
Rules of
Department of Mental Health
Division 45—Division of Mental Retardation and
Developmental Disabilities
Chapter 3—Care and Habilitation

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**Title 9—DEPARTMENT OF
MENTAL HEALTH
Division 45—Division of Mental
Retardation and Developmental
Disabilities
Chapter 3—Care and Habilitation**

9 CSR 45-3.010 Individualized Habilitation Plan Procedures

PURPOSE: This rule prescribes procedures for development and implementation of individualized habilitation plans for all individuals receiving services from the Division of Mental Retardation and Developmental Disabilities.

Editor's Note: The secretary of state has determined that the publication of this rule in its entirety would be unduly cumbersome or expensive. The entire text of the material referenced has been filed with the secretary of state. This material may be found at the Office of the Secretary of State or at the headquarters of the agency and is available to any interested person at a cost established by state law.

(1) Terms defined in sections 630.005 and 633.005, RSMo are incorporated by reference for use in this rule. Unless the context clearly indicates otherwise, the following terms mean:

(A) Assessment—the process of gathering information about a client for use by the interdisciplinary team as a basis for the client's individualized habilitation plan (IHP);

(B) IHP amendment—documentation of an interdisciplinary team's change in an IHP at a time other than the time of annual review;

(C) Interdisciplinary team—the client, the client's designated representative(s), the case manager or qualified mental retardation professional, and representatives of services required or desired by the client;

(D) Qualified mental retardation professional (QMRP)—a person with qualifications, training and experience as defined in 42 CFR 483.430; and

(E) Reassessment—data obtained from training programs, results of screenings and formal or informal assessments completed since the previous interdisciplinary team meeting.

(2) Every individual receiving services from the division shall have an IHP.

(A) The interdisciplinary team shall develop an IHP within thirty (30) days after the individual has been found eligible for services.

(B) The IHP shall be based upon a comprehensive, functional evaluation of individual needs. It shall define the individual's current level of independence, identify the projected level of independence that the individual is expected to achieve and describe objectives to reach that level.

(C) The interdisciplinary team shall ensure completion of the following steps to efficiently plan, implement and monitor the IHP: assessment, team synthesis of assessment results, development of the IHP, development of training programs, implementation of the IHP, reassessments and annual review of the IHP by the entire team.

(D) The IHP shall contain at least the minimum information required to comply with the division's approved IHP format.

(3) The interdisciplinary team shall review every IHP at least annually. IHP reassessments shall be completed within ninety (90) days before annual IHP reviews.

(4) The case manager or QMRP shall regularly monitor implementation of the IHP.

(A) The case manager or QMRP shall periodically observe each individual during implementation of the IHP.

(B) Each month the case manager or QMRP shall monitor every IHP which prescribes residential services or contains habilitative objectives to determine if services are being delivered as planned and, to assure that progress is being made.

(C) At least annually, the case manager or QMRP shall review each IHP which prescribes nonhabilitative services only .

(5) The case manager or QMRP may make changes in IHP objectives only with prior approval of the interdisciplinary team. Addition of training objectives and deletion of training and service objectives also require prior team approval. Addition of service objectives requires notification of the team. The case manager or QMRP may make changes in training plans or methods to insure progress toward achievement of objectives. Any amendment to the IHP shall be documented in the individual's record.

(6) Division facilities shall prescribe services in an eligible individual's IHP or IHP amendment before the services are authorized, delivered or purchased .

(7) The division facility may authorize emergency residential services, respite care or crisis intervention for up to thirty (30) days without prior approval of the interdisciplinary team.

(8) Each division facility shall develop a policy for implementing the IHP process.

AUTHORITY: section 630.655, RSMo 1994. The rule was previously filed as 9 CSR 10-5.150. Original rule filed Nov. 30, 1990, effective April 29, 1991. Amended: Filed May 25, 1995, effective Dec. 30, 1995.*

**Original authority: 630.655, RSMo 1980.*

9 CSR 45-3.020 Individualized Supported Living Services—Definitions

PURPOSE: This rule provides definitions for the following regulations pertaining to requirements for certification as a provider of individualized supported living services reimbursed under Missouri's Medicaid waiver for persons with mental retardation or other developmental disabilities.

Editor's Note: The secretary of state has determined that the publication of this rule in its entirety would be unduly cumbersome or expensive. The entire text of the material referenced has been filed with the secretary of state. This material may be found at the Office of the Secretary of State or at the headquarters of the agency and is available to any interested person at a cost established by state law.

(1) As used in 9 CSR 45-5.020, 9 CSR 45-5.030 and 9 CSR 45-3.030, the following terms shall mean:

(A) ACD—Accreditation Council on Services for People With Disabilities;

(B) CARF—Commission on Accreditation of Rehabilitation Facilities;

(C) Certification unit—An entity within the department to review applications and conduct field reviews leading to certification;

(D) Client rights—At a minimum, those rights specified in 9 CSR 45-3.030;

(E) Criminal background check—A name search for criminal history through the State Central Repository operated by the Missouri State Highway Patrol. Form SHP158C must be completed and submitted to the Criminal Records Section, P.O. Box 568, Jefferson City, MO 65102. This form can be obtained from the same office. No release of information is required;

(F) Crisis intervention and emergency response—At a minimum, a twenty-four (24)-hour hotline service through which callers can reach qualified staff that will determine whether there is a crisis requiring emergency action and, if so, initiate the action;



(G) Department—The Department of Mental Health, the mental health authority for Missouri;

(H) Disqualifying felony offense—Any felony offense against persons as defined in Chapter 565, RSMo; any felony sexual offense as defined in Chapter 566, RSMo; or any felony offense defined in section 568.050, RSMo (endangering the welfare of a child), 568.060, RSMo (abuse of a child), 569.020, RSMo (first degree robbery), 569.030, RSMo (second degree robbery), 569.040, RSMo (first degree arson), or 569.050, RSMo (second degree arson) or an equivalent felony offense;

(I) Family living arrangement—A residential facility licensed under Chapters 9 CSR 40, 1, 2, 4 and 6, operating in the owned or leased permanent residence of the licensee, and serving no more than three (3) residents who are integrated into the licensee's family unit;

(J) Grievance procedure—A procedure made known and available to individuals served by certified providers, by which the individuals can inform the providers' administration of complaints and concerns regarding the individuals' rights and their care and services without interference or fear of reprisal. This procedure shall cause certified providers to investigate and reach resolutions that, at a minimum, respect the rights and wishes of the individuals;

(K) Individualized supported living (ISL)—Services and supports, including direct care, training and supervision, provided to individuals residing in apartments or houses with no more than two (2) other individuals with mental retardation or other developmental disabilities;

(L) Limited certificate—A certificate granted to a single person who will provide services to no more than three (3) individuals and who meets a limited set of criteria specified in 9 CSR 30-5.030(3);

(M) Major unusual incident—Any medical care emergency, death or disappearance of an individual, fire, theft, significant loss or damage of an individual's property, assaultive or criminal behavior by an individual, or restraint, abuse, neglect or mistreatment of an individual;

(N) Qualified mental retardation professional (QMRP)—an individual who meets the qualifications specified in the Code of Federal Regulations, Title 42, section 483.430. A QMRP has at least one (1) year of experience working directly with persons with mental retardation or other developmental disabilities and is licensed as a doctor of medicine or osteopathy, or as a registered nurse, or has at least a bachelor's degree in

one (1) of the following professional categories: psychology, social work, occupational therapy, speech pathology, audiology, professional recreation, or a related human services profession;

(O) Regional center—An entity within the department's Division of Mental Retardation and Developmental Disabilities that provides, directly or indirectly, for comprehensive mental retardation and developmental disabilities services in a particular region under Chapter 633, RSMo; and

(P) Supports—Persons, arrangements, activities, equipment or information that may be a formal or paid service and that will enable an individual to live and function successfully to maximum ability in his/her home and community.

AUTHORITY: section 630.050, RSMo 1994. This rule was previously filed as 9 CSR 30-5.010. Emergency rule filed Aug. 4, 1992, effective Sept. 1, 1992, expired Dec. 29, 1992. Original rule filed Aug. 4, 1992, effective Feb. 26, 1993. Amended: Filed May 25, 1995, effective Dec. 30, 1995.*

**Original authority: 630.050, RSMo 1980, amended 1993.*



Reference Number _____
(office use only)

REQUEST FOR CRIMINAL RECORD CHECK

SHP - 158C 9/90

Please print or type.

NAME: _____
(last) (first) (middle)

_____ DATE OF BIRTH: _____
(maiden/alias)

SEX: _____ RAC: _____ SS#: _____

ADDRESS: _____

SIGNATURE: _____
(if available)

PURPOSE: ___ Employment ___ Licensing ___ Other

SEND REPLY TO: _____

TELEPHONE: _____
(day)

**PROCESSING FEE SCHEDULE AND METHOD OF PAYMENT
PER SECTIONS 43.527 & 43.530 RSMo.**

Name search only - \$5 per individual
Fingerprint and name search - \$14 per individual

Payable by either a certified check, warrant, or money order (no cash, personal or company checks) to the "State of Missouri - Criminal Record System". The request and fee should be mailed to:

**Missouri State Highway Patrol
Criminal Records Division
Post Office Box 568
Jefferson City, Mo. 65102**



9 CSR 45-3.030 Individualized Supported Living Services—Individual Rights

PURPOSE: This rule assures the rights of persons receiving individualized supported living services.

(1) Each individualized supported living provider shall have policies and procedures that enhance and protect the human, civil and statutory rights of all individuals served.

(2) All persons receiving individualized supported living services shall be entitled to the following rights and privileges without limitation:

(A) To be treated with respect and dignity as a human being;

(B) To have the same legal rights and responsibilities as any other citizen, unless otherwise stated by law;

(C) To receive services regardless of race, creed, marital status, national origin, disability or age;

(D) To be free from physical and verbal abuse;

(E) To receive appropriate services and supports;

(F) To have reasonable access to rule, policies and procedures pertaining to services and supports provided by the agency;

(G) To have services, supports and clinical records regarding services explained in a manner that is easily understood; and

(H) To have clinical records regarding services maintained in a confidential manner.

(3) An individual receiving services or his/her parent, guardian or authorized representative shall be informed of his/her rights in language that is easily understood.

(A) At the time of enrollment and anytime changes are made to the description of rights, the provider agency shall give each individual or his/her parent, guardian or legal representative a written description of the individual's rights and how to exercise them.

(B) Individualized supported living providers shall read and explain the description of rights to individuals who require assistance because they are unable to read or do not understand the written description.

(4) Each provider shall have policies and procedures for the behavioral management of individuals served.

(A) Provider staff shall deal with disruptive, destructive and inappropriate behaviors by providing information, instruction and guidance on appropriate and acceptable behavior.

(B) Behavior management shall be conducted in a manner that does not demean the individual but rather promotes and builds positive growth, controlled behavior and positive self-image.

(5) Each individual shall be given the name, address and phone number of the department's client rights monitor and informed that the client rights monitor may be contacted regarding complaints of abuse, neglect or violation of rights.

AUTHORITY: section 630.050, RSMo 1994. This rule was previously filed as 9 CSR 30-5.040. Emergency rule filed Aug. 4, 1992, effective Sept. 1, 1992, expired Dec. 29, 1992. Original rule filed Aug. 4, 1992, effective Feb. 26, 1993. Amended: Filed May 25, 1995, effective Dec. 30, 1995.*

**Original authority: 630.050, RSMo 1980, amended 1993.*

9 CSR 45-3.040 Rights of Protectors, Parents and Guardians

PURPOSE: This rule prescribes policies for designation of protectors and recognition of certain rights of protectors, parents and guardians of clients of the Division of Mental Retardation and Developmental Disabilities.

(1) The term protector means a parent, relative or other person designated by an adult client that does not have a guardian. The protector shall be recognized by the division to assist the client in planning and participating in habilitation.

(2) The division shall recognize and encourage parents who are willing and able to exercise their rights to be involved in clients' comprehensive evaluations, care, habilitation, placement or referral as set out in this rule.

(3) As set out in section 633.110, RSMo, parents of minor clients and legal guardians have the right to approve or refuse care, habilitation, referral or placement of their children or wards.

(4) Adult clients who have not been declared legally incapacitated may give their written consent for parents, relatives or other persons to serve as their protectors to advocate for and advise, guide and encourage the clients and members of the interdisciplinary team in developing and providing habilitation plans.

(A) In accordance with departmental policy, the consent shall authorize the protectors' access to those client records specified by the

clients and for periods of time specified by the clients.

(B) Protectors shall not have the right to approve or refuse care, habilitation, referral or placement of clients.

(C) Clients may revoke their consent verbally or in writing at any time and facility staff shall recognize the revocations immediately.

(D) Consents and revocations shall be documented in clients' records and heads of facilities shall give copies to protectors.

(5) If facility staff find that a parent, guardian or protector is acting contrary to the best interest of a client by preventing or disrupting the client's care or habilitation, the staff shall notify the head of the facility of their findings. If the head of the facility concurs with the findings, s/he shall provide written notification of the findings to the parent, guardian or protector.

(A) If the client is a minor, the head of the facility may consult with juvenile court about the findings and then take appropriate action as authorized by law.

(B) In the case of a legal guardian, the head of the facility shall consult about the matter with department attorneys and the probate division judge supervising the guardian and, if indicated, take appropriate action through the court.

(C) In the case of a protector, the head of the facility shall allow the protector to present an appeal in person or in writing regarding the findings. If the head of the facility continues to concur with the findings, the protector may further appeal the notice of non-recognition to the division director, who shall review the decision of the head of the facility and suspend, modify, affirm or reverse the action of the head of the facility. The division director shall notify the head of the facility and the protector in writing of the decision. The decision of the division director shall be final.

AUTHORITY: section 630.050, RSMo 1994. This rule was previously filed as 9 CSR 50-1.055. Original rule filed March 4, 1992, effective Aug. 6, 1992. Amended: Filed May 25, 1995, effective Dec. 30, 1995.*

**Original authority: 630.050, RSMo 1980, amended 1993.*

9 CSR 45-3.050 Admission and Treatment of Clients with Aggressive Behaviors

PURPOSE: This rule defines terms and establishes procedures for admission and treatment of clients with aggressive behaviors

in facilities operated by the Division of Mental Retardation and Developmental Disabilities.

(1) Terms defined in sections 630.005, 632.005 and 633.005, RSMo are incorporated by reference for use in this rule. As used in this rule, unless the context clearly indicates otherwise, the following terms also mean:

(A) Categories of risk are—

1. Dangerous to others through premeditation—A client attempts premeditated harm to others by physical or sexual aggression;

2. Dangerous to others—Presented with opportunity, a client attempts to harm others by physical or sexual aggression through spontaneous action;

3. Dangerous to self—A client makes serious threats or serious attempts to commit suicide or demonstrates self-injurious behaviors ;

4. At risk—Due to lack of safety skills, a client fails to recognize dangerous situations or is at risk due to a potentially life-threatening medical condition; and

5. Low risk—A client has basic safety skills, his/her medical conditions are controlled and s/he is not dangerous to self or others, but s/he needs variable levels of supervision.

(B) Category of Risk Rating Scale—An instrument used to determine category of risk and to specify level of supervision (see Appendix A);

(C) Forensic client—A client who—

1. Is accused of a criminal act but has been found incompetent to stand trial; or

2. Has been acquitted after trial by reason of mental disease or defect; and

(D) Levels of supervision are—

1. One-to-one—Assignment of one (1) staff member to be with the client at all times with special consideration of privacy rights and nature of behaviors. One-to-one supervision shall be noted in the client's individualized habilitation plan (IHP);

2. Line-of-sight—Staff visual contact with the client at all times. Special supervisory considerations shall be noted in the client's IHP, for example, restrictions on distance range between client and staff and limitations on client privacy;

3. High priority—Variable levels of staff supervision dependent on situations. Staff shall remain aware of the client's previous behaviors while the client participates in group activities and shall implement appropriate proactive procedures as necessary; and

4. Limited—Staff knowledge of client's whereabouts while client has freedom of movement.

(2) When individuals arrive at a division facility, the interdisciplinary assessment team shall—

(A) Review police reports and criminal charges for aggressive individuals, including those who are forensic;

(B) Determine the category of risk, using the Category of Risk Rating Scale;

(C) Determine the required level of supervision;

(D) Document in the client's file the category of risk and level of supervision; and

(E) Flag the client's file with appropriate level of supervision.

(3) After admission of a client with aggressive behaviors, the interdisciplinary team shall—

(A) Reevaluate the client, including a re-determination of the category of risk and required level of supervision;

(B) Conduct an IHP meeting and implement the IHP according to division policy;

(C) Reevaluate the client at least quarterly. The reevaluation shall include a redetermination of the category of risk and required level of supervision; and

(D) Reevaluate the client, including a re-determination of the category of risk and required level of supervision, within twenty-four (24) hours after a serious incident of aggressive behavior.

(4) Division facilities shall provide the following levels of client supervision:

(A) Dangerous to others through premeditation—One-to-one, line-of-sight or high priority;

(B) Dangerous to others—One-to-one, line-of-sight or high priority;

(C) Dangerous to self—One-to-one, line-of-sight or high priority;

(D) At risk—A level considered appropriate, depending on environment and situation; and

(E) Low risk—A level considered appropriate, depending on environment and situation.

(5) Individuals committed to the department by a circuit court under Chapter 552, RSMo and then admitted to a division facility shall be considered forensic clients.

(A) Forensic clients who have been determined incompetent to stand trial shall receive competency training.

(B) Forensic clients acquitted after trial by reason of mental disease or defect shall receive habilitation training.

(6) Forensic clients and clients determined to be dangerous to self or others shall be

restricted to the facility campus unless the interdisciplinary team recommends off-campus activity with facility staff approved by the facility head.

(7) Clients determined to be dangerous to self or others shall be permitted to have social interaction with other clients only when required levels of supervision are present.

(8) If a forensic client or a client considered to be dangerous to self or others is missing from the facility, facility staff shall—

(A) Immediately complete a thorough search of the client's immediate area;

(B) Notify other facility staff, community public safety personnel and others in accordance with division policy; and

(C) Continue a search of the facility campus.

(9) Forensic clients and clients considered to be dangerous to self or others shall be assured the same rights as all other clients unless a restriction of their rights is documented in their IHPs.

*AUTHORITY: section 630.050, RSMo 1994. * This rule was previously filed as 9 CSR 50-1.060. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Amended: Filed May 25, 1995, effective Dec. 30, 1995.*

**Original authority: 630.050, RSMo 1980, amended 1993.*



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
CATEGORY OF RISK RATING SCALE

CLIENT NAME					DATE OF REVIEW
PREVIOUS RATING					DATE OF LAST REVIEW
ONE TO ONE SUPERVISION					
LINE-OF-SIGHT SUPERVISION					
HIGH PRIORITY SUPERVISION					
LIMITED SUPERVISION					
	Dangerous to Others through Premeditation	Dangerous to Others	Dangerous to Self	At Risk	Low Risk

1. **Dangerous to Others through Premeditation:** The individual attempts premeditated harm to others by physical or sexual aggression.
Any positive response to Questions 1 through 5 places the individual in the Dangerous to Others through Premeditation category. The individual must receive one-to-one, line-of-sight or high priority supervision.
2. **Dangerous to Others:** Presented with opportunity, the individual attempts to harm others by physical or sexual aggression through spontaneous action.
Any positive response to Questions 6 through 10 places the individual in the Dangerous to Others category. The individual must receive one-to-one, line-of-sight or high priority supervision.
3. **Dangerous to Self:** The individual makes serious threats or serious attempts at suicide, or the individual demonstrates self-injurious behaviors (biting, picking at self, head banging, cutting an arm while breaking a window, etc.)
Any positive response to Questions 11 through 13 places the individual in the Dangerous to Self category. The individual must receive one-to-one, line-of-sight or high priority supervision.
4. **At Risk:** The individual has a diagnosed potentially life-threatening medical condition, or the individual fails to demonstrate knowledge of adequate safety skills and does not recognize dangerous situations.
A positive response to Question 14 or 15 places the individual in the At Risk category. The individual may receive any level of supervision considered appropriate for the environment and situation.
5. **Low Risk:** The individual has basic safety skills, has controlled medical conditions and is not a danger to self or others. The individual may function safely in ratios typically provided in institutional settings, for example, 1:4.
All negative responses on the scale places the individual in the Low Risk category. The individual may receive any level of supervision considered appropriate for the environment and situation.



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
CATEGORY OF RISK RATING SCALE

Dangerous to Others through Premeditation: Any positive response to Questions 1 through 5 places the client in this category.

- YES NO 1. Has the individual carried, obtained or used a weapon?
- YES NO 2. Has the individual intentionally started a fire where others were present?
- YES NO 3. Has the individual had a serious discussion about or presented convincing evidence to suspect a premeditated assault or action?
- YES NO 4. Has the individual made serious verbal threats, combined with a history of acting on them?
- YES NO 5. Has the individual eloped off campus by a preplanned method or schedule with the intention of evading habilitation center staff?

Dangerous to Others: Any positive response to Questions 6 through 10 places the client in this category.

- YES NO 6. Have there been any serious incidents of physical or sexual assault in the last three months?
- YES NO 7. Has the individual used an object as a weapon?
- YES NO 8. Has the individual intentionally started a fire?
- YES NO 9. Has the individual exhibited aggressive behavior toward others as a result of active hallucinations or delusions?
- YES NO 10. Has the individual eloped off campus with the intention of evading habilitation center staff?

Dangerous to Self: Any positive response to Questions 11 through 13 places the client in this category.

- YES NO 11. Has the individual seriously threatened or attempted suicide?
- YES NO 12. Does the individual currently demonstrate self-abusive behavior that is harmful?
- YES NO 13. Has the individual experienced an injury because of a self-aggressive act, for example, cutting an arm while breaking a window?

At Risk: A positive response to Question 14 or 15 places the client in this category.

- YES NO 14. Does the individual have a diagnosis of a potentially life-threatening medical condition? Specify the diagnosis. _____
- YES NO 15. Does the individual fail to recognize potentially life-threatening situations which require knowledge of basic safety skills, for example, use of toxic compounds, pedestrian hazards?

Low Risk: All negative responses to Questions 1 through 15 place the client in this category.

- YES NO 16. Are all responses to Questions 1 through 15 negative?



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
CATEGORY OF RISK RATING SCALE

CLIENT NAME				DATE OF REVIEW	
PREVIOUS RATING				DATE OF LAST REVIEW	
ONE TO ONE SUPERVISION					
LINE-OF-SIGHT SUPERVISION					
HIGH PRIORITY SUPERVISION					
LIMITED SUPERVISION					
	Dangerous to Others through Premeditation	Dangerous to Others	Dangerous to Self	At Risk	Low Risk

1. **Dangerous to Others through Premeditation:** The individual attempts premeditated harm to others by physical or sexual aggression.
Any positive response to Questions 1 through 5 places the individual in the Dangerous to Others through Premeditation category. The individual must receive one-to-one, line-of-sight or high priority supervision.
2. **Dangerous to Others:** Presented with opportunity, the individual attempts to harm others by physical or sexual aggression through spontaneous action.
Any positive response to Questions 6 through 10 places the individual in the Dangerous to Others category. The individual must receive one-to-one, line-of-sight or high priority supervision.
3. **Dangerous to Self:** The individual makes serious threats or serious attempts at suicide, or the individual demonstrates self-injurious behaviors (biting, picking at self, head banging, cutting an arm while breaking a window, etc.)
Any positive response to Questions 11 through 13 places the individual in the Dangerous to Self category. The individual must receive one-to-one, line-of-sight or high priority supervision.
4. **At Risk:** The individual has a diagnosed potentially life-threatening medical condition, or the individual fails to demonstrate knowledge of adequate safety skills and does not recognize dangerous situations.
A positive response to Question 14 or 15 places the individual in the At Risk category. The individual may receive any level of supervision considered appropriate for the environment and situation.
5. **Low Risk:** The individual has basic safety skills, has controlled medical conditions and is not a danger to self or others. The individual may function safely in ratios typically provided in institutional settings, for example, 1:4.
All negative responses on the scale places the individual in the Low Risk category. The individual may receive any level of supervision considered appropriate for the environment and situation.



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
CATEGORY OF RISK RATING SCALE

Dangerous to Others through Premeditation: Any positive response to Questions 1 through 5 places the client in this category.

- YES NO 1. Has the individual carried, obtained or used a weapon?
- YES NO 2. Has the individual intentionally started a fire where others were present?
- YES NO 3. Has the individual had a serious discussion about or presented convincing evidence to suspect a premeditated assault or action?
- YES NO 4. Has the individual made serious verbal threats, combined with a history of acting on them?
- YES NO 5. Has the individual eloped off campus by a preplanned method or schedule with the intention of evading habilitation center staff?

Dangerous to Others: Any positive response to Questions 6 through 10 places the client in this category.

- YES NO 6. Have there been any serious incidents of physical or sexual assault in the last three months?
- YES NO 7. Has the individual used an object as a weapon?
- YES NO 8. Has the individual intentionally started a fire?
- YES NO 9. Has the individual exhibited aggressive behavior toward others as a result of active hallucinations or delusions?
- YES NO 10. Has the individual eloped off campus with the intention of evading habilitation center staff?

Dangerous to Self: Any positive response to Questions 11 through 13 places the client in this category.

- YES NO 11. Has the individual seriously threatened or attempted suicide?
- YES NO 12. Does the individual currently demonstrate self-abusive behavior that is harmful?
- YES NO 13. Has the individual experienced an injury because of a self-aggressive act, for example, cutting an arm while breaking a window?

At Risk: A positive response to Question 14 or 15 places the client in this category.

- YES NO 14. Does the individual have a diagnosis of a potentially life-threatening medical condition? Specify the diagnosis. _____
- YES NO 15. Does the individual fail to recognize potentially life-threatening situations which require knowledge of basic safety skills, for example, use of toxic compounds, pedestrian hazards?

Low Risk: All negative responses to Questions 1 through 15 place the client in this category.

- YES NO 16. Are all responses to Questions 1 through 15 negative?



9 CSR 45-3.060 Autism Services

PURPOSE: This rule establishes programs and services for persons with autism and their families.

(1) Terms defined in sections 630.005 and 633.005, RSMo are incorporated by reference for use in this rule. Also, the following terms mean:

(A) Autism—a lifelong developmental disability that typically appears during the first three (3) years of life resulting from a neurological disorder that affects brain functioning which interferes with communication, learning, behavior and social development;

(B) Family support—services and helping relationships for the purpose of maintaining and enhancing family caregiving. Family support may be any combination of services that enable individuals with autism to reside within their family homes and remain integrated within their communities. Family support services are—

1. Based on individual and family needs;
2. Easily accessible for the family;
3. Family-centered and culturally sensitive;
4. Flexible and varied to meet the changing needs of the family members;
5. Identified by the family; and
6. Provided in a timely manner contingent upon availability of resources; and

(C) Service provider—an entity which provides and receives reimbursement for autism programs and services as specified in section (3) of this rule.

(2) The Division of Mental Retardation and Developmental Disabilities (division) shall establish programs and services for persons with autism. The programs and services shall be established in conjunction with families of persons with autism and shall be designed to enhance the families' abilities to meet needs they identify. The programs and services shall—

- (A) Develop skills for persons with autism through training;
- (B) Train families to manage behaviors of members with autism;
- (C) Provide needed family support; and
- (D) Cooperate with other agencies.

(3) The division shall establish autism programs and services as follows:

(A) Central Missouri Autism Project to serve clients of the Kirksville, Hannibal, Rolla, and Central Missouri Regional Centers;

(B) East Missouri Autism Project to serve clients of the St. Louis Regional Center;

(C) Northwest Missouri Autism Project to serve clients of the Albany and Kansas City Regional Centers;

(D) Southeast Missouri Autism Project to serve clients of the Poplar Bluff and Sikeston Regional Centers; and

(E) Southwest Missouri Autism Project to serve clients of the Joplin and Springfield Regional Centers.

(4) The Central, East, Northwest, Southeast, and Southwest Missouri Autism Projects may provide, but shall not be limited to, the following services:

- (A) Assessment;
- (B) Advocacy training;
- (C) Behavior management training and supports;
- (D) Communication and language therapy;
- (E) Consultation on individualized education and habilitation plans;
- (F) Crisis intervention;
- (G) Information and referral assistance;
- (H) Life skills;
- (I) Music therapy;
- (J) Occupational therapy, sensory integration therapy, and consultation;
- (K) Parent or caregiver training;
- (L) Public education and information dissemination;
- (M) Respite care; and
- (N) Staff training.

(5) The Central, East, Northwest, Southeast, and Southwest Missouri Autism Projects shall each have parent advisory committees composed of from seven to nine (7–9) persons that have family members with autism, including family members that are young children, school-age children, and adults. The members shall be Missouri residents and their family members with autism shall have met the division's eligibility requirements specified under 630.005, RSMo.

(A) One-third (1/3) of the members serving on July 1, 1995, shall continue to serve until July 1, 1996. One-third (1/3) shall serve until July 1, 1997, and the remaining one-third (1/3) shall serve until July 1, 1998. Length of those terms shall be determined by drawing lots.

(B) Upon expiration of members' terms, new members shall be nominated by the committees for three (3)-year terms or until their successors have been elected. New members of each of the five (5) parent advisory committees shall be appointed by the respective district deputy director from nominations submitted by the parent advisory committee. No member shall serve more than two (2)

consecutive three (3)-year terms. No committee member shall be a service provider, a member of a service provider's board of directors, or an employee of a service provider. The Central, Northwest, Southeast, and Southwest Missouri Autism Projects advisory committees shall be encouraged to maintain membership from each region within their project boundaries. The East Missouri advisory committee shall be encouraged to maintain membership from each county within the region and from the City of St. Louis. The committees shall make every effort to elect members to represent the cultural diversity of the project areas and to represent persons with autism of all ages and capabilities.

(C) Each committee shall elect a chairperson, vice-chairperson, and secretary. Annual elections shall occur in July. The committees shall meet bimonthly or more often at the call of the chairpersons. A simple majority of the membership shall constitute a quorum.

(D) Each committee shall establish bylaws specific to the committee's project area and consistent with parameters established by the Missouri Advisory Committee on Autism set out in section (6).

(E) The committees' responsibilities shall include, but not be limited to, the following:

1. Advocacy;
2. Contract monitoring;
3. Review of annual Department of Mental Health (department) audits of projects;
4. Recommendation of services to be provided based on input from families;
5. Recommendation of policy, budget and service priorities;
6. Monthly review of service delivery;
7. Planning;
8. Public education and awareness;
9. Recommendation of service providers to the division for administration of the projects; and
10. Recommendation of contract cancellation.

(F) In the event a parent advisory committee disagrees with a decision of the district deputy director related to operation of the autism project, the issue may be referred to the Missouri Advisory Committee on Autism for its recommendation to the division director.

(6) The division shall establish the Missouri Advisory Committee on Autism. It shall be composed of two (2) representatives and one (1) alternate from each of the five (5) parent advisory committees set out in this rule. It shall also include one (1) person with autism and one (1) alternate, a person with autism,

who are not members of a parent advisory committee. The committee shall be appointed by the division director.

(A) The division director shall make every effort to appoint members nominated by the parent advisory committees. The membership should represent the cultural diversity of the state and represent persons with autism of all ages and capabilities;

(B) One-third (1/3) of the members serving on January 1, 1995, serve until January 1, 1996. One-third (1/3) shall serve until January 1, 1997, and the remaining one-third shall serve until January 1, 1998. Length of those terms shall be determined by drawing lots.

(C) Upon expiration of the terms, members shall be appointed by the division director for three (3)-year terms or until their successors have been appointed.

(D) At its annual meeting in July, the committee shall elect a chairperson, a vice-chairperson and a secretary. The committee shall meet quarterly or more often at the call of the chairperson. A simple majority of the membership shall constitute a quorum.

(E) The committee's responsibilities shall include, but not be limited to, the following:

1. Communication with the projects set out in section (3) to provide up-to-date information to them and the families they serve;

2. Determining project outcomes for autism services;

3. Determining roles and responsibilities of the parent advisory committees set out in section (5);

4. Development of positive relationships with the Department of Elementary and Secondary Education and local school districts;

5. Establishing statewide policy;

6. Fostering unity with and among the project set out in section (3) to ensure joint support for legislative, budget and other issues;

7. Planning and sponsorship of statewide activities;

8. Provision of program recommendations to the division;

9. Recommendation of service providers to the division director in the event a parent advisory committee and district deputy director cannot reach consensus; and

10. Recommendation of issue resolutions to the division director.

AUTHORITY: section 630.050, RSMo Supp. 1997. Original rule filed Feb. 6, 1995, effective Sept. 30, 1995. Amended: Filed July 31, 1998, effective Jan. 30, 1999.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995.*

9 CSR 45-3.070 Certification of Level I Medication Aides Serving Persons with Developmental Disabilities

PURPOSE: Individuals who administer medications or supervise self-administration of medications in any residential setting or day program funded, licensed or certified by the Department of Mental Health to provide services to persons who are mentally retarded or developmentally disabled, are required to be either a physician, a licensed nurse, a certified medication technician, a certified medication employee, a level I medication aide or Department of Mental Health medication aide. The provisions of the rule do not apply to family-living arrangements unless they are receiving reimbursement through the Medicaid Home and Community-Based Waiver for persons with developmental disabilities. This rule sets forth the requirements for approval of a Medication Aide Training Program designating the required course curriculum content, outlining the qualifications required of students and instructors, designating approved training facilities and outlining the testing and certification requirements.

PUBLISHER'S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the the Office of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.

(1) The purpose of the Medication Aide Training Program shall be to prepare individuals for employment as medication aides in any residential setting or day program funded, licensed or certified by the Department of Mental Health to provide services to persons with mental retardation or developmental disabilities. The training program does not prepare individuals for the parenteral administration of medications such as insulin or the administration of medications or other fluids via enteral feeding tubes.

(2) All aspects of the Medication Aide Training Program included in this rule shall be met in order for a program to be considered approved.

(3) The objectives of the Medication Aide Training Program shall be to ensure that the medication aide will be able to—

- (A) Define the role of a medication aide;

- (B) Prepare, administer and chart medications by nonparenteral routes;

- (C) Observe, report and record unusual responses to medications;

- (D) Identify responsibilities associated with control and storage of medications; and

- (E) Utilize appropriate drug reference materials.

(4) The course shall be a minimum of sixteen (16) hours of integrated formal instruction and practice sessions supervised by an approved instructor.

(5) The curriculum content shall include procedures and instructions in the following areas: basic human needs and relationships; drug classifications and their implications; assessing drug reactions; techniques of drug administration; documentation; medication storage and control; drug reference resources; and infection control.

(6) The approved course curriculum shall be the manual entitled *Level I Medication Aide* (IE 64-1), developed by the Department of Elementary and Secondary Education, Department of Mental Health and the Division of Aging and produced by the Instructional Materials Laboratory, University of Missouri-Columbia. This manual is incorporated by reference in this rule. Students and instructors each shall have a copy of this manual.

(7) A student shall not administer medications without the instructor present until s/he successfully completes the course and obtains a certificate.

(8) Student Qualifications.

(A) Any individual employable in a residential setting or day program funded, licensed or certified by the Department of Mental Health to provide services to persons who are mentally retarded or developmentally disabled, and who meet the requirements of 9 CSR 10-5.190, shall be eligible to enroll as a student in this course or to challenge the final examination.

(B) An individual may qualify as a medication aide by successfully challenging the final examination if that individual has successfully completed a medication administration course and is currently employed to perform medication administration tasks in a residential setting or day program operated, funded, licensed or certified by the Department of Mental Health to provide services to persons who are mentally retarded or developmentally disabled.

(C) Certain persons may be deemed certified under paragraph (13)(B)4. of this rule.



(9) Those persons wanting to challenge the final examination shall submit a request in writing to the Missouri Division of Mental Retardation and Developmental Disabilities enclosing applicable documentation. If approved to challenge the examination, the Division of Mental Retardation and Developmental Disabilities will send the applicant a letter to present to an approved instructor so arrangements can be made for testing.

(10) Instructor Qualifications.

(A) An instructor shall be currently licensed to practice as either a registered nurse or practical nurse in Missouri or shall hold a current temporary permit from the Missouri State Board of Nursing. The licensee shall not be subject to current disciplinary action such as censure probation, suspension or revocation. If the individual is a licensed practical nurse, the following additional requirements shall be met:

1. Shall not be waived: the instructor has a valid Missouri license or a temporary permit from the Missouri State Board of Nursing; and

2. Shall be a graduate of an accredited program, which has pharmacology in the curriculum.

(B) In order to be qualified as an instructor, the individual shall—

1. Have attended a “Train the Trainer” workshop to implement the Level I Medication Aide Training Program conducted by a Missouri registered nurse presenter approved by the Missouri Division of Aging.

2. Meet at least one (1) of the following criteria:

A. Have had one (1) year’s experience working in a long-term care (LTC) facility licensed by the Division of Aging or in a residential facility or day program operated, funded, licensed or certified by the Department of Mental Health within the past five (5) years; or

B. Be currently employed in a LTC facility licensed by the Department of Mental Health and shall have been employed by that facility for at least six (6) months; or

C. Shall be an instructor in a Health Occupations Education Program.

(11) Sponsoring Agencies.

(A) The Medication Aide Training Program may be sponsored by providers of residential or day programs operated, funded, licensed or certified by the Department of Mental Health, Division of Mental Retardation and Developmental Disabilities.

(B) The sponsoring agency is responsible for obtaining an approved instructor, deter-

mining the number of manuals needed for a given program, ordering the manuals for the students and presenting a class schedule for approval by the local regional center. The sponsoring agency shall maintain the following documentation: the name of the approved instructor; the instructor’s Social Security number, current address and telephone number; the number of students enrolled; the name, address, telephone number, Social Security number and age of each student; the name and address of the facility that employs the student, if applicable; the date and location of each class to be held; and the date and location of the final examination. If there is a change in the date and location of the training, the sponsoring agency shall notify the local regional center.

(C) Classrooms used for training shall contain sufficient space, equipment and teaching aids to meet the course objectives as determined by the Division of Mental Retardation and Developmental Disabilities.

(D) If the instructor is not directly employed by the agency, there shall be a signed written agreement between the sponsoring agency and the instructor which shall specify the role, responsibilities and liabilities of each party.

(12) Testing.

(A) The final examination shall consist of a written and a practicum examination administered by the instructor.

1. The written examination shall include questions based on the course objectives developed by the Division of Mental Retardation and Developmental Disabilities.

2. The practicum examination shall be conducted in a residential setting or day program operated, funded, licensed or certified by the Department of Mental Health, Division of Mental Retardation and Developmental Disabilities or an LTC facility which shall include the preparation and administration by nonparenteral routes and recording of medications administered to consumers under the direct supervision of the instructor and the person responsible for medication administration in the facility. When it is not feasible and/or possible to conduct the practicum examination in an approved residential or day program, the instructor may request a waiver from the local regional center to conduct the practicum examination in an approved simulated classroom situation.

(B) A score of eighty percent (80%) is required for passing the final written examination and one hundred percent (100%) accuracy in the performance of the steps of procedure in the practicum examination.

(C) The final examination, if not successfully passed, may be retaken within ninety (90) days one (1) time without repeating the course, however, those challenging the final examination must complete the course if the examination is not passed in the challenge process.

(D) The instructor shall complete final records and shall submit these and all test booklets to the sponsoring agency.

(13) Records and Certification.

(A) Records.

1. The sponsoring agency shall maintain records of all individuals who have been enrolled in the Medication Aide Training Program and shall submit to the local regional center all test booklets, a copy of the score sheets and a complete class roster.

2. A copy of the final record shall be provided to any individual enrolled in the course.

3. A final record may be released only with written permission from the student in accordance with the provisions of the Privacy Act—PL 900-247.

(B) Certification.

1. The regional center shall issue a Department of Mental Health, Division of Mental Retardation and Developmental Disabilities, Medication Aide Certificate to employable individuals successfully completing the course upon receiving the required final records and test booklets from the sponsoring agency.

2. The regional center shall enter the names of all individuals receiving a Medication Aide Certificate in the Division of Mental Retardation and Developmental Disabilities Medication Aide Registry.

3. Medication aides who do not currently meet certification requirements must successfully pass the Level I Medication Aide course or challenge the final examination, if eligible, and obtain a Division of Mental Retardation and Developmental Disabilities Medication Aide Certificate within eighteen (18) months from the effective date of this regulation. Individuals who fail to comply shall not be allowed to administer medications.

4. Individuals who hold a Medication Aide Certificate issued by a regional center or a Division of Aging Level I Medication Aide Certificate, and have completed bi-annual training as required in section (14), will meet the requirements of this rule.

(14) Bi-Annual Training Program.

(A) Level I medication aides shall participate in a minimum of four (4) hours of medication administration training every two (2)

years in order to administer medications in a residential setting or day program funded, certified or licensed by the Department of Mental Health to provide services to persons who are mentally retarded or developmentally disabled. The training shall be taken in two (2) two (2)-hour blocks or a four (4)-hour block and must be completed by the anniversary date of the medication aide's initial level I medication aide certificate. The training shall be—

1. Offered by a qualified instructor as outlined in section (10) of this rule; and

2. Documented on the Level I Medication Aide Bi-Annual Training form MO 650-8730 and kept in the employee's personnel file. This form is incorporated by reference in this rule.

(B) The training shall address at the least the following:

1. Medication ordering and storage;

2. Medication administration;

A. Use of generic drugs;

B. How to pour, chart, administer and document;

C. Information and techniques specific to the following: inhalers, eye drops, topical medications and suppositories;

D. Infection control;

E. Side effects and adverse reactions;

F. New medications and/or new procedures;

G. Medication errors;

3. Individual rights, and refusal of medications and treatments;

4. Issues specific to the facility/program as indicated by the needs of the consumers, and the medications and treatments currently being administered; and

5. Corrective actions based on problems identified by the staff, the trainees or issues identified by regulatory and accrediting bodies, professional consultants or by any other authoritative source.

(C) The Department of Mental Health regional centers will routinely monitor the quality of medication administration. When quality assurance monitoring documents that a medication aide is not administering medications within training guidelines, the regional center may require the aide to take additional training in order to continue passing medications in the residential setting or day program.

(15) Revocation of Certification.

(A) If the Department of Mental Health upon completion of an investigation, finds that a medication aide has stolen or diverted drugs from a consumer or facility or has had his/her name added to the Department of Mental Health Employee Disqualification Registry or Division of Aging Employee

Disqualification Registry, the Department of Mental Health shall render the medication aide's certificate invalid.



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
MENTAL RETARDATION DEVELOPMENTAL DISABILITIES
MEDICATION AIDE BI-ANNUAL TRAINING

EMPLOYEE NAME	DATE OF BIRTH / /	SOCIAL SECURITY NUMBER - -
EMPLOYEE ADDRESS	MEDICATION AIDE CERTIFICATE (INITIAL)	
	DATE ISSUED ___/___/___ CERTIFICATE #	
SPONSORING FACILITY NAME		
SPONSORING FACILITY ADDRESS		
A. Training shall address at least the following	DATE OF TRAINING ____/____/____ HOURS COMPLETED _____	DATE OF TRAINING ____/____/____ HOURS COMPLETED _____
1. Medication ordering and storage		
2. Medication administration		
<input type="checkbox"/> Use of generic drugs		
<input type="checkbox"/> How to pour, chart, administer and document		
<input type="checkbox"/> Information and techniques specific to the following: inhalers, eye drops, topical medications and suppositories		
<input type="checkbox"/> Infection Control		
<input type="checkbox"/> Side effects and adverse reactions		
<input type="checkbox"/> Update on new medications or new procedures		
<input type="checkbox"/> Medication errors		
3. Individual rights, and refusal of medications and treatments;		
4. Issues specific to the facility/program as indicated by the needs of the residents/clients, and the medications and treatments currently being administered		
5. Corrective actions based on problems identified by the staff, the trainees or issues identified by regulatory and accrediting bodies, professional consultants or by any other authoritative source; and		
Other specify:		
<p>The training shall be taken in two (2) two (2) hour blocks or a four (4) hour block and must be completed by the anniversary date of the medication aide's initial certificate. Medication aides who do not participate in at least 4 hours of medication administration training every two years will not be allowed to administer medication in accordance with 9CSR 45-3.060. A signed copy of this form denotes compliance with the training requirement and must be included in the employee's personnel file. It is the responsibility of the agency to offer and the employee to participate in the required training.</p>		
RN/LPN SIGNATURE (INSTRUCTOR)	LICENSE NUMBER	DATE
EMPLOYEE SIGNATURE		DATE
SPONSORING FACILITY(AUTHORIZED SIGNATURE)		DATE

MO 650-8730 (12-00)

AUTHORITY: sections 630.050 and 633.190, RSMo 2000. Original rule filed Jan. 10, 2001, effective Aug. 30, 2001.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995; 633.190, RSMo 1993, amended 1995.*