.090; 11/15/13
 cutting and trimming of vegetation on right-of-way; 7 CSR 10-6.085; 11/15/13
 definitions; 7 CSR 10-6.015; 11/15/13
 directional and other official signs; 7 CSR 10-6.020; 11/15/13
 nonconforming signs; 7 CSR 10-6.060; 11/15/13
 on-premises signs; 7 CSR 10-6.030; 11/15/13
 outdoor advertising
 beyond six hundred sixty feet of the right-of-way; 7 CSR 10-6.050; 11/15/13
 in zoned and unzoned commercial and industrial areas; 7 CSR 10-6.040; 11/15/13
 permits for outdoor advertising; 7 CSR 10-6.070; 11/15/13
 public information; 7 CSR 10-6.010; 11/15/13
 removal of outdoor advertising without compensation; 7 CSR 10-6.080; 11/15/13

INSURANCE

applied behavior analysis maximum benefit; 20 CSR; 3/1/13
 construction claims binding arbitration cap; 20 CSR; 1/2/14
 continuing education for individual navigators; 20 CSR 400-11.120; 11/1/13
 credit for reinsurance; 20 CSR 200-2.100; 11/1/13
 mental health services allowed out-of-network; 20 CSR 400-2.160; 10/1/13, 1/15/14
 Missouri health insurance pool transitional plan of operations; 20 CSR 400-12.100; 11/1/13
 Missouri life and health insurance guaranty association; 20 CSR 400-5.600; 11/15/13
 navigator examination and licensing procedures and standards; 20 CSR 400-11.100; 9/3/13, 12/16/13
 sovereign immunity limits; 20 CSR; 1/2/14
 state legal expense fund; 20 CSR; 1/2/14

INTERPRETERS, STATE COMMITTEE OF

application for licensure; 20 CSR 2232-2.010; 9/3/13, 12/16/13
application for temporary licensure; 20 CSR 2232-2.020; 9/3/13,
12/16/13
fees; 20 CSR 2232-1.040; 9/3/13, 12/16/13
name and address change, license renewal, and inactive license; 20
CSR 2232-2.030; 9/3/13, 12/16/13

LABOR AND INDUSTRIAL RELATIONS, DEPARTMENT OF

employment security
appeals to an appeals tribunal; 8 CSR 10-5.010; 7/1/13,
10/15/13
charging of benefits to reimbursable employers; 8 CSR 10-
3.085; 11/15/13
fraud penalties on federal and state benefits; 8 CSR 10-3.150;
10/1/13, 1/15/14
prohibition on the non-charging of benefits; 8 CSR 10-4.210;
10/1/13, 1/15/14
records and reports; 8 CSR 10-4.020; 10/1/13, 1/15/14
workers' compensation
resolution of medical fee disputes; 8 CSR 50-2.030; 12/16/13

LAND RECLAMATION COMMISSION

penalty assessment; 10 CSR 40-8.040; 8/15/13, 12/2/13
permanent program inspection and enforcement; 10 CSR 40-8.030;
8/15/13, 12/2/13
review, public participation, and approval of permit applications
and permit terms and conditions; 10 CSR 40-6.070;
8/15/13, 12/2/13
surface mining permit applications—minimum requirements for
legal, financial, compliance, and related information; 10 CSR
40-6.030; 8/15/13, 12/2/13
underground mining permit applications—minimum requirements for
legal, financial, compliance, and related information; 10 CSR
40-6.100; 8/15/13, 12/2/13

MEDICAID AUDIT AND COMPLIANCE, MISSOURI

definitions; 13 CSR 65-2.010; 1/15/14
denial or limitations of applying provider; 13 CSR 65-2.030;
1/15/14
provider enrollment and application; 13 CSR 65-2.020; 1/15/14

MENTAL HEALTH, DEPARTMENT OF

designation of programs to receive county community mental health
funds; 9 CSR 30-2.010; 2/3/14

MISSOURI CONSOLIDATED HEALTH CARE PLAN

additional plan options
22 CSR 10-2.130; 9/3/13, 12/16/13
22 CSR 10-3.130; 9/3/13, 12/16/13
contributions; 22 CSR 10-2.030; 1/2/14
coordination of benefits; 22 CSR 10-2.070; 1/2/14
definitions
22 CSR 10-2.010; 1/2/14
22 CSR 10-3.010; 1/2/14
general foster parent membership provisions; 22 CSR 10-2.110;
1/2/14
general membership provisions
22 CSR 10-2.020; 1/2/14
22 CSR 10-3.020; 1/2/14
general organization; 22 CSR 10-1.010; 1/2/14
limitations
PPO 300 plan, PPO 600 plan, and HDHP; 22 CSR 10-2.060;
1/2/14
PPO 600 Plan, PPO 1000 Plan, and HDHP; 22 CSR 10-
3.060; 1/2/14
pharmacy benefit summary

22 CSR 10-2.090; 1/2/14
22 CSR 10-3.090; 1/2/14
pharmacy employer group waiver plan for medicare primary mem-
bers; 22 CSR 10-2.089; 1/2/14
plan benefit provisions and covered charges
high deductible health plan
22 CSR 10-2.053; 1/2/14
22 CSR 10-3.055; 1/2/14
medicare supplement; 22 CSR 10-2.054; 1/2/14
medical
22 CSR 10-2.055; 1/2/14
22 CSR 10-3.057; 1/2/14
PPO 300; 22 CSR 10-2.051; 1/2/14
PPO 600
22 CSR 10-2.052; 1/2/14
22 CSR 10-3.056; 1/2/14
PPO 1000; 22 CSR 10-3.053; 1/2/14
PPO 2000; 22 CSR 10-3.054; 1/2/14
plan utilization review policy
22 CSR 10-2.045; 1/2/14
22 CSR 10-3.045; 1/2/14
public records; 22 CSR 10-1.020; 1/2/14
review and appeals procedure
22 CSR 10-2.075; 1/2/14
22 CSR 10-3.075; 1/2/14
tobacco-free incentive provisions and limitations; 22 CSR 10-2.094;
10/1/13, 2/3/14
wellness center provisions, charges, and services; 22 CSR 10-
2.140; 1/2/14
wellness program; 22 CSR 10-2.120; 10/1/13, 2/3/14

MO HEALTHNET

ambulance service reimbursement allowance; 13 CSR 70-3.200;
11/15/13
behavioral health services program documentation; 13 CSR 70-
98.015; 11/1/13
department is the payer of last resort, department's lien for recov-
ery, participant's duty of cooperation; 13 CSR 70-4.120;
11/1/13
drug prior authorization process; 13 CSR 70-20.200; 11/1/13
durable medical equipment program; 13 CSR 70-60.010; 11/1/13
federal reimbursement allowance (FRA); 13 CSR 70-15.110;
8/1/13, 12/2/13
global per diem adjustments to nursing facility and HIV nursing
facility reimbursement rates; 13 CSR 70-10.016; 12/2/13
hearing aid program; 13 CSR 70-45.010; 11/15/13
hospice services program; 13 CSR 70-50.010; 11/1/13
inpatient hospital services reimbursement plan; outpatient hospital
services reimbursement methodology; 13 CSR 70-15.010;
8/1/13, 12/2/13
limitations on payment for inpatient hospital care; 13 CSR 70-
15.030; 10/15/13
list of excludable drugs
excluded from coverage under the MO HealthNet pharmacy
program; 13 CSR 70-20.032; 10/15/13
for which prior authorization is required; 13 CSR 70-20.031;
10/15/13
MO HealthNet (Medicaid) payment for certain services furnished
by certain physicians in calendar years 2013 and 2014; 13
CSR 70-25.120; 11/15/13
multiple source drugs for which there exists a federal upper limit
on reimbursement; 13 CSR 70-20.071; 11/1/13
optical benefits and limitations—MO HealthNet Program; 13 CSR
70-40.010; 11/15/13
prior authorization of new drug entities or new drug dosage form;
13 CSR 70-20.250; 10/15/13

prior authorization process for non-pharmaceutical behavioral health services; 13 CSR 70-98.020; 11/15/13
 professional dispensing fee; 13 CSR 70-20.060; 11/1/13
 prospective drug use review process and patient counseling; 13 CSR 70-20.310; 10/15/13
 prospective outpatient hospital services reimbursement methodology; 13 CSR 70-15.160; 8/1/13, 12/2/13
 prospective reimbursement plan for nonstate-operated facilities for ICF/MR services; 13 CSR 70-10.030; 1/15/14
 prospective reimbursement plan for nursing facility services; 13 CSR 70-10.015; 8/1/13, 12/2/13
 public/private long-term care services and supports partnership supplemental payment to nursing facilities; 13 CSR 70-10.160; 8/1/13, 10/1/13, 12/2/13
 retrospective drug use review process; 13 CSR 70-20.300; 10/15/13
 return of drugs; 13 CSR 70-20.050; 10/15/13
 sanctions for false or fraudulent claims for MO HealthNet services; 13 CSR 70-3.030; 10/15/13
 therapy program; 13 CSR 70-70.010; 11/1/13

MOTOR VEHICLE

optional second plate for commercial motor vehicles; 12 CSR 10-23.500; 10/1/13, 1/2/14

NURSING, STATE BOARD OF

general organization; 20 CSR 2200-1.010; 10/15/13, 1/15/14
 public complaint handling and disposition procedure; 20 CSR 2200-4.030; 10/1/13, 1/15/14
 requirements for licensure; 20 CSR 2200-4.020; 10/15/13, 1/15/14

OCCUPATIONAL THERAPY, MISSOURI BOARD OF

application for limited permit; 20 CSR 2205-3.030; 8/15/13, 12/2/13, 2/3/14

OPTOMETRY, STATE BOARD OF

license renewal; 20 CSR 2210-2.030; 1/2/14

PEACE OFFICER STANDARDS AND TRAINING PROGRAM

minimum continuing education training standards for school protection officers; 11 CSR 75-17.040; 10/1/13, 1/2/14
 minimum training standards for school protection officers; 11 CSR 75-17.030; 10/1/13, 1/2/14
 minimum training standards for school protection officer training centers; 11 CSR 75-17.010; 10/1/13, 1/2/14
 minimum training standards for school protection officer training instructors; 11 CSR 75-17.020; 10/1/13, 1/2/14

PETROLEUM AND HAZARDOUS SUBSTANCE STORAGE TANKS

assessing the site at closure or change in service; 10 CSR 26-2.062; 7/15/13, 1/2/14
 corrective action plan; 10 CSR 26-2.082; 7/15/13, 1/2/14
 investigations for soil and groundwater cleanup; 10 CSR 26-2.078; 7/15/13, 1/2/14

PHARMACY, STATE BOARD OF

automated filling systems; 20 CSR 2220-2.950; 8/1/13, 12/2/13

PRIVATE INVESTIGATOR AND PRIVATE FIRE INVESTIGATOR EXAMINERS, BOARD OF

application for licensure
 agency; 20 CSR 2234-3.010; 10/15/13, 2/3/14
 agency employee; 20 CSR 2234-3.040; 10/15/13, 2/3/14
 private fire investigator; 20 CSR 2234-2.015; 10/15/13, 2/3/14
 private investigator; 20 CSR 2234-2.010; 10/15/13, 2/3/14
 change of name, ownership, location, or investigator-in-charge; 20 CSR 2234-3.020; 10/15/13, 2/3/14

code of conduct; 20 CSR 2234-7.010; 10/15/13, 2/3/14
 complaint handling and disposition; 20 CSR 2234-1.040; 10/15/13, 2/3/14
 continuing education; 20 CSR 2234-6.010; 10/15/13, 2/3/14
 definitions; 20 CSR 2234-1.010; 10/15/13, 2/3/14
 fees; 20 CSR 2234-1.050; 10/15/13, 2/3/14
 general organization; 20 CSR 2234-1.020; 10/15/13, 2/3/14
 licensure renewal
 20 CSR 2234-2.040; 10/15/13, 2/3/14
 20 CSR 2234-3.030; 10/15/13, 2/3/14
 licensed agency investigator employees and agency fire investigator employees; 20 CSR 2234-3.070; 10/15/13, 2/3/14
 name and address changes; 20 CSR 2234-2.020; 10/15/13, 2/3/14
 policy for release of public records; 20 CSR 2234-1.030; 10/15/13, 2/3/14
 private investigator trainee
 application for license; 20 CSR 2234-4.010; 10/15/13, 2/3/14
 licensure renewal; 20 CSR 2234-4.050; 10/15/13, 2/3/14
 name and address changes; 20 CSR 2234-4.030; 10/15/13, 2/3/14
 replacement of renewal license; 20 CSR 2234-4.040; 10/15/13, 2/3/14
 trainer responsibilities; 20 CSR 2234-4.020; 10/15/13, 2/3/14
 replacement of renewal license; 20 CSR 2234-2.030; 10/15/13, 2/3/14

PROBATION AND PAROLE, STATE BOARD OF

definitions for intervention fees; 14 CSR 80-5.010; 12/2/13
 intervention fee procedure; 14 CSR 80-5.020; 12/2/13

PROFESSIONAL REGISTRATION, DIVISION OF

designation of license renewal dates and related renewal information; 20 CSR 2231-2.010; 10/15/13, 1/15/14

PSYCHOLOGISTS, STATE COMMITTEE OF

application for
 licensure; 20 CSR 2235-1.030; 7/15/13, 12/2/13
 provisional licensure; 20 CSR 2235-1.025; 7/15/13, 12/2/13
 temporary licensure; 20 CSR 2235-1.026; 7/15/13, 12/2/13
 fees; 20 CSR 2235-1.020; 7/15/13, 12/2/13
 licensure by
 endorsement of written EPPP examination score; 20 CSR 2235-2.065; 7/15/13, 12/2/13
 examination; 20 CSR 2235-2.060; 7/15/13, 12/2/13

PUBLIC SAFETY, DEPARTMENT OF

director, office of
 approval of accrediting organizations for crime laboratories; 11 CSR 30-14.010; 2/1/13, 9/16/13, 1/2/14
 format for concealed carry permits; 11 CSR 30-15.010; 9/3/13, 1/2/14

PUBLIC SERVICE COMMISSION

filing and reporting requirements
 requirements for carrier designation as eligible telecommunications carriers; 4 CSR 240-3.570; 9/16/13
 manufactured home installers
 definitions; 4 CSR 240-125.010; 9/16/13
 installation decals; 4 CSR 240-125.070; 9/16/13
 manufactured home installer license; 4 CSR 240-125.040; 9/16/13
 modular units
 modular unit dealer/selling agent setup responsibilities; 4 CSR 240-123.065; 9/16/13
 monthly report requirement for registered modular unit dealers; 4 CSR 240-123.070; 9/16/13
 re-inspection fee; 4 CSR 240-123.095; 9/16/13
 new manufactured homes

manufactured home dealer setup responsibilities; 4 CSR 240-120.065; 9/16/13
monthly report requirement for registered manufactured home dealers; 4 CSR 240-120.130; 9/16/13
re-inspection fee; 4 CSR 240-120.085; 9/16/13
safety standards
safety standards for electrical corporations, telecommunications companies and rural electric cooperatives; 4 CSR 240-18.010; 9/3/13, 1/2/14
service and billing practices for residential customers of electric, gas, sewer, and water utilities
billing adjustments; 4 CSR 240-13.025; 9/3/13
billing and payment standards; 4 CSR 240-13.020; 9/3/13
cold weather maintenance of service: provision of residential heat-related utility service during cold weather; 4 CSR 240-13.055; 9/3/13
commission complaint procedures; 4 CSR 240-13.070; 9/3/13
definitions; 4 CSR 240-13.015; 9/3/13
denial of service; 4 CSR 240-13.035; 9/3/13
deposits and guarantees of payment; 4 CSR 240-13.030; 9/3/13
discontinuance of service; 4 CSR 240-13.050; 9/3/13
disputes; 4 CSR 240-13.045; 9/3/13
general provisions; 4 CSR 240-13.010; 9/3/13
inquiries; 4 CSR 240-13.040; 9/3/13
settlement agreement and payment agreement; 4 CSR 240-13.060; 9/3/13
universal service
applications for MoUSF funds; 4 CSR 240-31.080; 9/16/13
collection of MoUSF surcharge from end-user subscribers; 4 CSR 240-31.065; 9/16/13
definitions; 4 CSR 240-31.010; 9/16/13
disbursements of MoUSF funds; 4 CSR 240-31.090; 9/16/13
eligibility for funding
low-income customers and disabled customers; 4 CSR 240-31.050; 9/16/13
high cost areas; 4 CSR 240-31.040; 9/16/13
eligible telecommunications carrier requirements; 4 CSR 240-31.130; 9/16/13
lifeline program and disabled program; 4 CSR 240-31.120; 9/16/13
MoUSF assessment; 4 CSR 240-31.060; 9/16/13
MoUSFA; 4 CSR 240-31.030; 9/16/13
organization, powers, and meetings of the board; 4 CSR 240-31.020; 9/16/13
receipt of MoUSF funds; 4 CSR 240-31.070; 9/16/13
review of board and MoUSFA activities; 4 CSR 240-31.110; 9/16/13
review procedures for support payments; 4 CSR 240-31.100; 9/16/13
water utilities
environmental cost adjustment mechanism; 4 CSR 240-50.050; 9/16/13, 1/2/14

REAL ESTATE APPRAISERS

application for certification and licensure; 20 CSR 2245-3.010; 8/15/13, 12/2/13
case study courses; 20 CSR 2245-6.040; 8/15/13, 12/2/13
general organization; 20 CSR 2245-1.010; 8/15/13, 12/2/13
instructor approval; 20 CSR 2245-8.030; 8/15/13, 12/2/13
requirements; 20 CSR 2245-8.010; 8/15/13, 12/2/13
trainee real estate appraiser registration; 20 CSR 2245-3.005; 8/15/13, 12/2/13

RETIREMENT SYSTEMS

Missouri local government employees' retirement system (LAGERS)
correction of errors; 16 CSR 20-2.060; 2/3/14
public school retirement system of Missouri, the

election to fill vacancy on board of trustees; 16 CSR 10-1.040; 8/1/13, 12/2/13
payment of funds to the retirement system; 16 CSR 10-3.010; 8/1/13, 12/2/13
requirements for membership; 16 CSR 10-4.005; 8/1/13, 12/2/13
service retirement
16 CSR 10-5.010; 8/1/13, 12/2/13
16 CSR 10-6.060; 8/1/13, 12/2/13
source of funds; 16 CSR 10-6.020; 8/1/13, 12/2/13

SECURITIES

application for registration; 15 CSR 30-52.015; 1/15/14
definitions; 15 CSR 30-50.010; 1/15/14
forms; 15 CSR 30-50.040; 1/15/14
general; 15 CSR 30-54.010; 1/15/14
NASAA statement of policy; 15 CSR 30-52.030; 1/15/14
not-for-profit securities; 15 CSR 30-54.070; 1/15/14
small company offering registration (formerly Missouri issuer registration); 15 CSR 30-52.275; 1/15/14
suggested form of investment letter; 15 CSR 30-54.150; 1/15/14

TAX

annual adjusted rate of interest; 12 CSR 10-41.010; 12/2/13
new apportionment method; 12 CSR 10-2.052; 11/1/13, 2/3/14

TAX COMMISSION, STATE

agricultural land productive values; 12 CSR 30-4.010; 2/3/14

TRAFFIC AND SAFETY DIVISION

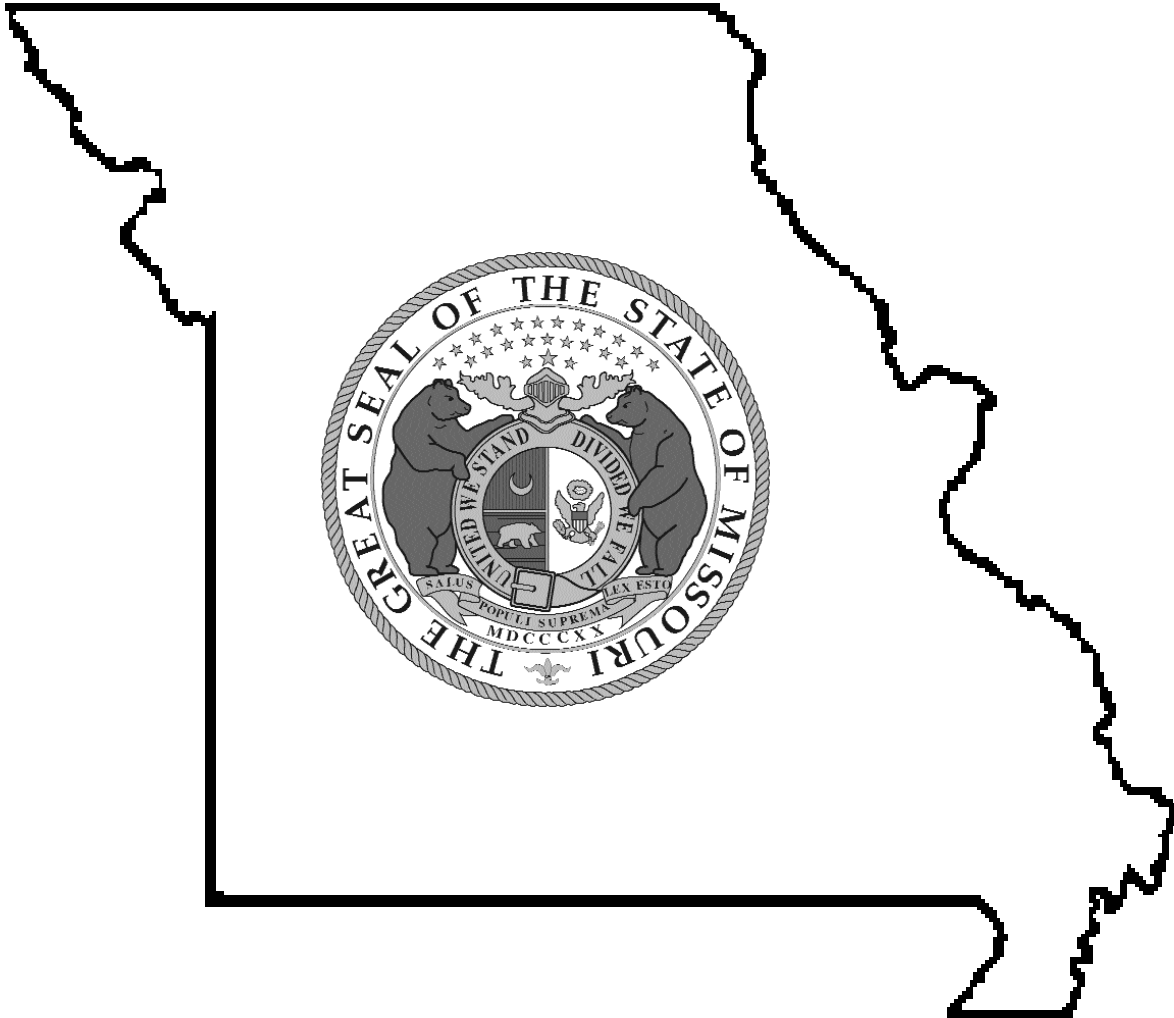
approval procedures; 7 CSR 60-2.020; 10/15/13
breath alcohol ignition interlock device security; 7 CSR 60-2.050; 10/15/13
definitions; 7 CSR 60-2.010; 10/15/13
responsibilities of authorized service providers; 7 CSR 60-2.040; 10/15/13
standards and specifications; 7 CSR 60-2.030; 10/15/13
suspension, or revocation of approval of a device; 7 CSR 60-2.060; 10/15/13

UNIFORM COMMERCIAL CODE

definitions; 15 CSR 30-90.010; 10/1/13, 1/15/14
refusal to file; cancellation; defects in filing; 15 CSR 30-90.090; 10/1/13, 1/15/14
status of parties upon filing an information statement; 15 CSR 30-90.170; 10/1/13, 1/15/14

RULEMAKING 1-2-3

DRAFTING AND STYLE MANUAL



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