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# Rules of

# Department of Mental Health

## Division 40—Licensing Rules

## Chapter 1—Definitions, Licensing Procedures, and General Requirements for Community Residential Programs and Day Programs

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**Title 9—DEPARTMENT OF  
MENTAL HEALTH  
Division 40—Licensing Rules  
Chapter 1—Definitions, Licensing  
Procedures, and General Requirements  
for Community Residential Programs  
and Day Programs**

**9 CSR 40-1.010 Definitions**

(Rescinded January 15, 1984)

*AUTHORITY: sections 630.050 and 630.705, RSMo Supp. 1982. Original rule filed Feb. 9, 1983, effective July 11, 1983. Emergency rescission filed Sept. 20, 1983, effective Oct. 1, 1983, expired Jan. 15, 1984. Rescinded: Filed Sept. 20, 1983, effective Jan. 15, 1984.*

**9 CSR 40-1.015 Definitions**

*PURPOSE: This rule defines terms used in licensing procedures and rules developed under sections 630.705–630.760, RSMo, for all community residential programs and day programs subject to licensure by the department, including Residential Care Facilities and Assisted Living Facilities dually licensed by 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 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) Unless the context clearly indicates otherwise, the terms defined in sections 630.005, 632.005 and 633.005, RSMo and as used in 9 CSR 40 are incorporated by reference as if set out in this rule.

(2) The following additional words and terms, as used in 9 CSR 40, mean:

(A) Administrative agent, an organization and its approved designee(s) authorized by the department as an entry and exit point into the state mental health service delivery system for a geographic service area defined by the department. Administrative agents provide statewide access crisis intervention services, including a twenty-four (24) hour crisis mobile response by qualified mental health professionals;

(B) Access Crisis Intervention (ACI), as defined in 9 CSR 30-4.195 Access Crisis

Intervention (ACI) Programs;

(C) Affiliate, an organization that is contracted with the department to provide specific community psychiatric rehabilitation (CPR) services for adults in a specific designated geographic region;

(D) Applicant, an individual, partnership, association, corporation, or governmental entity which has applied to the department for a license or program license;

(E) Assisted living facility (ALF), any residence, intermediate care facility, or skilled nursing facility licensed under Chapter 198, RSMo, that provides twenty-four (24) hour care and services and protective oversight to three (3) or more adults who need assistance with activities of daily living and instrumental activities of daily living; storage, distribution, or administration of medications; and/or supervision of health care under the direction of a licensed physician;

(F) Behavioral health, the promotion of mental health, resilience, and well-being, the treatment of mental health and substance use disorders, and the support of individuals who experience and/or are in recovery from these conditions, along with their families/natural supports and communities;

(G) Behavioral crisis/mental health crisis, any situation in which a person's behavior puts him/her at risk of hurting him/herself or others and/or prevents him/her from being able to care for him/herself or function effectively in the community;

(H) Behavioral health services, mental health services, substance use disorder treatment services, or a combination of both, for youth, children, and adults. Services may be provided in a residential program, on an outpatient basis, or in a home or community program;

(I) Care plan, document developed by staff of a community residential program or day program in collaboration with the individual served and family members/natural supports, as appropriate, which includes measurable goals and objectives important to the individual to assist him or her in achieving personally defined outcomes, ensures delivery of services and supports in a manner that reflect personal preferences and choices, and contributes to the assurance of health and well-being of the individual served;

(J) Community Psychiatric Rehabilitation (CPR), an array of community-based outpatient mental health services for children, youth, and adults who have been diagnosed with a severe, disabling mental illness or serious emotional disturbance. Administrative agents or their affiliates are responsible for providing these services to eligible individuals in designated service area(s);

(K) Community residential program, any

premises where services, structure, oversight, and supports are provided on a residential basis for adults with mental illness who otherwise would not be able to function outside of psychiatric inpatient care due to the severity and chronicity of their mental illness. This includes, but is not limited to, Intensive Residential Treatment Settings (IRTS), Psychiatric Individualized Supported Living (PISL), Residential Care Facilities (RCF), Intermediate Care Facilities (ICF), and Assisted Living Facilities (ALF);

(L) Competency-based training, the provision of knowledge and skills sufficient to enable the trained staff person to meet specified standards of performance consistent with generally accepted professional standards or specified in law, regulation, or policy, as validated by the person's demonstration that he/she can use such knowledge or skills effectively;

(M) Compliance, a program may be found in compliance with these licensing rules when deficiencies do not involve—

1. Abuse or neglect—any instance of abuse/neglect in which corrective action has not been taken;

2. Life endangering conditions—any single life-endangering event or combination of minor deficiencies which collectively are life endangering or which become perilous contingent upon an event such as the outbreak of fire;

3. Legal requirements-deficiencies related to statutory requirements for programs licensed by the department, such as individual rights and licensing procedures;

4. Repeated deficiencies—issues which may or may not be serious in and of themselves, but which become significant when left uncorrected according to agreed upon schedules over a period of time;

5. Numerous deficiencies—deficiencies which may or may not be serious themselves, but become significant collectively because they indicate an ineffective maintenance plan, deficient environmental standards, inadequate orientation or training of staff, poor nursing care practice, inadequate diet, lack of treatment or rehabilitation, ineffective policies and procedures, inadequate staffing, improper recordkeeping, or other issues which may affect the well being of individuals served; or

6. Minimum environmental requirements—quantitative requirements under environment and fire safety/emergency preparedness relating to minimum dimensions for hallways, doors, ceiling heights, window space, floor space, number of bathrooms, and individuals per bedroom;

(N) Consent agreement, an agreement with the department that is entered into by the director of a community residential program



or day program to obtain a probationary license. Such a consent agreement will include a provision that the director of the program will voluntarily surrender the license if compliance with licensing requirements is not reached in accordance with the terms and deadlines established under the agreement. The agreement specifies the stages, actions, and time span to achieve compliance;

(O) Continuing care, the provision of a treatment plan and program structure that will ensure an individual receives the type of care he/she needs at the time, particularly at the point of discharge or transfer from the current program. Programs are flexible and tailored to the changing needs of individuals served;

(P) Crisis, an event or time period for an individual characterized by a substantial increase in symptoms, legal or medical problems, and/or loss of housing, employment, or personal supports;

(Q) Crisis prevention plan, developed with individuals who have a mental illness when a potential risk for suicide, violence, or other at-risk behavior is identified during the assessment process or any time during the individual's engagement in services. At a minimum, the crisis prevention plan includes factors that may precipitate a crisis, a hierarchical list of skills/strengths identified by the individual to regain a sense of control to return to his/her level of functioning before the crisis or emergency, and a hierarchical list of staff interventions that may be used when a critical situation occurs;

(R) Deemed license, acknowledges that an organization/program is monitored and held accountable by a recognized national accrediting body and the department accepts the organization's verification of good standing with the accrediting body as sufficient to meet the department's standards of care;

(S) Deficiency, a condition, event, or omission that does not comply with a department licensing rule;

(T) Discharge, the point at which an individual's active involvement with a treatment or rehabilitation program concludes in accordance with the goals in his or her individual support plan (ISP), individual treatment plan (ITP), or care plan, applicable utilization criteria, and/or program rules;

(U) Electronic health record (EHR), digital version of individual records;

(V) Family living arrangement (FLA) for adults, a program in the owned or leased permanent residence of the licensee, serving no more than three (3) adults who have a developmental disability who are integrated into the licensee's family unit. The licensee of the home provides care and support as directed in the individual support plan (ISP);

(W) Family living arrangement (FLA) for children/youth, a program in the owned or leased permanent residence of the licensee in which mental health interventions are provided for children and youth placed in the home, allowing the child to remain in his/her community until returning to his/her natural home or alternative community placement to avoid being removed from a community setting;

(X) Individual, a person/consumer/client receiving services from a program licensed under 9 CSR 40;

(Y) Individualized education plan (IEP), a plan developed by trained school staff for children who have a disability and a need for specialized instruction;

(Z) Individual support plan (ISP), a document resulting from a person-centered planning process with an individual with intellectual or developmental disabilities, with assistance as needed by a representative, in collaboration with an interdisciplinary team. The plan is intended to identify the strengths, capacities, preferences, needs, and desired outcomes of the person served. The process may include other people freely chosen by the individual who are able to contribute to the process. The person-centered planning process enables and assists the individual in accessing a personalized mix of paid and non-paid services and supports that will assist him/her in achieving personally defined outcomes and the training, supports, therapies, treatments, and/or other services that become part of the ISP;

(AA) Individual Treatment Plan (ITP), written document developed in collaboration with the individual seeking assistance for a behavioral health condition (or his or her parent/legal guardian) that identifies the individual's strengths, goals, preferences, abilities, physical and behavioral health needs, and desired outcomes for a healthy lifestyle in the community. Treatment staff, treatment team members, and family members/natural supports (if acceptable to the individual being served) participate in the development of the plan and assist the individual in identifying and accessing a mix of services and supports to meet his/her needs and achieve desired goals for recovery and resiliency;

(BB) Intensive Residential Treatment Setting (IRTS), living environment where medically necessary services/supports are provided for five (5) to sixteen (16) adults with serious mental illness who are transitioning from an inpatient psychiatric hospital to the community, or are at risk of returning to inpatient care due to their clinical status or need for increased support. This environment is most appropriate for individuals who can tolerate regular

interaction with their peers, but have significant difficulties with activities of daily living and may require round-the-clock observation and oversight and/or periodic redirection from staff to avoid behaviors potentially harmful to themselves or others;

(CC) Isolation, removing an individual from a social setting to prevent spread of contagious disease;

(DD) License, written notification that a community residential program or day program complies with department licensing requirements to serve individuals with mental illness, intellectual disabilities, and developmental disabilities;

(EE) Licensee, an individual, partnership, association, corporation, or governmental entity which has received a license or program license from the department to operate a community residential program or day program to provide services and supports for individuals with mental illness, intellectual disabilities, and developmental disabilities;

(FF) Mechanical supports, supportive devices used in normative situations to achieve proper body position and balance; these are not restraints;

(GG) Medication administration, qualified staff preparing and/or giving a legally prescribed individual dose of medication to an individual served, including observation and monitoring the individual's response to the medication;

(HH) Medication control, the process of physically controlling, transporting, storing, and disposing of medications, including medications self-administered by individuals served;

(II) Medication use, the practice of handling, prescribing, and dispensing medication (including administering and observing self-administration) to persons served in response to specific symptoms, behaviors, and conditions for which the use of medication is indicated and deemed effective. This includes prescribed and sample medications and may, when required as part of the treatment regimen, include over-the-counter or alternative medication provided to persons served;

(JJ) Misuse of funds/property, as defined in 9 CSR 10-5.200, Report of Complaints of Abuse, Neglect, and Misuse of Funds/Property;

(KK) Natural supports, provided by a person of the individual's choice to assist him or her in achieving personal goals and facilitating integration into their community. Natural supports are provided by persons who are not paid staff of an agency but may be initiated, planned, and facilitated in partnership with an agency;

(LL) Neglect, as defined in 9 CSR 10-5.200, Report of Complaints of Abuse, Neglect, and Misuse of Funds/Property;

(MM) Outcome, a specific measurable result of services/supports provided to an individual or identified target population;

(NN) Person-centered, services and supports developed in collaboration with the individual served that are respectful of informed consent and the preferences of the individual, resulting in a therapeutic alliance which contributes significantly to treatment/rehabilitation outcomes;

(OO) Physical abuse, as defined in 9 CSR 10-5.200, Report of Complaints of Abuse, Neglect, and Misuse of Funds/Property;

(PP) Probationary license, written authorization to continue service delivery for a specified period of time to enable a licensee to achieve compliance with the department's licensing requirements as set forth in a consent agreement between the department and the licensee;

(QQ) Program license, written notification that a community residential program with a current license, temporary operating permit, or probationary license from the Department of Health and Senior Services (DHSS) under sections 198.006—198.096, RSMo, also meets the department's licensing requirements relative to admission criteria, care, treatment, and habilitation or rehabilitation needs of individuals served;

(RR) Psychiatric crisis, an individual is exhibiting a substantial increase in symptoms related to a severe emotional disturbance or mental illness based upon his or her baseline functioning. The reason(s) why the crisis occurred and how it is expressed varies by individual and may include harm to self or others, disorientation, being out of touch with reality, compromised ability to function, or other expression of emotional distress not characteristic to the individual. Immediate clinical assessment and intervention is necessary to ensure the safety of the individual and others;

(SS) Psychiatric Individualized Supported Living (PISL), living environment where medically necessary services/supports are provided for one (1) to four (4) adults with serious mental illness who are transitioning from an inpatient psychiatric hospital to the community, or are at risk of returning to inpatient care due to their clinical status or need for increased support. This environment is most appropriate for individuals who—

1. Have intermittent difficulty tolerating other individuals in their immediate living area;

2. Require access to an individual bedroom to avoid psychiatric relapse, aggression, or other behaviors associated with a risk of re-hospitalization; and/or

3. Have substantial difficulties with activities of daily living and require round-

the-clock observation and oversight; and/or

4. Require daily redirection from staff to avoid behaviors potentially harmful to themselves or others;

(TT) Qualified mental health professional (QMHP), any of the following:

1. A physician licensed under Missouri law to practice medicine or osteopathy and with training in mental health services or one (1) year of experience, under supervision, in treating problems related to mental illness or specialized training;

2. A psychiatrist licensed under Missouri law as a physician and who has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association, or other training program identified as equivalent by DMH;

3. A psychologist licensed under Missouri law to practice psychology with specialized training in mental health services;

4. A professional counselor licensed under Missouri law to practice counseling with specialized training in mental health services;

5. A clinical social worker licensed under Missouri law with a master's degree in social work from an accredited program and with specialized training in mental health services;

6. A psychiatric nurse licensed under Chapter 335, RSMo, as a registered professional nurse with at least two (2) years of experience in a psychiatric or substance use disorder treatment setting or a master's degree in psychiatric nursing;

7. An individual possessing a master's or doctorate degree in counseling and guidance, rehabilitation counseling and guidance, vocational counseling, psychology, pastoral counseling, family therapy, or related field who has successfully completed a practicum or has one (1) year of experience under the supervision of a QMHP;

8. An occupational therapist certified by the National Board for Certification in Occupational Therapy, registered in Missouri, who has a bachelor's degree and has completed a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting, or has a master's degree and has completed either a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting;

9. An advanced practice registered nurse (APRN) under section 335.016, RSMo, who has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for APRNs established by the board of nursing;

or

10. A psychiatric pharmacist, registered pharmacist in good standing with the Missouri Board of Pharmacy who is a board-certified psychiatric pharmacist through the Board of Pharmaceutical Specialties, or a registered pharmacist currently in a psychopharmacology residency where the service has been supervised by a board-certified psychiatric pharmacist;

(UU) Reciprocal license, issued by the department to a residential program that has a current valid license as a Residential Treatment Agency for Children and Youth from the Department of Social Services under 13 CSR 35-71, if the applicant has applied for a license from the department and paid the application fee;

(VV) Research, as defined in 9 CSR 60-1.010;

(WW) Residential care facility (RCF), as defined in section 198.006, RSMo;

(XX) Residential program, program in the community serving ten (10) or more individuals with intellectual or developmental disabilities by providing social support, health supervision, and habilitation training in skills of daily living;

(YY) Restraint, as defined in 9 CSR 10-7.140;

(ZZ) Safety crisis plan, as defined in 9 CSR 45-3.090 Behavior Supports;

(AAA) Scheduled (controlled) medication, categories or schedules assigned to medication by the Drug Enforcement Administration based on a drug's acceptable medical use and the drug's abuse or dependency potential;

(BBB) Seclusion, involuntary confinement of an individual alone in a room or an area from which he/she is physically prevented from leaving or having contact with others;

(CCC) Self-administration of medication (adults), the application of a medication, (whether by injection, inhalation, oral ingestion, or any other means) by the individual served to his or her body, and may include the program storing the medication and staff handing the medication container to the individual at the time designated to take the medication;

(DDD) Sexual abuse, as defined in 9 CSR 10-5.200, Report of Complaints of Abuse, Neglect, and Misuse of Funds/Property;

(EEE) Staff (staff member, employee, personnel), paid employee or contractor providing services and/or supports on behalf of a licensed or deemed licensed program, on a full- or part-time basis, and has contact with individuals served by the program;

(FFF) Stock supply/stock pharmaceutical, prescription and non-prescription medication stored on-site for the provision of medication



services by a program. Stock supplies are checked by qualified staff on a routine basis for expiration dates and reviewed annually by a pharmacy consultant and approved by the medical director or pharmacy technician;

(GGG) Substance use disorder, diagnostic term in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* referring to recurrent use of alcohol or other drugs that causes clinically and functionally significant impairment such as health problems, disability, and failure to meet major responsibilities at work, school, or home. Depending on the level of severity, this disorder is classified as mild, moderate, or severe. The document incorporated by reference does not include any later revisions or updates and is available from the American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901;

(HHH) Supports, array of activities, resources, relationships, and services designed to assist an individual's integration into the community, participation in services/supports, improve functioning, and/or recovery and resiliency;

(III) Targeted case management, Medicaid program that assists individuals served by the Division of Developmental Disabilities (DD) to gain access to needed medical, social, educational, and other services;

(JJJ) Temporary operating permit, written authorization from the department permitting a licensee seeking license renewal or a new owner applying for an initial license to continue service delivery pending completion of the licensing survey process and the applicant is not at fault for any delay in the process;

(KKK) Time-out, temporarily separating a person from an environment where he or she has exhibited unacceptable behavior;

(LLL) Trauma, experiences that cause intense physical and psychological stress reactions. May refer to a single event, multiple events, or a set of circumstances experienced by an individual as physically and emotionally harmful or threatening and has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being;

(MMM) Treatment, a professionally recognized approach that applies accepted theories, principles, and techniques designed to achieve rehabilitative outcomes for individuals served;

(NNN) Verbal abuse, as defined in 9 CSR 10-5.200, Report of Complaints of Abuse, Neglect, and Misuse of Funds/Property; and

(OOO) Volunteer, an unpaid person formally recognized by a program to provide direct services or supports to individuals it serves.

(3) Unless the context clearly indicates otherwise, certain terms shall be used in 9 CSR 40 as follows:

(A) Parent, the parent of a minor child unless his/her parental rights have been terminated, or the parent of an adult who consents to having the parent have access to or participate in the record or activity subject of a particular rule. The term shall be disregarded if the individual's parents are deceased or have had their parental rights terminated; and

(B) Guardian, the person appointed by a Missouri court of competent jurisdiction to have the care, custody, and control of the individual. The term shall be disregarded if the individual has not had a guardian appointed.

*AUTHORITY: sections 630.050 and 630.705, RSMo 2016.\* Original rule filed Oct. 13, 1983, effective Jan. 15, 1984. Amended: Filed March 14, 1984, effective Aug. 15, 1984. Amended: Filed July 15, 1985, effective Feb. 1, 1986. Amended: Filed Jan. 2, 1990, effective June 11, 1990. Amended: Filed Jan. 31, 1991, effective July 8, 1991. Amended: Filed July 17, 1995, effective March 30, 1996. Amended: Filed May 14, 2020, effective Dec. 30, 2020.*

*\*Original authority: 630.050, RSMo 1980, amended 1993, 1995, 2008 and 630.705, RSMo 1980, amended 1982, 1984, 1985, 1990, 2000, 2011, 2014.*

#### 9 CSR 40-1.050 Licensure Procedures (Rescinded January 15, 1984)

*AUTHORITY: sections 630.050 and 630.705, RSMo Supp. 1982. Original rule filed Feb. 9, 1983, effective July 11, 1983. Emergency rescission filed Sept. 20, 1983, effective Oct. 1, 1983, expired Jan. 15, 1984. Rescinded: Filed Sept. 20, 1983, effective Jan. 15, 1984.*

#### 9 CSR 40-1.055 Licensing Procedures

*PURPOSE: This rule describes the application and licensing process for community residential programs and day programs subject to licensure from the department, including Residential Care Facilities (RCF) and Assisted Living Facilities (ALF) dually licensed by the Department of Health and Senior Services (DHSS).*

*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) As set out in section 630.705, RSMo, each community residential program (hereafter referred to as residential program) or day program serving individuals with mental illness, intellectual disabilities, or developmental disabilities (IDD) shall have a license or program license from the department unless specifically exempted under section 630.705.3., RSMo.

(2) The department issues the following types of licenses:

(A) A license to operate a day program when the program serves individuals with a diagnosed mental illness or IDD;

(B) A license to operate a residential program, including a group home or family living arrangement, when individuals with a mental illness or IDD diagnosis are being served in the program;

(C) A program license to a residential program that is licensed under Chapter 198, RSMo, as a Residential Care Facility (RCF) or Assisted Living Facility (ALF) that serves any individual with an IDD or a majority of individuals with a mental illness diagnosis; and

(D) A reciprocal license to a residential program licensed by the Department of Social Services (DSS) as a Residential Treatment Agency for Children and Youth.

(3) Residential programs and day programs located at the same physical address, but separately licensed by the department, may share staff as long as each program independently meets applicable staffing requirements for the population being served.

(4) A day program that is part of a Community Psychiatric Rehabilitation (CPR) program and is certified or deemed certified by the department under 9 CSR 10-7.130 and 9 CSR 30-4, will not be separately licensed by the department's Office of Licensure and Certification.

(5) An agency or individual may request to be licensed by completing the application form included herein and submitting the application and other documentation as specified. The application form can be downloaded from the department's website <https://dmh.mo.gov/media/pdf/application-licensure>. Completed applications must be mailed to: Department of Mental Health, Office of Licensure and Certification, PO Box 687, Jefferson City, MO 65102, fax

(573) 751-7815, or emailed to: DMH-OLC@dmh.mo.gov.

(6) An application for an initial license must be submitted not less than thirty (30) days prior to the opening date for a new residential program or day program. The application must be approved by department staff prior to a Division of Fire Safety inspection or department license inspection being scheduled. A diagram of the interior of the building(s), in approximate scale, and a narrative indicating how each area of the building will be used is required for first-time applicants.

(A) Prior to new construction, remodeling an existing structure(s), or any structural alterations to an existing building, a copy of the plans must be submitted to the Office of Licensure and Certification for review and approval, including an explanation for utilizing each area of the building. The architect or contractor shall certify in writing the plans are in compliance with these licensing regulations.

1. Construction shall not begin until the plans have been reviewed and approved by the Division of Fire Safety. All plans for new construction, remodeling, and additions must comply with the 2010 *Americans with Disabilities Act Standards for Accessible Design*, hereby incorporated by reference and is published by and available from the U.S. Department of Justice, Civil Rights Division, 950 Pennsylvania Avenue NW, Washington, DC 20530, available at: <https://www.ada.gov/regs2010/2010ADASTandards/2010ADASTandards.htm>. This rule does not incorporate any subsequent amendments or additions to the regulations listed above. This rule does not prohibit programs from complying with regulations set forth in newer versions of the incorporated by reference material listed in this paragraph of this rule.

2. During the construction or remodeling process, an inspection of the framing, wiring, and rough-in wiring for the fire alarm system must be conducted by the Division of Fire Safety before the walls are enclosed. Failure to have these inspections constitutes cause for disapproval by the Division of Fire Safety.

3. An existing residential program or day program shall not increase the capacity of any room or total capacity of any building without meeting new construction requirements as specified in this rule.

(7) The department issues a license to operate a residential program or day program serving any individual with an IDD or a majority of

individuals with a mental illness if the applicant—

(A) Has applied for a license from the department and paid the application fee;

(B) Has not had a license or program license denied or revoked by the department; and

(C) Is in compliance with applicable state laws and regulations, including the regulations established by the department pursuant to section 630.710, RSMo.

(8) The department will issue a program license to a residential program that has a current, valid license from the Department of Health and Senior Services (DHSS) under Chapter 198, RSMo, as an ALF or RCF when the program serves any individual with an IDD or a majority of individuals with a mental illness, if the applicant—

(A) Has applied for a license from the department and paid the application fee;

(B) Has not had a license or program license denied or revoked by DHSS or the department; and

(C) Is in compliance with applicable state laws and department licensing regulations as specified in 9 CSR 40-1.060 Program Administration and 9 CSR 40-1.075 Person-Centered Services.

(9) The department will issue a reciprocal license to a residential program that has a current valid license as a Residential Treatment Agency for Children and Youth from the DSS under 13 CSR 40-71, if the applicant has applied for a license from the department and paid the application fee.

(A) The department delegates its survey authority to the DSS, Children's Division, for compliance with licensing rules as a Residential Treatment Agency for Children and Youth under 13 CSR 40-71.

(10) The department recognizes and deems as licensed any residential program that is—

(A) An Intermediate Care Facility (ICF) for Individuals with Intellectual Disabilities (ICF/IID) certified under Title XIX of the Social Security Act, 42 U.S.C. section 1396, and the regulations contained in 42 CFR part 442, as long as the facility remains certified; and

(B) An ICF or Skilled Nursing Facility (SNF) licensed under Chapter 198, RSMo, and certified under Title XIX of the Social Security Act, 42 U.S.C. section 1396, and the regulations contained in 42 CFR part 442, as long as the facility remains certified.

(C) The department does not issue a license to a residential program that meets the criteria for deemed status as specified in this

section of this rule.

(11) The department recognizes and deems as licensed a residential program or day program that maintains accreditation from CARF International, The Council on Quality and Leadership, The Joint Commission, or other accrediting body recognized by the department.

(A) Accredited agencies must—

1. Submit a copy of the accrediting body's survey report to the department within thirty (30) days of receipt, including verification of the accreditation time period and programs/services that are accredited;

2. Notify the department of any investigation by the accrediting body related to a complaint;

3. Notify the department of any changes in accreditation status during the time period of accreditation and resurvey; and

4. Ensure they are compliant with all department licensing regulations pertaining to service delivery and fire safety.

(B) Deemed status may be revoked by the department if an agency fails to comply with the requirements outlined in paragraph (11)(A)1.-4. of this rule.

(C) The department does not issue a license to an agency that meets the criteria for deemed status as specified in this section of this rule.

(12) Agencies that are deemed as licensed by the department are not exempt from monitoring of service delivery practices, individual safety, or environmental conditions through other functions conducted by the department.

(13) License fees are as follows and must be included with the individual/agency's application for licensure from the department:

(A) Ten dollars (\$10) for residential programs and day programs that admit more than three (3) but less than ten (10) individuals;

(B) Fifty dollars (\$50) for residential programs and day programs that admit ten (10) or more individuals;

(C) The fee is based on the total available capacity of the residential program or day program, not the number of individuals currently being served. The license fee is non-refundable; and

(D) The license fee does not apply to residential programs or day programs applying for a licensed capacity of three (3) or fewer individuals or to residential programs or day programs owned and operated by a government entity.

(14) The department considers an application for licensure to be active for no more than



one (1) year. If the department does not issue a license or program license within one (1) year from the date of application, the applicant must submit a new application with the applicable fee, if necessary, to be considered for licensure.

(15) A license is issued for a period of one (1) year unless it is revoked by the department prior to the expiration date. The department provides each licensee with a renewal notice at least one hundred twenty (120) business days prior to expiration of the existing valid license.

(16) The licensee shall submit the application for a license for a succeeding year to the department at least ninety (90) business days before the expiration date of its current license.

(17) If the licensee does not apply for a renewal license within at least ninety (90) business days before the expiration date of the license, the department will notify the director of the program that it is not authorized under Missouri law to serve individuals with mental illness or IDD without a license.

(18) If an application for a license is not submitted to the department at least thirty (30) business days prior to the expiration of an existing valid license, department staff will notify the program director that the program will not be licensed after the expiration date of the license. A copy of the letter will be provided to applicable areas of the department and to any state or local government agencies with the potential to be affected by the program's non-licensed status.

(19) If the department has reasonable grounds to believe a residential program or day program required to be licensed under sections 630.705–630.760, RSMo, is operating without a license, the department will attempt to investigate to determine whether a license is required. If department staff are not permitted access to inspect the program, or if the program director refuses to permit access for an inspection, the department will apply to the circuit court of the county in which the program is located for an order authorizing entry for such inspection.

(20) If the department has not completed its license inspection before the expiration date of a current license and the applicant is not at fault for the delay, a temporary operating permit, not to exceed ninety (90) business days, will be issued by the department in order to complete the survey.

(A) An applicant seeking license renewal is at fault for reasons including, but not limited to:

1. The licensee did not apply for a new license or program license at least thirty (30) days prior to the expiration date of the existing license;

2. The department found the licensee to be out of compliance with its licensing requirements and the director of the program failed to achieve compliance prior to expiration of the license; and/or

3. The licensee refused to allow a license inspection by the department or otherwise to cooperate with the licensing survey team.

(21) The department considers a change in agency ownership to have occurred under any of the following circumstances:

(A) An individual licensee incorporates or forms a partnership;

(B) A change in the majority interest of the partners, with respect to a licensee which is a general partnership;

(C) A change in the majority interest of the general partners or in the majority interest of limited partners, with respect to a licensee which is a limited partnership; or

(D) A change in the person(s) who owns, holds, or has the power to vote the majority of any class of stock issued by the corporation, with respect to a licensee which is a corporation.

(22) The department may grant a temporary operating permit for a specified period of time, not to exceed ninety (90) business days, under the following circumstances:

(A) To authorize continuity of services and allow department staff to evaluate an application for a license or program license as a result of any change in ownership of a residential program or day program; or

(B) To determine compliance with applicable state laws and regulations, including the standards established by the department pursuant to section 630.710, RSMo, if the applicant—

1. Has applied for a license and paid the appropriate application fee;

2. Has not had a license or program license denied or revoked by the department; or

3. Is licensed by DHSS as defined in Chapter 198, RSMo, as an ALF or RCF, if applicable.

(23) Each application for licensure must include the name and contact information of the director of the agency and the staff person in charge of administration of the residential

program or day program.

(24) The director of the residential program or day program shall cooperate with and assist authorized department staff or its representatives in making announced and unannounced licensing surveys by allowing access to the program's premises, records, staff, and individuals served.

(25) After receiving a complete application for an initial license or renewal license, department staff will conduct an on-site inspection of the residential program or day program to assess compliance with these licensing regulations. This may include, but is not limited to, interviews with agency and/or program staff and individuals served, a review of agency records, and observation of program activities and environmental conditions.

(A) At the conclusion of the on-site license inspection, department staff will hold an exit conference with the program director and other relevant staff to discuss results of the inspection.

(B) If the department determines the program is in compliance with the provisions of sections 630.705 through 630.760, RSMo, and these licensing regulations, a license or program license will be issued.

(26) If the department determines an applicant or existing licensee is not in compliance with these licensing regulations at the time of the inspection, the applicant will be notified as follows:

(A) The program director will be informed of the area(s) of noncompliance during the exit conference with department staff;

(B) Within twenty (20) business days after completion of the on-site license inspection, a written report will be sent to the program director explaining the area(s) of noncompliance;

(C) The licensing report will require the program director to submit a plan of correction to the department within twenty (20) business days of receipt;

(D) The plan of correction shall address each deficiency cited in the report and include action steps and time frames for achieving compliance, including:

1. How program staff will identify individuals served, other staff, and/or maintenance areas potentially affected by the deficient practice(s);

2. How program staff will monitor corrective action taken, including measures or systemic changes to ensure the deficient practice(s) do not reoccur;



3. The date when full compliance with licensing regulations will be achieved; and

4. The staff person(s) responsible for implementing the plan of correction in the program;

(E) Within ten (10) business days following receipt of the program's plan of correction, the department will issue written approval or disapproval of the plan to the program director;

(F) Department staff will reinspect the program within sixty (60) business days after the original inspection to determine if deficiencies are being corrected as required in the approved plan of correction or any subsequent authorized modification. The reinspection may be conducted through a desk audit at the department's discretion.

1. If the department determines the program is in compliance with licensing regulations, a license will be issued to the program.

2. If the department determines the program has not achieved compliance with licensing regulations or the program director is not correcting the noted areas of non-compliance in accordance with the approved plan of correction, the department will issue written notice of noncompliance to the program director by certified mail/return receipt requested;

(G) The notice of noncompliance will inform the program director that the department may seek the imposition of any of the sanctions and remedies provided for in section 630.755, RSMo, or any other action authorized by law; and

(H) The program director may choose to enter into a consent agreement with the department to obtain a probationary license. The consent agreement will include a provision that the program director shall voluntarily surrender the license if compliance is not reached in accordance with the terms and deadlines established under the consent agreement. The agreement will specify the stages, actions, and time span to achieve compliance with licensing regulations.

(27) New applicants not licensed by the department and not currently serving individuals with mental illness or IDD that fail to correct a deficiency(ies) and submit a plan of correction or otherwise cooperate with the licensing process, will not be formally denied a license. The application will be allowed to expire and considered withdrawn.

(28) The department license is issued for the residential program or day program location and the individual, partnership, association, corporation, or governmental entity named

on the application. The license is not valid for programs operated by the same agency that are located on different premises.

(29) The license issued by the department to the day program or residential program must be posted in a conspicuous place on the premises.

(30) The department maintains a directory of all licensed residential programs and day programs and posts the directory on its public website.

(31) The department or its authorized representatives may conduct announced or unannounced inspections during a licensure year to determine compliance with its licensing regulations in identified areas of focus. If the residential program or day program is found to be out of compliance with department licensing requirements, the license or program license will be revoked if the program does not achieve compliance as specified by the department.

(32) The department may deny a new application or a renewal application for licensure or revoke an existing license if a residential program or day program fails to comply with sections 630.705—630.760, RSMo, and corresponding licensing regulations and fails to submit and/or implement an approved plan of correction as described in section (26) of this rule.

(A) Prior to the formal notice of license denial or revocation, the department will send a written notice of its intent to deny/revoke and the reasons for such action to the program director by certified mail/return receipt requested. The program director shall have ten (10) business days from the date of receipt to request a review by the department's hearing administrator. The review shall occur within fifteen (15) business days of the department's receipt of the request for a hearing from the program director.

(B) The review by the department's hearing administrator is not applicable when a license was denied or revoked due to substantiated abuse, neglect, or misuse of funds/property pursuant to 9 CSR 10-5.200, 9 CSR 10-5.206, and 19 CSR 30-88.010.

(C) The written notice of license revocation or denial shall be effective not less than thirty (30) business days from the date of mailing by certified mail/return receipt requested or of personal service of the notice upon the licensee. The effective date of license revocation or denial will be included in the department's notice to the program

director.

(D) The notice of revocation or denial shall inform the applicant or licensee of the right to seek a determination of the revocation or denial by the Administrative Hearing Commission as set out in sections 621.045, 621.189, and 621.193, RSMo, and the right to stay the department's action pending the determination under rules promulgated by the Administrative Hearing Commission unless, upon application of the department, the commission finds that continued operation before final determination by the commission would present an imminent danger to the health, safety, or welfare of any individual, or likelihood that death or serious injury would result.

(E) The department will notify DHSS and DSS within ten (10) business days of revoking or denying a program license.

(33) As set out in section 630.750, RSMo, if the department finds a licensed residential program or day program is not in compliance with any licensing regulation(s) which presents either an imminent danger to the health, safety, or welfare of any individual or a substantial probability that death or serious physical harm would result, and the area(s) of noncompliance is not immediately corrected, the department director shall issue a notice of noncompliance to the program director and initiate the procedures set out in section (32) of this rule to deny or revoke the program's license.

(34) The director of a residential program or day program may withdraw an application for a license or program license any time during the inspection process by submitting written notification to the department attesting it does not meet the criteria for licensing.

(35) At any time after a department licensing inspection is conducted, the director of a residential program or day program may choose to enter into a consent agreement with the department to obtain a probationary license. The consent agreement shall include a provision that the program director shall voluntarily surrender the license if compliance is not reached in accordance with the terms and deadlines established under the agreement. The agreement shall specify the actions and time schedule to achieve compliance with these licensing regulations.

(36) A residential program or day program may ask for a waiver of a licensing requirement(s) by submitting a request to the department's Exceptions Committee as specified in 9 CSR 10-5.210.





STATE OF MISSOURI  
DEPARTMENT OF MENTAL HEALTH  
1706 EAST ELM STREET, P.O. BOX 687  
JEFFERSON CITY, MISSOURI 65102  
FAX: (573) 751-7815

**APPLICATION FOR LICENSURE****DO NOT WRITE IN THIS SPACE**

FEE RECEIPT #

FEE AMOUNT

IDENTIFIER

Before we can accept your application for processing, it must be complete. **The application will be returned to you requesting inclusion of any missing information.** If a section is not applicable to your agency/facility, please note that with an N/A in those sections. Print clearly and legibly in black ink or type.

**Please return the application and any necessary documentation at least 90 days prior to the expiration date of your license.**

**PROVIDER INFORMATION**

LEGAL NAME OF FACILITY		FEDERAL TAX ID OR SOCIAL SECURITY NUMBER	
		SOS CHARTER NO.	EXPIRATION DATE
FACILITY PHYSICAL STREET ADDRESS		COUNTY FACILITY LOCATED IN	
CITY	STATE	ZIP CODE	
FACILITY E-MAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER	
FACILITY MAILING ADDRESS			
CITY	STATE	ZIP CODE	
PRIMARY CONTACT PERSON		TITLE	
CONTACT EMAIL ADDRESS	CONTACT PHONE NO.	CONTACT FAX NO.	
NAME OF CORPORATE OWNER (IF DIFFERENT THAN NAME OF FACILITY)			
ADDRESS OF CORPORATE HOME OFFICE		CITY	STATE ZIP
TYPE OF OPERATOR (CHECK ONE)			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership			
<input type="checkbox"/> General Business Corporation <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (Specify) _____			
<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership			
HAS ANY PERSON NAMED ON THIS APPLICATION OR ANYONE PART OF THE PROVIDER AGENCY BEEN FOUND GUILTY OF OR PLEAD GUILTY TO OR NOLO CONTENDERE TO ANY DISQUALIFYING CRIME, AS OUTLINED IN SECTION 636.170, RSMO?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please submit explanation and copy of DMH exception approval.			

**CHECK ALL SERVICES FOR WHICH APPLICATION IS BEING MADE AND INDICATE CAPACITY WHERE NOTED.**

<input type="checkbox"/> Family Living Arrangement/Treatment Family Home (MI/MD) Capacity _____	<input type="checkbox"/> Group Home (DD) Capacity _____
<input type="checkbox"/> Family Living Arrangement (DD) Capacity _____	<input type="checkbox"/> Psychiatric Group Home Capacity _____
<input type="checkbox"/> RCF – Capacity _____ <input type="checkbox"/> SNF – Capacity _____ <input type="checkbox"/> ICF – Capacity _____	<input type="checkbox"/> Day Program (MI) Capacity _____
<input type="checkbox"/> ICF/IID Capacity _____	<input type="checkbox"/> Day Program (DD) Capacity _____

**OTHER LICENSING, CERTIFYING OR ACCREDITING BODY (NON-DMH)**

Please submit a copy of the agency's current license, certificate or accreditation report with this application. (Dept. of Health & Senior Services, Dept. of Social Services, Dept. of Elementary & Secondary Education, CARE, etc.)

NAME OF ORGANIZATION	PROGRAM TYPE	EFFECTIVE DATE	EXPIRATION DATE

ARE ANY RESIDENTIAL OR DAY PROGRAM SITES SERVICED BY A VOLUNTEER FIRE ASSOCIATION OR SUBSCRIPTION FIRE DEPARTMENT?

☐ Yes    ☐ No    If yes, attach documentation of current contract or proof of membership for each site, including proof of payment if paid by means other than city/county taxes.



**FIRE/SAFETY INSPECTIONS**

**Fire/Safety Inspection:**

- Prior to new construction, remodeling existing structures, and any structural alterations to existing facilities, the provider shall submit floor plans and specifications to the Department of Mental Health's Office of Licensure and Certification and the State Fire Marshal as required by 9 CSR 40-9.155 Fire Safety for On-Site Day Program.
- If a request for fire/safety inspection is required, the Office of Licensure & Certification will submit the request to the State Fire Marshal's Office after processing your completed application. Please complete the following form and have it on file at sites prior to the fire marshal inspection:  
<http://dmh.mo.gov/docs/dd/forms/qa/fdnotify.pdf>

**Sites required to have a fire/safety inspection are:**

- All *residential* programs, except those dually licensed by the DHSS and DMH, must have an approved fire inspection from the State Fire Marshal. This includes group homes for the mentally ill and/or developmentally disabled, family living arrangements and semi-independent living arrangements.
- All *day programs* serving the mentally ill and/or developmentally disabled must have an approved fire inspection from the State Fire Marshal.

**FEES: ENCLOSE THE FOLLOWING LICENSE FEE FOR EACH FACILITY/AGENCY TO BE LICENSED UNDER THIS APPLICATION.**

- For facilities/agencies with three (3) or fewer residents/participants, no fee;
- For facilities/agencies having at least four (4) but fewer than 10 residents/participants -- \$10.00;
- For facilities/agencies having 10 or more residents/participants -- \$50.00;
- For facilities that are licensed by the Department of Health and Senior Services (DHSS), the Department of Mental Health (DMH) licensure fee is based upon the licensed capacity determined by DHSS, not the number of DMH clients residing in the facility.

**THE COMPLETED APPLICATION PACKET SHOULD INCLUDE:**

**For INITIAL APPLICANTS:**

- Completed application for licensure;
- A labelled floor plan of the facility with a narrative of how each room is used;
- Your staffing pattern, indicating the number of direct care staff on duty during each shift Monday through Sunday.

**For RENEWAL APPLICANTS:**

- Completed application for licensure.
- Updated floor plan **ONLY** if you are remodeling or changing the structure and use of your building.
- Your staffing pattern **ONLY** if it has changed within the last licensure cycle.

**SEND THE COMPLETED APPLICATION PACKET AND LICENSURE FEE TO:**

**Missouri Department of Mental Health  
Office of Licensure and Certification  
1706 E. Elm Street • PO Box 687 • Jefferson City, MO 65102  
Or email the completed application to: DMH-OLC@dmh.mo.gov  
Questions: Call 573-751-4024**

**ACKNOWLEDGEMENT**

**STATE OF MISSOURI**

CITY OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_  
and \_\_\_\_\_  
GOVERNING BODY PRESIDENT CHIEF ADMINISTRATIVE OFFICER

being duly sworn to me on his/her oath, deposes and says that he/she has read the foregoing application and that the statements contained therein are true and correct to the best of his/her knowledge; and further gives assurance of the ability and intention of \_\_\_\_\_

NAME OF APPLICANT OR AGENCY

will be eligible for licensure only after it has complied with the requirements of the law and the regulations and codes, and that such licensure is subject to revocation at any time this agency fails to comply with the law, regulations and codes. Furthermore, it is agreed that the agents of the Department of Mental Health are authorized by law to make inspections of the premises, talk to employees, residents or clients about the operation of the facility, and to audit the financial records of this agency. \_\_\_\_\_ and \_\_\_\_\_ further

GOVERNING BODY PRESIDENT

CHIEF ADMINISTRATIVE OFFICER

certify that he/she will comply with all requirements, corrections and/or improvements in \_\_\_\_\_ contained  
in the survey reports completed by the authorities of the Department of Mental Health and submitted to said program.

NAME OF APPLICANT OR AGENCY

SIGNATURE (PRESIDENT) SIGNATURE (CHIEF ADMINISTRATIVE OFFICER)

NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

MO 650-9087 (7-19)



**AUTHORITY:** sections 630.050, 630.135, and 630.705, RSMo 2016.\* *Original rule filed Oct. 13, 1983, effective Jan. 15, 1984. Amended: Filed March 14, 1984, effective Aug. 15, 1984. Amended: Filed July 15, 1985, effective Feb. 1, 1986. Amended: Filed March 18, 1987, effective Aug. 15, 1987. Amended: Filed Jan. 2, 1990, effective June 11, 1990. Emergency amendment filed Sept. 15, 1992, effective Oct. 1, 1992, expired Jan. 28, 1993. Amended: Filed Sept. 15, 1992, effective April 8, 1993. Amended: Filed April 1, 1993, effective Dec. 9, 1993. Amended: Filed July 17, 1995, effective March 30, 1996. Amended: Filed May 14, 2020, effective Dec. 30, 2020.*

\*Original authority: 630.050, RSMo 1980, amended 1993, 1995, 2008; 630.135, RSMo 1980; and 630.705, RSMo 1980, amended 1982, 1984, 1985, 1990, 2000, 2011, 2014.

#### 9 CSR 40-1.060 Program Administration

**PURPOSE:** *This rule specifies the administrative requirements for all community residential programs and day programs subject to licensure by the department in accordance with 9 CSR 40-1.055, including Residential Care Facilities (RCF) and Assisted Living Facilities (ALF) dually licensed by the Department of Health and Senior Services (DHSS).*

(1) Director. Each community residential program and day program shall have a chief administrative officer/program director who shall—

(A) Be empowered to make decisions regarding the operation of the program;

(B) Delegate a staff person who is empowered to act for him/her when absent from the program; and

(C) Report any change in the ownership, management, or administration to the department within five (5) days.

(2) Licensing. The director shall ensure the program maintains a license in good standing with the Department of Health and Senior Services (DHSS) as specified in 9 CSR 40-1.055, subsection (2)(C), if applicable.

(3) Policies and Procedures. A policy and procedure manual shall be maintained on-site which promotes compliance with these licensing regulations and other federal, state, and/or local regulations applicable to the program.

(A) The director shall ensure the policies and procedures are followed by staff and are readily available for review by all employees, department staff, and other authorized repre-

sentatives. The policy and procedure manual shall include, but is not limited to:

1. A description of program goals, mission, purpose, services, and costs;

2. The number, characteristics, and needs of individuals served, including how the program is specifically designed to support those needs;

3. Admission, discharge, and transfer of individuals served which ensures—

A. The program does not admit, nor keep in residence, any person whose needs exceed its provisions for care, support, and program functions;

B. Each individual admitted is able to function safely within the physical environment of the program;

C. Individuals admitted to an adult residential program or day program are at least eighteen (18) years of age; and

D. The program does not admit more individuals than its licensed capacity;

4. Rights, responsibilities, and grievance procedures in accordance with 9 CSR 40-1.065;

5. Provisions for an organized record system in accordance with 9 CSR 40-1.070;

6. Delivery of person-centered services in accordance with 9 CSR 40-1.075;

7. Dietary services in accordance with 9 CSR 40-1.080;

8. Use and storage of firearms and ammunition in accordance with 9 CSR 40-1.085 subsection (12)(A);

9. Environmental safety and maintenance in accordance with 9 CSR 40-1.085;

10. Fire safety and emergency preparedness in accordance with 9 CSR 40-1.090;

11. Background screening process in accordance with 9 CSR 10-5.190;

12. Reporting of complaints of abuse, neglect, and misuse of funds/property in accordance with 9 CSR 10-5.200 and 9 CSR 10-5.206;

13. Research in accordance with 9 CSR 60-1.010;

14. The care and maintenance of pets, including documentation of all applicable vaccinations and health statements in accordance with local and state regulations; and

15. Employee policies and procedures including, but not limited to:

A. Orientation process;

B. Health and safety practices, use of tobacco products, illegal and legal substances brought into the program, prescription medication brought into the program, and weapons brought into the program; and

C. Confidentiality of individual records and information.

(B) Policies and procedures shall clearly state that an individual receiving services

cannot supervise or discipline another individual who is receiving services.

(C) Business activities shall not be allowed on the premises of the program other than those authorized by the department as consistent with the health, welfare, and safety of individuals served and as compatible with the integrity of the program.

(4) Staffing and Training. Staff shall be available in sufficient numbers to provide necessary and beneficial services/supports and possess the training, experience, and credentials to effectively perform their assigned duties.

(A) All employees shall complete orientation and training within the first thirty (30) days of employment in order to be knowledgeable of their job duties including, but not limited to:

1. An overview of the population served, program goals, mission, policies, and procedures;

2. Respective job assignment(s) and related duties;

3. Regulations regarding individual rights, confidentiality, duty to warn, and reporting alleged abuse, neglect, and misuse of funds/property of individuals served in accordance with 9 CSR 10-5.200, 9 CSR 10-5.206, and 19 CSR 30-88.010; and

4. Emergency and evacuation policies and procedures, including protocol to be followed when accompanying individuals in the community.

(B) Staff who are promoted or transferred to a new job assignment(s) shall receive training and orientation on their new responsibilities within thirty (30) days of actual transfer to the new assignment.

(C) A new employee shall not be assigned sole responsibility for implementation of an individual support plan (ISP), individual treatment plan (ITP), or care plan until his or her training and orientation have been completed.

(D) Each employee providing direct services and/or supports shall participate in annual in-service training including, but not limited to:

1. Emergency and evacuation policies and procedures;

2. Individual rights;

3. Infection control procedures;

4. Reporting of abuse, neglect, and misuse of funds/property in accordance with 9 CSR 10-5.200, 9 CSR 10-5.206, and 19 CSR 30-88.010; and

5. Specialized training to meet the needs of individuals served.

(E) Records of attendance and documentation of successful completion of all training

and orientation must be documented in a centralized location and/or each employee's personnel record, including the trainee's name, topic, date(s), length of time or training, and instructor(s) name, title, credentials, and signature.

(5) Volunteers. If the program uses volunteers to provide services and/or supports, written policies and procedures shall be implemented to guide the roles and activities of volunteers in an organized and productive manner. Volunteers shall be qualified to deliver the services and/or supports provided, have a background screening in accordance with 9 CSR 10-5.190, and receive orientation, training, and adequate supervision.

(A) Orientation shall occur within thirty (30) days of the individual's volunteer work with the program including, but not limited to:

1. An overview of the population served, program goals, mission, policies, and procedures;

2. Regulations regarding individual rights, confidentiality, duty to warn, and reporting alleged abuse, neglect, and misuse of funds/property of individuals served in accordance with 9 CSR 10-5.200, 9 CSR 10-5.206, and 19 CSR 30-88.010;

3. Emergency and evacuation policies and procedures, including protocol to be followed when accompanying individuals in the community; and

4. Other topics relevant to their assignment(s).

(6) Emergency Planning. The policies and procedures for emergency situations shall include instructions for staff and individuals served including, but not limited to:

(A) Medical emergencies, including response to an incapacitated person, protocol for initiating a 911 emergency call, and use of cardiopulmonary resuscitation (CPR) and First Aid.

1. Drills shall be conducted at least quarterly for staff involved in the 911 protocol and administration of CPR and first aid.

2. Trained staff shall be available in sufficient numbers to respond to emergency situations and provide first aid and CPR, when necessary. At least one (1) trained staff person shall be on duty in the program twenty-four (24) hours per day, seven (7) days per week. Depending on the configuration of the building and number of individuals being served, more than one (1) trained staff person per shift may be required.

A. Staff must maintain current First Aid and CPR certification for healthcare providers through training that includes

hands-on practice and in-person skills. Training provided solely online is not acceptable;

(B) Natural disasters, such as a fire or tornado;

(C) Bomb threats;

(D) Utility failure;

(E) Violent or threatening situations;

(F) Elopements;

(G) Behavioral crisis;

(H) Psychiatric crisis;

(I) Death of an individual served;

(J) Arrest or detention of an individual served;

(K) Use of cellular phones during an emergency; and

(L) Infectious or contagious disease.

1. Policies and procedures for the prevention, containment, and reporting of infectious and contagious diseases shall be established in accordance with DHSS communicable disease regulations as specified in 19 CSR 20-20, available at: <https://s1.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c20-20.pdf>.

2. Any employee or volunteer diagnosed or suspected of having a contagious or infectious disease shall not work with individuals served or in dietary service until a written statement is obtained from a healthcare provider indicating the disease is no longer contagious or is found to be noninfectious.

(7) Emergency Safety Interventions. Written policies and procedures shall be implemented to prevent and respond to disruptive behavior, a behavioral crisis, or a psychiatric crisis that may occur with individuals served, staff, visitors, and others. All efforts shall be made to minimize re-traumatization of persons served or others involved in a disruptive situation, including consideration as to whether the program is suitable to meet the individual's needs.

(A) Policies and procedures shall indicate whether time-out, seclusion, and restraint are used in the program. If such interventions are used, policies and procedures shall include, but are not limited to:

1. Staff authorized to order, apply, and monitor their use;

2. Protocol for their use with individuals served;

3. Time limits for such orders;

4. Duration of such orders;

5. Incorporation of such orders in the ISP, ITP, or care plan of the individual served; and

6. Documentation of such orders in the individual record.

(B) Programs may prohibit by policy and practice the use of time-out, seclusion, and restraint and must implement policies and

procedures to address disruptive behaviors and behavioral and psychiatric crises.

(C) All policies and procedures must be—

1. Approved by the board of directors, as applicable;

2. Available to all program staff and service providers;

3. Available to individuals served and parents/guardians, family members, and other natural supports, as appropriate;

4. Developed with input from individuals served and, whenever possible, parents/guardians, family members, and other natural supports; and

5. Consistent with department regulations regarding individual rights.

(D) All staff and volunteers having direct contact with individuals served shall receive documented initial and ongoing competency-based training on evidence-based and best practice interventions for preventing disruptive behaviors, behavioral crises, and psychiatric crises and addressing them in the least restrictive manner if they occur.

(E) All programs shall prohibit by policy and practice—

1. Aversive conditioning of any kind—the application of startling, unpleasant, or painful stimulus or stimuli that have a potentially harmful effect on an individual in an effort to decrease maladaptive behavior;

2. Withholding of food, water, or bathroom privileges;

3. Painful stimuli;

4. Corporal punishment (such as use of pepper spray, mace, Taser, stun gun);

5. Techniques that obstruct an individual's airway or impairs breathing;

6. Techniques that restrict an individual's ability to communicate;

7. Use of time-out or other disciplinary action for staff convenience; and

8. Chemical restraints—use of a medication to sedate or limit an individual's ability to participate in services/supports rather than treat the symptoms of his or her behavioral health disorder or IDD as prescribed and specified in the ISP, ITP, or care plan. Medication used as prescribed and as indicated in the individual's plan to treat symptoms of a behavioral health disorder or IDD, including aggressive behavior, is not considered a chemical restraint.

(F) Preventive strategies including, but not limited to, de-escalation, changes to the physical environment (time-away), redirection, and active listening shall be employed to moderate potentially aggressive behavior.

(G) Seclusion and restraint shall only be used when an individual's behavior presents an immediate risk of danger to themselves or others and no other safe or effective treatment



intervention is possible. These measures shall only be implemented when alternative, less restrictive interventions have failed or cannot be safely implemented. Seclusion and restraint are never used as treatment interventions. They are emergency/security measures to maintain safety when all other less restrictive interventions are inadequate.

(H) The use of seclusion or restraint shall be in accordance with the order of the program's attending physician or clinical director. Staff shall notify the attending physician or clinical director at the earliest possible time when a situation has a significant likelihood of leading to seclusion or restraint. If seclusion or restraint is initiated prior to obtaining an order, staff must obtain an order immediately.

(I) Standing or *pro re nata* (PRN) orders for seclusion or restraint are not allowed.

(J) Orders for seclusion or restraint shall be individualized to each event, define specific time limits, and be ended at the earliest possible time. Orders shall not exceed four (4) hours for adults, two (2) hours for children/youth age nine (9) to seventeen (17), and one (1) hour for children under age nine (9). If there is a need for continuing seclusion or restraint beyond the time limits specified herein, the attending physician or clinical director must write a new order for seclusion or restraint.

(K) Seclusion and restraint shall only be implemented by staff who are trained and competent in the proper techniques for administering/applying the form of seclusion or restraint ordered, and for providing ongoing monitoring and assessment of individuals for their safety and well-being. At a minimum, documented initial and ongoing training shall include:

1. Techniques to identify individual behaviors, events, and environmental factors that may trigger circumstances requiring the use of seclusion or restraint;
2. The use of nonphysical intervention skills;
3. Choosing the least restrictive intervention based on an individualized assessment of the individual's medical and/or behavioral status or condition;
4. The safe application and use of all types of seclusion or restraint used by the program, including how to recognize and respond to signs of physical and psychological distress;
5. Clinical identification of specific behavioral changes that indicate restraint or seclusion is no longer necessary;
6. Monitoring the physical and psychological well-being of the individual who is secluded or restrained, including, but not

limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified in the program's policies and procedures associated with face-to-face evaluations; and

7. The use of first aid techniques and certification in CPR, including required periodic recertification.

A. Staff administering seclusion or restraint shall receive annual training and demonstrate competence on the particular intervention(s) ordered and used in the program.

(L) Mechanical supports are not considered restraints.

(M) While an individual is being secluded or restrained, trained staff shall continually observe and assess him or her to assure appropriate care and treatment including, but not limited to:

1. Attention to vital signs;
2. Need for meals and liquids;
3. Bathing and use of the restroom; and
4. Need for seclusion or restraint to continue.

(N) Documentation of an order for seclusion, restraint, or time-out shall be placed in the individual record as soon as possible after the occurrence and include, but not be limited to:

1. Reason for the intervention;
2. Staff who ordered the intervention;
3. Type of intervention used;
4. Starting and ending time;
5. Regular observations of the individual including any resulting injuries or other issues as a result of the intervention;
6. Notification of parent/guardian, as applicable;
7. Notification of healthcare provider, as applicable; and
8. Modifications to the ISP, ITP, or care plan as a result of the intervention.

(O) The program's clinical director and/or performance improvement coordinator shall review every episode of seclusion, restraint, or time-out to ensure policies and procedures were followed and to identify any areas needing improvement. A written report on the program's overall use of these interventions, including progress made in reduction of their use, shall be prepared at least annually and reviewed by administrative leadership of the organization/program.

(8) Behavior Support Plans. Behavior support plans shall be developed as specified in 9 CSR 10-7.060 and 9 CSR 45-3.090.

**AUTHORITY:** sections 630.050 and 630.705, RSMo 2016.\* Original rule filed May 14, 2020, effective Dec. 30, 2020.

*\*Original authority: 630.050, RSMo 1980, amended 1993, 1995, 2008 and 630.705, RSMo 1980, amended 1982, 1984, 1985, 1990, 2000, 2011, 2014.*

## 9 CSR 40-1.065 Individual Rights and Responsibilities

**PURPOSE:** This rule specifies the rights and responsibilities of individuals receiving services in a community residential program or day program subject to licensure by the department in accordance with 9 CSR 40-1.055, including Residential Care Facilities (RCF) and Assisted Living Facilities (ALF) dually licensed by the Department of Health and Senior Services (DHSS).

(1) Each individual receiving services is entitled to the following without limitations:

- (A) To humane care and treatment;
- (B) To medical care and treatment in accordance with the highest standards accepted in medical practice to the extent available at the community residential program or day program;
- (C) To safe and sanitary housing;
- (D) To not participate in nontherapeutic labor;
- (E) To attend or not to attend religious services;
- (F) To receive prompt evaluation, care, treatment, and rehabilitation about which he/she is informed insofar as he/she is capable of understanding;
- (G) To be treated with dignity as a human being;
- (H) To not be the subject of experimental research without his/her prior written and informed consent or that of his/her parent or guardian, and to decide not to participate or withdraw from any research at any time, for any reason;
- (I) To have access to consultation with a private physician at his/her own expense;
- (J) To be evaluated, treated, or habilitated in the least restrictive environment;
- (K) To not be subjected to any hazardous treatment or surgical procedure unless the individual or his/her parent or guardian consents, or unless such treatment or surgical procedure is ordered by a court of competent jurisdiction;
- (L) In the case of hazardous treatment or irreversible surgical procedures to have, upon request, an impartial review prior to implementation except in case of emergency procedures required for the preservation of his/her life;
- (M) To a nourishing, well-balanced, and varied diet;
- (N) To be free from verbal, physical and sexual abuse, misuse of funds/property, and

neglect; and

(O) To an impartial review of alleged violations of rights.

(2) Each individual served is entitled to the following unless the program director determines it is inconsistent with the individual's therapeutic care, treatment, habilitation, or rehabilitation and the safety of other individuals in the program and public safety:

(A) To wear his/her own clothes and keep and use personal possessions;

(B) To keep and be allowed to spend a reasonable amount of his/her own money;

(C) To communicate by sealed mail or otherwise with persons, including agencies inside or outside the facility/program;

(D) To receive visitors (family, friends, clergy, or other invited person) of his/her choice at reasonable times;

(E) To have reasonable access to a telephone to make and receive confidential calls;

(F) To have access to his/her mental health and physical health records;

(G) To have opportunities for physical exercise and outdoor recreation; and

(H) To have reasonable, prompt access to current newspapers, magazines, radio, and television programming.

1. Any limitation(s) imposed by the program director or designee, including the reason(s) for such limitation(s), must be documented in the individual record.

(3) In addition to the rights specified in sections (1) and (2) of this rule, residential programs and day programs serving individuals with Intellectual or Developmental Disability (IDD) shall comply with 9 CSR 45-3.030.

(4) Policies and procedures shall not be developed that limit the individual rights identified in this rule.

(A) Each individual shall be involved in any process that limits his/her rights, and any limitations must be documented in the Individual Support Plan (ISP), Individual Treatment Plan (ITP), or care plan. Documentation shall include the timeframe for each limitation and the process by which the individual's rights will be restored to him/her.

(5) As set out in section 630.760, RSMo, in addition to rights provided for individuals served in residential facilities or day programs licensed by the department, individuals in facilities and programs licensed by the department shall have the same rights as individuals as defined in section 198.088, RSMo.

(6) Individuals shall have an absolute right to receive visits from their attorney, physician,

clergy, or case manager in private at reasonable times.

(7) Notwithstanding any limitations authorized under section (2) of this rule on the right of communication, all individuals shall be entitled to communicate by sealed mail with the department, their legal counsel, and with the court, if any, which has jurisdiction over the individual.

(8) As set out in section 630.120, RSMo, no individual, either voluntary or involuntary, shall be presumed to be incompetent, to forfeit any legal right, responsibility, or obligation or to suffer any legal disability as a citizen, unless otherwise prescribed by law, as a consequence of receiving evaluation, care, treatment, habilitation, or rehabilitation for a mental illness, intellectual or developmental disability, or substance use disorder.

(9) Each individual shall be informed of the process to make an inquiry, file a complaint, or report a violation of his/her rights to the department. Information shall be readily accessible to individuals at all times with staff assistance provided, if necessary.

(10) The individual rights included in this rule shall be readily available in accessible format to all individuals served without undue assistance or effort from program staff.

(11) Services shall be provided in a manner and an environment that maintains or enhances each individual's dignity and respect in full recognition of his/her individuality. Staff shall conduct activities in a manner that assists individuals in maintaining and enhancing their self-esteem and self-worth.

(A) Case discussions, consultations, examinations, and treatment are confidential and shall be conducted privately with each individual being served.

(B) Privacy shall be respected during toileting, bathing, and other activities of personal hygiene except as needed for safety or assistance.

(C) Each individual's private space and property shall be respected including, but not limited to, obtaining his/her permission before changing a radio or television station, knocking on doors and requesting permission to enter, closing doors as requested, and not moving or inspecting personal possessions without permission unless there is reasonable suspicion of a health or safety concern.

(D) Individuals shall be allowed to decorate their personal space to create a

homelike environment in accordance with safety regulations of the program.

(E) When possible, individuals shall have a choice in their roommate and, based on financial means and availability, be allowed to choose a shared or private room.

(F) As appropriate and allowed by the individual served, family members and other natural supports and/or parents/guardian shall be provided with information to promote their participation in relevant services/supports and decisions related to the individual.

(12) Information and Orientation. Each individual admitted to a residential program or day program shall receive an orientation about what to expect while receiving services and supports, their role in services/supports, and program policies and procedures. The orientation must be provided within one (1) week of admission, and annually after that, and be documented in the individual record.

(A) The orientation shall be provided in verbal and written form and be explained in a manner that is understandable to the individual. The orientation shall include, but is not limited to—

1. Program rules, daily routines, participation requirements, rights, responsibilities, and behavioral expectations;

2. Available services, supports, and activities;

3. Complaint and appeal procedures;

4. Confidentiality policies;

5. Transition and discharge criteria and procedures;

6. Financial obligations, fees, and financial arrangements for services/supports provided by the program;

7. Health and safety policies regarding use of tobacco products, illegal or legal substances brought into the program, prescription medication brought into the program, and weapons and ammunition brought into the program;

8. Layout of the premises, including emergency exits and/or shelters, and review of fire and disaster drill procedures;

9. Visitor policies and procedures;

10. Advance directives, when indicated; and

11. The individual's role in developing his or her ISP, ITP, or care plan.

(13) Social Committee. Residential programs and day programs having a licensed capacity of ten (10) or more individuals shall establish a committee, if one (1) does not currently exist, to review existing and planned social and structured activities for the program.

(A) The committee shall regularly review program policies and practices to ensure the



legal rights of individuals served are consistently maintained.

(B) Membership on the committee shall include, at a minimum, individuals with mental illness and IDD, and program staff familiar with and able to make decisions related to program activities/functions. Family members or other natural supports, service providers, and other community members may participate on the committee. Minutes of committee meetings shall be readily available for review by individuals served, other interested parties, and department staff or its authorized representatives.

(14) Guardian. No facility or day program administrator shall be guardian of the individuals in the facility or day program as stipulated in section 475.055, RSMo.

*AUTHORITY: sections 630.050 and 630.705, RSMo 2016.\* Original rule filed May 14, 2020, effective Dec. 30, 2020.*

*\*Original authority: 630.050, RSMo 1980, amended 1993, 1995, 2008 and 630.705, RSMo 1980, amended 1982, 1984, 1985, 1990, 2000, 2011, 2014.*

#### 9 CSR 40-1.070 Organized Record System

*PURPOSE: This rule specifies the requirements for maintenance of records in all community residential programs and day programs subject to licensure by the department in accordance with 9 CSR 40-1.055, including Residential Care Facilities (RCF) and Assisted Living Facilities (ALF) dually licensed by the Department of Health and Senior Services (DHSS).*

(1) Maintenance of Records. An organized record system shall be maintained at the residential program or day program which ensures easily retrievable, complete, and usable records stored in a secure and confidential manner.

(A) The program shall implement written policies and procedures to ensure—

1. All local, state, and federal laws and regulations related to the confidentiality of records and release of information are followed;
2. Electronic health record systems conform to federal and state regulations;
3. Individual records are retained for at least six (6) years or until all litigation, adverse audit findings, or both, are resolved;
4. Ready access to paper or electronic records requested by department staff and other authorized representatives; and
5. Services are documented in a manner to ensure the type of service rendered and the

amount of reimbursement received by the program can be readily discerned and verified with reasonable certainty.

(2) Registry. The program shall maintain a permanent, chronological registry documenting the date and name of each person admitted, date of discharge, and destination at time of discharge.

(3) Content of Records. Individual records must include current information related to each individual's support and services. Records must be readily available for review by department staff or other authorized representatives.

(A) Individual records must include, but are not limited to:

1. First name, last name, and middle initial;
2. Date of birth;
3. Photograph, not more than one (1) year old;
4. Height and weight;
5. Language spoken;
6. Date of admission;
7. Diagnosis;
8. Signed consent by the individual or parent/guardian or other legal representative, as applicable;
9. Acknowledgment of orientation to the program;
10. Name, address, and telephone number of parent/guardian, next of kin, or other responsible party;
11. Sources of financial support/insurance and burial plans, as applicable;
12. Name and contact information of healthcare provider(s);
13. Reports of any change in condition, injury, accident, or deviation from routine delivery of services (to be entered at the time of occurrence);
14. Documentation of any referral(s) to other services or community resources and outcome of those referrals;
15. Reports of comprehensive evaluations and annual physical examinations including vision, hearing, dental, and/or laboratory screenings recommended by the individual's primary healthcare provider, and current immunization record;
16. Signed authorization(s) to release confidential information, as applicable;
17. Crisis or other significant events;
18. Physician's orders for adaptive equipment, as applicable;
19. Individualized education plan (IEP) and school record, if attending;
20. Plans for educational/vocational goals and activities, as applicable;
21. Quarterly height, if the individual is

in a developmental period, and monthly weight; and

22. The Individual Support Plan (ISP), Individual Treatment Plan (ITP), or care plan, including documentation related to behavioral objectives and related progress.

(4) Entries in Records. Authorized staff making any entry in an individual's record must include his or her signature, title, and date, including corrections to information previously entered in the record.

(5) Consultation Services. Any required consultation services that are reimbursed by the department must be documented in the individual record, including the consultant's findings and recommendations. Recommendations regarding the program as a whole must be documented in the program's administrative records.

(6) Proof of Licensure. The department's most recent licensing report, including any noted license violations or deficient practices and related corrective action taken by the program, shall be displayed in accessible public areas on the program premises.

(7) Inventory of Personal Items. At the time of admission and at regular intervals, program staff shall inventory each individual's personal possessions, if applicable. Separate records with backup documentation, receipts, and notations shall be maintained for—

(A) Personal finances, updated monthly, at a minimum;

(B) Inventory of personal possessions, updated annually; and

(C) Medication, upon admission and as required in 9 CSR 40-1.075.

(8) Drills. A record of scheduled and unscheduled emergency drills shall be maintained at the program. The record shall include any problems encountered on the part of staff or individuals served to respond properly during the drill and corrective action taken.

(9) Personnel Records. Personnel records shall be maintained for all program employees. Records must be readily accessible to department staff and other authorized representatives.

(A) Employee records shall include, but are not limited to:

1. Application for employment;
2. Education and license/certification, as required for the position;
3. Verification of completion of training courses, orientation, and other professional

development;

4. Background screening; and

5. Screenings for communicable diseases.

(10) Organizational Chart. An organizational chart for the overall program and job descriptions for each position shall be maintained by the program.

(11) Work Schedule. A record of days and hours worked by each employee shall be maintained at the program location.

(12) Program Departures. A log shall be maintained to document when an individual being served leaves the program premises. The log shall include the individual's name and signature (or the name and signature of the family member/legal representative with whom they are departing the premises), departure time, destination, anticipated return time, and actual return time to the program.

(13) Availability of Records. Program records, reports, or other data shall be made available to department staff or its authorized representatives, upon request, in a manner that protects the rights of staff and individuals served.

**AUTHORITY:** sections 630.050 and 630.705, RSMo 2016.\* Original rule filed May 14, 2020, effective Dec. 30, 2020.

\*Original authority: 630.050, RSMo 1980, amended 1993, 1995, 2008 and 630.705, RSMo 1980, amended 1982, 1984, 1985, 1990, 2000, 2011, 2014.

### 9 CSR 40-1.075 Person-Centered Services

**PURPOSE:** This rule specifies the service delivery requirements for all community residential programs and day programs subject to licensure by the department in accordance with 9 CSR 40-1.055, including Residential Care Facilities (RCF) and Assisted Living Facilities (ALF) dually licensed by the Department of Health and Senior Services (DHSS).

**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 mater-

ial. The entire text of the rule is printed here.

(1) Person-Centered Planning. Each individual being served in a residential program or day program who has a diagnosed mental illness and/or Intellectual or Developmental Disabilities (IDD) must have a plan to guide service delivery and coordinate resources and supports in accordance with his or her needs, expressed preferences, and decisions concerning his/her life in the community.

(A) Types of plans—

1. Individual Support Plan (ISP)—developed as defined in 9 CSR 45-3.010; a copy is provided to the residential program or day program by staff of the Developmental Disabilities (DD) targeted case management team;

2. Individual Treatment Plan (ITP)—developed by the individual served and/or his or her parents/guardian, with assistance from staff of the administrative agent or affiliate involved in his or her care and treatment; a copy is provided to the residential program or day program by staff of the administrative agent or affiliate; and

3. Care Plan—for individuals who do not have an ISP or ITP, developed by the individual served and/or his or her parents/guardian with assistance from staff of the residential program or day program, family members, and other natural supports of his/her choice.

A. Care plans shall be developed within thirty (30) days of an individual's admission to a residential program or day program. If the individual already has a care plan, the plan shall be updated within thirty (30) days of admission to create action steps to support implementation of the plan and add any new services or supports needed.

B. The care plan shall include measurable goals and objectives important to the individual such as, self-sufficiency, community membership and involvement, education and employment, leisure time and activities, health and wellness, and personal relationships. The plan assists the individual in achieving personally defined outcomes, ensures delivery of services and supports in a manner that reflect personal preferences and choices, and contributes to the assurance of health and wellness.

(B) Residential services and supports consistent with the individual's needs and goals must be addressed in his/her plan. If the ISP, ITP, or care plan does not include services/supports specific to the residential program or day program, staff shall incorporate appropriate services/supports into the plan with input from the individual served and/or family members and other natural supports, as appropriate.

(C) Plan reviews and updates shall be com-

pleted as follows:

1. Staff of the residential program or day program enter monthly documentation into each individual's ISP, ITP, or care plan including, at a minimum, progress toward personal goals, modifications to necessary services and supports, and significant changes in the person's life, as applicable;

2. Quarterly and annual reviews and updates to the ISP or ITP are completed by staff of the DD case management team or administrative agent or affiliate respectively. A copy is maintained on file at the residential program or day program; and

3. Care plans are updated at least annually by staff of the residential program or day program in collaboration with the individual served and/or his or her parents/guardian, family members, and other natural supports of his/her choice.

(D) Individuals shall be supported in their efforts to obtain and maintain competitive employment of their choice, participate in job-training programs, educational opportunities, self-help skills, leisure time activities, and other programs of their choice.

(E) Opportunities for a variety of activities inside and outside the program shall be available, consistent with the interests of individuals served.

(2) Health Screen and Risk Assessment. Within thirty (30) days of transition into a residential program or day program, each individual served shall have verification in his/her record of having a health screening and risk assessment within the past year from their primary healthcare provider. The primary healthcare provider may be a physician, assistant physician, advanced practice registered nurse (APRN), or physician assistant.

(A) The health screening and any additional screenings or tests shall be directed by the individual's primary healthcare provider.

(B) Individuals shall receive vision, hearing, and dental examinations as recommended by their primary healthcare provider.

(C) Individuals shall receive psychiatric evaluations and continuing care and treatment by a physician or physician's designee of their choice, as needed.

(D) Immunizations shall be current as recommended by DHSS 2020 immunization schedules incorporated by reference and available at: <https://health.mo.gov/living/wellness/immunizations/schedules.php>., MO Department of Health and Senior Services, 912 Wildwood, PO Box 570, Jefferson City, Missouri 65102, Phone: 573-751-6400. This rule does not incorporate any subsequent amendments or additions to the schedules listed above. This rule does not prohibit programs from complying with schedules set forth in newer versions of the incorporated by





reference material listed in this subsection of this rule.

(E) Individuals shall receive an annual health screening unless specified otherwise by their primary healthcare provider.

(F) A risk assessment shall be completed for each individual at the time of admission to the residential program or day program to identify factors that may influence his or her behavior. The assessment shall include, but is not limited to:

1. Suicide risk;
2. Risk of self-harm;
3. Risk of harm to others;
4. Physical, sexual, and/or emotional abuse experienced or witnessed;
5. History and presence of trauma symptoms; and
6. Aggressive or disruptive behavior.

(G) A safety crisis plan or crisis prevention plan shall be developed with individuals identified as having risk factors for harm to self or others. The plans must be readily accessible to all staff involved in the individual's support.

1. Individuals with *pro re nata* (PRN) orders for antipsychotic medication(s) must have parameters for use in their safety crisis plan or crisis prevention plan, including non-pharmacological interventions.

2. PRN use of antipsychotic medication for individuals with a safety crisis plan or crisis prevention plan shall be reviewed quarterly by the individual's primary healthcare provider.

(H) If an individual needs support with personal hygiene, grooming, telephone use, or other aspect of daily living, appropriate assistance shall be provided by staff and must be specified in his or her ISP, ITP, or care plan.

(I) Prompt healthcare, including dental treatment, shall be arranged for individuals receiving services in a residential program, as needed.

(3) General Healthcare and Medications. Medications for individuals served shall be properly stored and administered by staff.

(A) An order from a licensed physician (including psychiatrist) or an assistant physician, physician assistant, or APRN who is in a collaborating practice arrangement with a licensed physician is required for all medication and treatment being administered to individuals in the program except nonprescription topical medications. Orders must include diagnosis and indications for use.

(B) Each individual's record shall include current orders from all healthcare providers and all orders shall be followed by staff.

(C) Medication and treatment orders shall be reviewed as directed by the individual's primary healthcare provider, and all reviews

must be documented at least annually in the individual record. Orders do not need to be rewritten if there are no changes; the healthcare provider's signature and date are sufficient.

(D) PRN orders for antipsychotic medication(s) must be documented in the individual's record with parameters for use, including non-pharmacological interventions.

(E) Standing PRN orders for the entire residential program or day program are not permitted.

(F) PRN orders for nonprescription medication and treatment may be utilized if the individual's primary healthcare provider's order specifies the dosage and/or treatment for specific indications.

(G) In an emergency, a healthcare provider may give or change an order by telephone. In such cases, the order must be signed by the healthcare provider within forty-eight (48) hours of the order being issued by telephone.

(H) For individuals under the care of multiple healthcare providers, all medical orders shall be maintained together in the individual record.

(I) Individuals shall be provided with a comprehensive list of their medications to take to healthcare and dental appointments.

(J) Any special dietary needs must be included in the individual's orders from their primary healthcare provider.

(4) Administration of Medication. A safe and effective process for medication control and use shall be implemented and maintained by staff.

(A) All medication administered to individuals served must be in accordance with their primary healthcare provider's orders using acceptable nursing practices.

(B) Staff who administer medication must be at least eighteen (18) years of age.

(C) The staff person who prepares a medication(s) must administer and chart it at the time of administration.

(D) All staff who administer and/or observe self-administration of medication by individuals served, with the exception of licensed physicians, nurses, pharmacists, assistant physicians, and physician assistants, must comply with one (1) of the following prior to the provision of services:

1. Complete training and remain in good standing as a Level I Medication Aide or Certified Medication Technician with DHSS as specified at: <https://health.mo.gov/safety/cnaregistry/lima.php>; or

2. Complete Medication Aide training in accordance with curriculum established by the Division of Developmental Disabilities as specified in 9 CSR 45-3.070, available at: [\[ages/adrules/csr/current/9csr/9c45-3.pdf\]\(https://www.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c45-3.pdf\).](https://www.sos.mo.gov/cmsim-</a></p></div><div data-bbox=)

A. Medication Aides must update and document their training every two (2) years.

(E) At least one (1) staff person trained in medication administration must be on duty in the residential program or day program twenty-four (24) hours per day, seven (7) days per week.

(F) Self-administration of medication is allowed and must be supervised by staff trained in medication administration.

1. If an individual self-administers medication, it must be included in his or her primary healthcare provider's orders and his/her ITP, ISP, or care plan, including the level of supervision and documentation required. Self-administration of medication should be encouraged, and individuals should be assisted in learning how to safely manage their medications.

(G) Errors in administration of medication must be reported immediately to the individual's primary healthcare provider, parent/guardian, if applicable, and to the department as specified in 9 CSR 10-5.206.

(5) Storage and Disposal of Medication. All medications, including over-the-counter medications, must be packaged and labeled in accordance with applicable professional pharmacy standards and state and federal drug laws.

(A) All prescription medications shall be supplied as individual prescriptions except when an emergency medication supply is allowed.

(B) Labeling of medications must include accessory and cautionary instructions, expiration date, when applicable, and the name of the medication as specified in the primary healthcare provider's order. Over-the-counter medications must be labeled with at least the individual's name. Medications shall not be repackaged or altered by staff except as allowed when an individual temporarily leaves the program premises.

1. The program shall have policies and procedures for family members and other natural supports and/or legal representative to provide adequate advance notice so prescription medication can be provided in a separate container by the pharmacy when an individual will be leaving the program for an extended period.

(C) All medications must be stored in a locked container or storage area as follows:

1. Schedule II-V medications must be stored separately from other medications under double lock;

2. Internal and external medications must be stored separately; and

3. Medications requiring refrigeration must be stored in a locked container separated from food.

(D) Controlled medications must be documented on a medication administration record and controlled substance count sheet in accordance with state and federal regulations.

(E) Stock supplies of nonprescription medication may be kept in the program when specific medications are approved in writing by a consulting physician, registered nurse, or pharmacist.

(F) Unused, discontinued, outdated, or deteriorated prescription and over-the-counter medications must be properly disposed of in accordance with DHSS regulation 19 CSR 30-86.042(60), available at: <https://www.sos.mo.gov/cmsimages/adrules/csr/previous/19csr/19csr1012/19c30-86.pdf>.

1. Medications shall be destroyed within the program by a pharmacist and a licensed nurse or by two (2) licensed nurses. When two (2) licensed nurses are not available, medications must be destroyed by two (2) staff who have authority to administer medications, one (1) of whom is a licensed nurse or a pharmacist.

2. A record of all destroyed medications must be maintained at the program and include the individual's name, date, medication name and strength, quantity, prescription number, and signatures of staff destroying the medication.

3. A record of medications released or returned to a pharmacy must be maintained by the program and include the individual's name, date, medication name and strength, quantity, prescription number, and signature(s) of the staff who received and released the medications.

(6) Equipment. Medical equipment and first-aid supplies needed to treat simple emergencies must be maintained in operable condition and be available at the program at all times. If the program has medical and nursing equipment, it must be maintained in operable condition and stored so it is reasonably accessible and used only for the purpose intended.

(7) Isolation. If a healthcare provider recommends an individual with a contagious or infectious disease be placed in isolation, staff of the program shall ensure the recommendation is implemented immediately.

(8) Personal Supports. Staff of the program shall ensure individuals have access to clean clothing and personal care items, as needed.

(A) Each individual shall have an adequate supply of properly-fitting, age-appropriate clothing that is neat, clean, seasonable, and suitable to the occasion. Identification on clothing should be discreet.

(B) Each individual shall have his/her own toothbrush, toothpaste, washcloth, towel, comb or hairbrush, or both.

(C) Shaving equipment shall be provided, as needed, in accordance with the ISP, ITP, or care plan of the individual served.

(D) Personal hygiene items shall be stored to maintain sanitary conditions and prevent the transmission of communicable disease.

(E) Individuals shall be trained and supported in developmental and self-help skills to include dressing, grooming, toileting, bathing/showering, and hygiene, as needed.

(F) Individuals shall be trained and supported in eating skills and the use of adaptive equipment in accordance with their individual needs.

**AUTHORITY:** sections 630.050 and 630.705, RSMo 2016.\* Original rule filed May 14, 2020, effective Dec. 30, 2020.

\*Original authority: 630.050, RSMo 1980, amended 1993, 1995, 2008 and 630.705, RSMo 1980, amended 1982, 1984, 1985, 1990, 2000, 2011, 2014.

#### 9 CSR 40-1.080 Dietary Services

**PURPOSE:** This rule specifies the dietary service requirements for all community residential programs and day programs subject to licensure by the department in accordance with 9 CSR 40-1.055. This rule does not apply to Residential Care Facilities (RCF) and Assisted Living Facilities (ALF) dually licensed by the Department of Health and Senior Services (DHSS).

**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) Meal Preparation and Food Storage. The program must comply with state, county, and city health regulations applicable to its food and dietary components, including catered food through a contractual arrangement and food brought to the program by individuals served. Inspections must be current and in compliance with state, local, and/or city regulations and available on site.

(A) All food must be purchased, prepared, and stored in accordance with safety and sanitation regulations of the DHSS Missouri Food Code, 19 CSR 20-1.025, available at: <https://health.mo.gov/safety/foodsafety/pdf/missourifoodcode.pdf>.

(B) All programs shall ensure—

1. Proper diet and food preparation are addressed as part of the individualized planning process, if identified as a need or goal of the individual.

A. Individuals who prepare their own meals or help with meal preparation shall be assisted by staff, as needed.

B. Individuals shall be assisted and educated about purchasing and safely storing food and drinks in a manner that prevents spoilage and contamination.

C. Individuals shall be supported in developing meal plans and grocery lists and educated and assisted by staff, as needed, in order to meet any special dietary requirements;

2. A sufficient number of appliances and equipment are available for food preparation including, but not limited to, a stove and refrigerator, dishes, cookware, and utensils to meet the needs of individuals served. All equipment must be in safe and good operating condition and food preparation areas, appliances, and equipment are cleaned and sanitized after each use;

3. Meals and snacks are served in a clean dining area with tables, chairs, eating utensils, and dishes designed and provided to meet individual needs;

4. Handwashing accommodations including hot and cold water, soap, and hand-drying are readily accessible to individuals and staff;

5. The temperature of hot water at all faucets accessible to individuals served must be controlled by a thermostatic mixing valve or other means, so the water temperature does not exceed one hundred twenty degrees Fahrenheit (120 F);

6. Dishwasher(s) shall be supplied with an adequate amount of wash and rinse water at one hundred forty degrees Fahrenheit (140 F) at a minimum. A three- (3-) vat sink in lieu of a dishwasher may be used based on the size of the program;

7. If a three- (3-) vat sink is used, it must be of sufficient depth and size to accommodate utensils most frequently used in the preparation and serving of food;

8. If hot water is temporarily unavailable, chemicals used for sanitizing equipment, dishes, and utensils shall be used in accordance with the Environmental Protection Agency (EPA) registered label use instructions, 1200 Pennsylvania Avenue, N.W., Washington, DC 20460 available at: <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants> and in accordance with the Missouri Food Code, 19 CSR 20-1.025, available at: <https://health.mo.gov/safety/foodsafety/pdf/missourifoodcode.pdf>. It is recommended that single-use, disposable dishes/utensils and prepared foods be used if hot water is not



available. Larger cooking equipment may be washed with the EPA-registered label sanitizer product and be air dried; and

9. Programs serving ten (10) or more individuals must provide a place for hand-washing adjacent to work areas that includes hot and cold water, soap, paper towels, or electrical hand-drying devices.

(2) **Balanced Diet.** A balanced variety of healthy foods and drinks, with opportunities for choice, shall be available to individuals each day.

(A) Meals and snacks shall be based on the *Dietary Guidelines for Americans 2015-2020*, 8th Edition, incorporated by reference and published in the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, 1101 Wootton Parkway, Suite LL100, Rockville, MD 20852, available at <https://health.gov/dietaryguidelines/2015/guidelines/>. This rule does not incorporate any subsequent amendments or additions to the guidelines listed above. This rule does not prohibit programs from complying with guidelines set forth in newer versions of the incorporated by reference material listed in this subsection of this rule.

(B) Meals and drinks shall be prepared and served at scheduled times, comparable to mealtimes in the community, or as necessary to meet individual needs and schedules. Ready access to nutritious snacks shall be available, including in the evening.

(C) Meals and drinks shall be prepared and served at proper temperatures to conserve nutritive value and enhance flavor and appearance.

(D) Documented consultation with a licensed dietitian or registered nurse must take place at least annually for individuals with special diets.

(E) Milk provided to individuals served must be Grade A pasteurized milk or Grade A certified, pasteurized milk.

(F) Cool, safe drinking water approved by the state or local public health authority must be available to individuals at all times. Single-serving cups or glasses shall be available for individuals unable to drink from a water fountain.

(G) Consideration shall be given to the food habits, personal, cultural, and religious preferences, and medical needs of individuals served, including provisions for special diets for medical reasons.

(H) When individuals require blended food, program staff shall prepare, measure, and serve it individually, not mixed together.

(I) The consistency and texture of food shall meet each individual's needs. Individuals shall not be fed in a prone position.

(J) Individuals requiring liquid or soft diets shall be provided with nourishing, supplementary food between meals to meet their nutritional needs.

(K) Meals may be served family style to provide a home-like atmosphere.

(L) Individuals served shall have the opportunity to participate in planning menus and options for food substitutions. Menus should be developed at least one (1) week in advance.

(M) Menus covering at least a three- (3-) month time period shall be available for review by department staff or other authorized representatives.

**AUTHORITY:** sections 630.050 and 630.705, RSMo 2016.\* *Original rule filed May 14, 2020, effective Dec. 30, 2020.*

\*Original authority: 630.050, RSMo 1980, amended 1993, 1995, 2008 and 630.705, RSMo 1980, amended 1982, 1984, 1985, 1990, 2000, 2011, 2014.

## 9 CSR 40-1.085 Environment

**PURPOSE:** *This rule specifies the environmental requirements for all community residential programs and day programs subject to licensure by the department in accordance with 9 CSR 40-1.055. This rule does not apply to Residential Care Facilities (RCF) and Assisted Living Facilities (ALF) dually licensed by the Department of Health and Senior Services (DHSS).*

**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) **Physical Environment.** All residential programs and day programs shall be in compliance with applicable state and local building codes, fire codes, and ordinances to ensure the health, safety, and security of all individuals.

(A) The physical environment shall—

1. Be clean, structurally sound, and attractive inside and out;

2. Have solid, skid-proof floors that are free from tripping hazards and, unless carpeted, have a smooth finish;

3. Have ceilings at least seven feet, six inches (7'6") in height in all rooms used by individuals served. Allowances may be made by Division of Fire Safety staff for the installation of ductwork and plumbing. No more than forty percent (40%) of the ceiling in each room shall be below minimal height, with no portion of the ceiling lower than six feet, eight inches (6' 8");

4. Be equipped with a functional heating and air conditioning system with room temperatures maintained to meet the reasonable comfort needs of individuals served;

5. Be free of noxious odors;

6. Have control measures to prevent rodent and insect infestation;

7. Have windows, doors, and vents for ventilation and temperature control that operate as designed and are maintained to repel rodents and insects;

8. Comply with Department of Housing and Urban Development (HUD) 2017 Lead-Based Paint Regulations, 24 CFR Part 35, hereby incorporated by reference and available from HUD, 451 7th Street S.W., Washington, DC 20410, (202) 708-1112, TTY (202) 708-1455, available at: <https://www.ecfr.gov/cgi-bin/textidx?c=ecfr&SID=e1741143a75841f15fcfd930d325ac2b&rgn=div5&view=text&node=24:1.1.1.1.24&idno=24>. This rule does not incorporate any subsequent amendments or additions to the regulations listed above. This rule does not prohibit programs from complying with regulations set forth in newer versions of the incorporated by reference material listed in this paragraph of this rule; and

9. Have adequate fencing around swimming pools, sewage lagoons, liquefied petroleum gas (LPG) tanks, and other potentially hazardous areas.

(B) Any relocation, construction of additional space, or remodeling of a currently licensed program must be in compliance with 9 CSR 40-1.055 subsection (6)(A).

(2) **Modular Unit.** A residential program or day program shall not be located in a modular unit as defined in section 700.010(8), RSMo.

(3) **Manufactured Home.** A residential program or day program may be located in a manufactured home as defined in section 700.010(6), RSMo. If a manufactured home is being used, documentation must be maintained on site indicating the home meets the HUD Manufactured Home Construction and Safety Standards, 24 CFR Part 3280, hereby incorporated by reference and is available from the U.S. Government Publishing Office, 732 N. Capital Street NW, Washington, DC 20401, (866) 512-1800 and at:

<https://www.ecfr.gov/cgi-bin/text-idx?SID=a2c5655a37054c584f7dd6a0ed240fb8&node=pt24.5.3280&rgn=div5>. This rule does not incorporate any subsequent amendments or additions to the standards listed above. This rule does not prohibit programs from complying with standards set forth in newer versions of the incorporated by reference material listed in this section of this rule.

(4) Accessibility. Residential programs and day programs serving individuals with physical disabilities must be barrier free and have grab bars, ramps, railings, or other means of accessibility that are maintained to function properly and comply with the 2010 *Americans with Disabilities Act Standards for Accessible Design*, hereby incorporated by reference and developed by the U.S. Department of Justice, 950 Pennsylvania Avenue NW, Washington, DC 20530-0001, (202) 514-2000 and available at: <https://www.ada.gov/regs2010/2010ADASTandards/2010ADASTandards.htm>. This rule does not incorporate any subsequent amendments or additions to the standards listed above. This rule does not prohibit programs from complying with standards set forth in newer versions of the incorporated by reference material listed in this section of this rule.

(5) Bedrooms. Individuals receiving services in a residential program shall be provided with a bedroom to meet their specific needs.

(A) All bedrooms shall—

1. Provide at least sixty (60) square feet of floor space per individual in multiple sleeping rooms, and at least eighty (80) square feet of floor space per individual in single sleeping rooms;

2. Have no more than four (4) individuals in a shared room, except behavioral health community residential programs shall have no more than one (1) individual per room as specified in 9 CSR 40-4.001;

3. Have at least one (1) outside window for evacuation purposes that complies with state and local fire safety codes. Windows shall operate as designed, without the use of tools to open or close, provide full visual access to the outdoors, have a clear opening of not less than twenty inches (20") in width and twenty-four inches (24") in height, and be no more than forty-four inches (44") above the finished floor. Any latching window device must be operable from not more than fifty-four inches (54") above the finished floor;

4. Have a floor level which is no more than three feet (3') below the outside grade

on the window side of the room;

5. Have a clean and comfortable pillow, mattress, and bed. Cots, convertible beds, and bunk beds shall not be used. Hospital beds may be used in accordance with an order from the individual's primary health-care provider. Each individual's mattress shall be at least as long as his/her height with the exception of individuals in the developmental period, in which case the mattress shall be at least four inches (4") longer than his/her height;

6. Have furnishings in good operating condition for each individual including, at a minimum, a chair (with the exception of individuals using a wheelchair or those who prefer not to have a chair), closet space, a place for storage of personal items, and space for hanging pictures or wall decor;

7. Have clean sheets, pillowcases, mattress cover, bedspread, and blanket(s) to meet individual needs; and

8. Have an interior door for safety and privacy, unless staff supervision and monitoring are required as documented in the Individual Support Plan (ISP), Individual Treatment Plan (ITP), or care plan of the individual served. Locking devices for bedroom doors must comply with regulations of the 2018 National Fire Protection Association (NFPA) *Life Safety Code 101*, hereby incorporated by reference and available from NFPA, 1 Batterymarch Park, Quincy, MA 02169-9101, (617) 770-3000 or 1-800-344-3555, available at: [www.nfpa.org](http://www.nfpa.org). This rule does not incorporate any subsequent amendments or additions to the regulations listed above. This rule does not prohibit programs from complying with regulations set forth in newer versions of the incorporated by reference material listed in this paragraph of this rule.

(6) Living Space. Programs shall have a living room and/or recreational area(s), kitchen, and dining area(s) with sufficient equipment, supplies, and furnishings to meet the needs of individuals served. Equipment and furnishings shall include, at a minimum, tables, chairs, sofas, and bookshelves to meet individual needs.

(A) Furnishings and equipment shall be clean and in good operating condition.

(B) All windows shall operate as designed, without the use of tools, and provide visibility to the outdoors.

(C) Kitchens must have a window or other adequate exhaust ventilation system.

(D) Areas designated as living/recreational space shall not be used as sleeping space.

(7) Bathrooms. Each residential program or day program shall have at least one (1) bathroom with at least one (1) toilet, one (1) sink with mirror, and one (1) tub or shower in good operating condition, including hot and cold running water, for each six (6) individuals being served.

(A) Bathrooms must have a window or other adequate ventilation and be designed to meet the needs of individuals served.

(B) For multi-stall bathrooms, separate bathrooms shall be available for each sex unless reasonable justification is provided to the department that this is not necessary.

(8) Water Supply. If the water supply is not that of the city or county in which the program is located, the water supply must meet the drinking water regulations promulgated by the Department of Natural Resources, 10 CSR 60.

(9) Electrical. The program's electrical system must comply with all state and local regulations and the NFPA 2017 *National Electrical Code*, hereby incorporated by reference and available from NFPA, 1 Batterymarch Park, Quincy, MA 02169-9101, (800)-344-3555, available at: <https://www.nfpa.org/NEC/electrical-codes-and-standards>. A written statement from a licensed electrician must be submitted to the department when the program applies for an initial license and whenever modifications are made, verifying the electrical system is in compliance with these regulations. This rule does not incorporate any subsequent amendments or additions to the regulations listed above. This rule does not prohibit programs from complying with regulations set forth in newer versions of the incorporated by reference material listed in this section of this rule.

(A) Each program shall have sufficient lighting and electrical outlets to meet the needs of individuals served. Extension cords shall not be used.

(B) If surge protectors/power strips are used, they must be Underwriters' Laboratory (UL) approved or comply with other recognized electrical appliance approval standards. Surge protectors/power strips shall not be placed under rugs, in doorways, or other areas where they may present a tripping hazard or be subject to physical damage.

(10) Plumbing. The plumbing system in the program shall comply with all state and local regulations and the 2018 *National Standard Plumbing Code*, hereby incorporated by reference and developed by and available from the International Association of Plumbing and



Mechanical Officials, 180 S. Washington St., Suite 100, Falls Church, VA 22046, (800) 533-7694, available at: <https://www.phccweb.org/tools-resources/nspc/>. A written statement from a licensed plumber must be submitted to the department at the time of the program's initial application for licensure and whenever modifications are made, verifying the plumbing system is in compliance with these regulations. This rule does not incorporate any subsequent amendments or additions to the regulations listed above. This rule does not prohibit programs from complying with regulations set forth in newer versions of the incorporated by reference material listed in this section of this rule.

(A) Clean water must be distributed to all plumbing fixtures and wastewater must leave the building to an approved area without presence of sewer gas or backups.

(B) Plumbing fixtures and pipes must be free of leaks and threats to individual health and safety.

(C) Hot water must be thermostatically controlled so the water temperature does not exceed one hundred twenty degrees Fahrenheit (120°F).

(D) Water-heating equipment must be installed in accordance with the 2018 *National Standard Plumbing Code* and in a manner that does not present safety hazards to individuals served. Unless enclosed, water heaters shall not be located in bedrooms or living areas where safety hazards may exist. Fuel-burning equipment must be properly vented and have proper clearance from combustible materials.

(E) The program must utilize a public sewage system, if available. If a public sewage system is not available, a private sewage disposal system that complies with all local and state regulations and the requirements of the 2018 *National Standard Plumbing Code*, hereby incorporated by reference shall be used, developed by and available from the International Association of Plumbing and Mechanical Officials, 180 S. Washington St., Suite 100, Falls Church, VA 22046, (800) 533-7694, available at: <https://www.phccweb.org/tools-resources/nspc/>. This rule does not incorporate any subsequent amendments or additions to the regulations listed above. This rule does not prohibit programs from complying with regulations set forth in newer versions of the incorporated by reference material listed in this subsection of this rule.

(11) Telephones. An adequate number of telephones, appropriate to the needs of individuals being served in the program, must be reasonably accessible and located to allow individuals to make and receive private

calls. Free local telephone access shall be available for individuals to contact their healthcare providers or other service providers such as behavioral health, developmental disabilities, housing, employment, and educational resources.

(A) Cellular phones may be used when all of the following conditions are met:

1. The phone must always have a signal;
2. The phone must always be charged;
3. The phone is set up to allow individuals to make and receive normal calls;
4. The phone must remain in the program at all times; and

5. The emergency plan for the program must address the use of cellular phones.

(B) Telephone numbers for the local fire department, police and/or sheriff's department, Access Crisis Intervention, Missouri Adult Abuse and Neglect Hotline, National Suicide Prevention Lifeline, and department's Office of Constituent Services shall be readily accessible where telephones are located.

(C) The telephone number for each individual's support team member(s) or administrative agent/affiliate staff shall be readily accessible to individuals served and staff in the program.

(12) Safety Risks. Hazardous flammable or combustible materials, toxic cleaning supplies, sharp objects, and other items determined as potentially harmful shall be stored based upon the assessed safety needs of individuals being served in the program, as specified in their ISP, ITP, or care plan. These items must be inaccessible to individuals served if they are unable to handle them safely.

(A) Unless prohibited, firearms and/or ammunition on the premises or in vehicles shall be kept in a locked space or container that cannot be accessed by anyone other than the owner of the firearm and/or ammunition.

(13) Maintenance. The program director shall ensure there is a system in place for ongoing maintenance of the program premises.

(14) Transportation. Vehicles used by program staff to transport individuals served shall be properly registered, insured, and maintained. Vehicles shall have working seat belts and be accessible if used to transport individuals with physical disabilities. The agency shall comply with state and federal seat belt and car seat laws and regulations when transporting individuals served. Verification of a current driver's license for all staff providing transportation must be maintained in personnel files.

(A) Program staff are responsible for the care, safety, and supervision of individuals served when they are transported from the operating site to other locations in the community.

(B) Staffing ratios shall be maintained at any time the program transports individuals away from its operating site.

**AUTHORITY:** sections 630.050 and 630.705, RSMo 2016.\* Original rule filed May 14, 2020, effective Dec. 30, 2020.

*\*Original authority: 630.050, RSMo 1980, amended 1993, 1995, 2008 and 630.705, RSMo 1980, amended 1982, 1984, 1985, 1990, 2000, 2011, 2014.*

## 9 CSR 40-1.090 Fire Safety and Emergency Preparedness

**PURPOSE:** The rule prescribes fire safety and emergency preparedness requirements for all residential programs and day programs subject to licensure by the department in accordance with 9 CSR 40-1.055. This rule does not apply to Residential Care Facilities (RCF) and Assisted Living Facilities (ALF) dually licensed by the Department of Health and Senior Services (DHSS).

**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) General Requirements. The program director shall ensure all local building codes, fire codes, and ordinances are followed and all hazard detection systems, alarm systems, and other safety equipment are maintained in proper operating condition. Practices shall be implemented to protect all individuals from fire, smoke, noxious fumes, and other safety hazards.

(A) Each residential program and day program shall be inspected at least annually by a Division of Fire Safety inspector. Initial and annual inspection reports must be maintained on site and be available for review by department staff and other authorized representatives.

(B) The 2018 regulations of the NFPA *Life Safety Code 101* will prevail in the interpretation of these rules. The regulations are incorporated by reference and available from NFPA, 1 Batterymarch Park, Quincy, MA 02169, (617) 770-3000 or 1-800-344-3555, available at: [www.nfpa.org](http://www.nfpa.org). This rule does not incorporate any subsequent amendments or additions to the regulations listed above. This rule does not prohibit programs from complying with the regulations set forth in newer editions of the incorporated by reference material listed in this subsection of this rule.

(C) The program address must be posted on the outside of the building where it is plainly visible from the street with numbers/letters at least four inches (4") in height and contrasting color with the building.

(D) Evacuation routes, with diagrams giving clear directions on how to safely exit the building in a timely manner, must be posted in locations throughout the building that are easily accessible to individuals served, staff, and visitors.

(E) Staff shall demonstrate the knowledge and ability to implement the program's emergency preparedness and evacuation plans and be trained and demonstrate the ability to operate the fire alarm system, fire extinguishers, and other safety devices. Training must be documented in personnel records, including date(s) and signature of trainer(s).

(F) A fire drill shall be conducted at least one (1) time per quarter, with a minimum of one (1) annual drill during sleeping hours. All staff and individuals on each shift must participate in at least one (1) annual fire drill. All drills must comply with the specifications of the posted evacuation plan.

(G) In addition to fire drills, staff and individuals served shall participate in other emergency drills at least quarterly and as specified in the emergency policies and procedures.

1. Individuals who are unable to react to emergency situations in a safe and expedient manner must have the supports necessary to implement their individual emergency plan.

2. Each drill must be documented and reviewed by staff responsible for execution of the emergency practices. Documentation shall include, but is not limited to, number of staff and individuals present during the drill, success of the drill or problems encountered, length of the drill, and corrective action taken, including training and education of staff and individuals served, as necessary.

(H) Hangings or draperies shall not be placed over exit doors or located where they conceal or obscure any exit.

(I) Stairways, sidewalks, ramps, and porch-

es shall be kept clear of ice, snow, and any other obstacles that may be a potential fall or tripping hazard.

(J) Fresh-cut Christmas trees shall not be used unless they are treated with a flame resistant material and documentation of such is maintained on-site.

(K) Candles and other devices that have an open flame shall not be used indoors. Short-term, supervised use of candles for special occasions or dinners is permitted.

(L) A program served by a volunteer or membership fire department shall maintain documentation of a current contract or proof of membership on-site.

(M) Staff shall notify the nearest fire department when the residential program or day program becomes operational and maintain the required signed documentation by the local authority (fire department notification form) on-site.

(N) Clothes dryers shall be properly maintained and vented to the outside, or as recommended by the manufacturer.

(O) Smoking shall not be allowed inside the program. At the discretion of the program director, designated outdoor smoking areas may be provided away from doors and windows. Supervision must be maintained based upon individual needs as documented in the Individual Support Plan (ISP), Individual Treatment Plan (ITP), or care plan.

(2) Hazard Detection, Alarms, and Extinguishment. All smoke detectors, carbon monoxide detectors, alarm systems, sprinkler systems, and adaptive alarm systems must be installed and maintained in accordance with the 2018 NFPA *Life Safety Code 101*, incorporated by reference and available from NFPA, 1 Batterymarch Park, Quincy, MA 02169, (617) 770-3000 or 1-800-344-3555, available at: [www.nfpa.org](http://www.nfpa.org). Staff of the Division of Fire Safety may make additional requirements to provide adequate life safety protection if it is determined the safety of individuals is endangered. This rule does not incorporate any subsequent amendments or additions to the regulations listed above. This rule does not prohibit programs from complying with the regulations set forth in newer editions of the incorporated by reference material listed in this section.

(A) Fire detection and other emergency notification systems shall be maintained to sound an alarm that can be heard throughout the premises, above the noise of normal activities, radios, and televisions. Notification must be provided automatically without delay. Pre-signal systems are prohibited. Staff of the Division of Fire Safety may make additional requirements to provide adequate

life safety protection if it is determined the safety of individuals is endangered.

1. Adaptive emergency alarm systems must be installed if individuals who are deaf are being served in the program.

(B) At least one (1) portable, five pound (5 lb.) ABC-rated fire extinguisher, with directions for use on the equipment, must be located on each floor of the building including in or near every kitchen, storage room, furnace area, and other mechanical equipment rooms. Additional fire extinguishers may be required by the local authority based on the floor plan and number of levels being used by individuals served so travel distance is no greater than seventy-five feet (75') between fire extinguishers.

1. All staff of the program must be knowledgeable on the location and use of the fire extinguisher(s).

2. Education provided to staff on the use of fire extinguishers must be documented and available on site, including date(s) and signature of trainer(s).

3. Fire extinguishers must be inspected and approved annually by a fire safety authority. Documentation of the inspection and approval, including date and signature of inspector, must be maintained on-site.

(C) Programs serving four (4) or fewer individuals must have at least one (1) certified Underwriters' Laboratories, Inc. (UL) or Factory Mutual (FM) smoke detector on each floor in close proximity to bedrooms, hallways, living spaces, kitchen, storage rooms, offices, and any other areas deemed necessary by Division of Fire Safety staff.

1. If battery-powered smoke detectors are used, they must be tested monthly and batteries changed as needed. Documentation including the dates, testing, and changing of batteries must be maintained on site.

2. Smoke detectors that are ten (10) years old or older must be replaced with new smoke detectors of the same style. Date(s) of installation must be maintained on site.

(D) Programs serving five (5) or more individuals must have a full coverage electrical fire alarm system with battery backup, a master control panel, smoke detectors, heat sensors, and pull station. Horns and strobe lights connected to the fire alarm must be installed throughout the building(s). All equipment must be UL- or FM-certified and installed on a dedicated circuit in the breaker box.

1. The system must be tested, inspected, and approved semi-annually by an authorized inspector. A copy of the test report and approval of the system must be maintained on site.

2. Heat detectors shall be installed in all



mechanical rooms, kitchens, and throughout the attic.

3. Smoke detectors that are connected to a fire alarm system must be replaced after ten (10) years of service or recalibrated by the manufacturer of the smoke detector. If the smoke detectors are recalibrated, temporary smoke detectors must be installed so the fire alarm system continues to function properly.

(E) In addition to having an electrical alarm system, programs serving five (5) or more individuals must have an automatic fire sprinkler system when any of the following conditions apply:

1. Individuals served use any floor above the second (2nd) floor of the building;

2. Individuals who require mechanical or staff assistance to evacuate the building use any floor above or below the first (1st) floor; or

3. Individuals use a floor below the level of exit discharge, such as a basement, which exceeds twelve hundred (1,200) square feet in total area.

A. The water supply for the sprinkler system may be a domestic water source, if the domestic water system is designed to adequately support the design flow of the largest number of sprinklers in any one area.

4. The automatic sprinkler system shall be installed and maintained in accordance with the 2019 NFPA *Standards for Installation of Sprinkler Systems*, NFPA, 1 Batterymarch Park, Quincy, MA 02169, (617) 770-3000 or 1-800-344-3555 incorporated by reference and available at: <https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=13>. This rule does not incorporate any subsequent amendments or additions to the standards listed above. This rule does not prohibit programs from complying with standards set forth in newer versions of the incorporated by reference material listed in this paragraph of this rule.

5. The sprinkler system shall be tested, inspected, and approved semi-annually by an authorized inspector. A copy of the test report and approval of the system shall be kept on file at the program for review by Division of Fire Safety staff, department staff, or other authorized representatives.

(F) Programs using a commercial stove, deep fryer, or two (2) home-type ranges placed side by side must be equipped with a range hood and extinguishing system with an automatic cutoff of the fuel supply and exhaust system in case of fire.

1. The hood and extinguishment system must be inspected by a qualified technician to ensure they are in good operating condition in accordance with the 2017 NFPA *Standards*

*for Ventilation Control and Fire Protection of Commercial Cooking Operations*, incorporated by reference and available at NFPA, 1 Batterymarch Park, Quincy, MA 02169, (617) 770-3000 or 1-800-344-3555, available at: <https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=96>. This rule does not incorporate any subsequent amendments or additions to the standards listed above. This rule does not prohibit programs from complying with standards set forth in newer versions of the incorporated by reference material listed in this paragraph of this rule.

2. The range hood and extinguishment system shall be connected to the control panel of the fire alarm system. The activation of the range hood fire extinguishment system must cause the fire alarm system to activate throughout the building.

3. Home-type ranges separated by an eighteen inch (18") cabinet are not required to have an extinguishing system installed above them. Programs using a home-type range with no more than four (4) burners and/or grill are not required to have a fire extinguishing system above the range.

(G) Programs that have an attached garage and/or use gas utilities, equipment, or appliances that pose a potential carbon monoxide risk, shall install carbon monoxide detectors on each level of the building according to the 2018 NFPA *Life Safety Code 101* and the recommendation of the local authority. The regulations are incorporated by reference and available from NFPA, 1 Batterymarch Park, Quincy, MA 02169, (617) 770-3000 or 1-800-344-3555, and available at: [www.nfpa.org](https://www.nfpa.org). This rule does not incorporate any subsequent amendments or additions to the regulations listed above. This rule does not prohibit programs from complying with the regulations set forth in newer editions of the incorporated by reference material listed in this subsection of this rule.

1. If an elevated carbon monoxide level is detected in a program during a fire inspection, all gas-fired appliances must be checked by a heating and air conditioning company to identify the source of the carbon monoxide. Until program staff have documentation on file verifying all gas-fired appliances were checked by a heating and air conditioning company, are in safe working order, and the building(s) is determined safe by the local authority, the fire inspection will not be approved.

2. If a level of carbon monoxide is determined that endangers the lives of individuals, the local authority shall take measures necessary to ensure their safety which may include

evacuating or closing the program. Program staff shall obtain and maintain documentation on site verifying all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order. The program must be reinspected by the local authority and determined safe before individuals can return or the program can reopen.

(3) Means of Egress and Exits. Means of egress and exit from all buildings shall be maintained in accordance with the 2018 NFPA *Life Safety Code 101*. The regulations are incorporated by reference and available from NFPA, 1 Batterymarch Park, Quincy, MA 02169, (617) 770-3000 or 1-800-344-3555, available at: [www.nfpa.org](https://www.nfpa.org). This rule does not incorporate any subsequent amendments or additions to the regulations listed above. This rule does not prohibit programs from complying with the regulations set forth in newer editions of the incorporated by reference material listed in this section.

(A) All programs must meet the following requirements:

1. Each floor used by individuals served shall have at least two (2) remotely located means of exit. At least one (1) of these exits must lead directly outside at ground level, to an outside stairway, or to an enclosed stairway constructed of materials with at least a one- (1-) hour fire resistance rating on each level and an exit leading directly outside;

2. Each exit door shall be at least thirty inches (30") wide in existing licensed buildings and at least thirty-six inches (36") wide in buildings constructed after the effective date of these licensing rules;

3. All means of egress shall be free of items that would obstruct the path of travel;

4. Doors that serve as a means of exit shall not be locked or blocked against egress travel when the building is occupied. Door locks requiring a key, tool, special code, or knowledge to unlock from the inside shall not be used;

5. Overhead garage doors shall not be considered as exit doorways;

6. Mirrors shall not be placed on exit doors or adjacent to any exit in such a manner to confuse the direction of the exit;

7. All hallways must have a clear width of at least thirty-six inches (36") wide and be kept free of all articles that might impede an individual's evacuation from the building, including wheelchairs, walkers, or other support equipment;

8. Dead-end hallways cannot exceed twenty feet (20');

9. No primary means of escape or planned exit shall lead through a bathroom, storage room, furnace room, garage, or any



other room deemed hazardous by the local authority;

10. All ramps must be accessible, safe, and installed in accordance with the 2010 *Americans with Disabilities Act Standards for Accessible Design*, established by the U.S. Department of Justice, Civil Rights Division, 950 Pennsylvania Avenue NW, Washington DC 20530, (800)514-0301, incorporated by reference and available at: <https://www.ada.gov/regs2010/2010ADASTandards/2010ADASTandards.htm>. This rule does not incorporate any subsequent amendments or additions to the standards listed above. This rule does not prohibit programs from complying with the standards set forth in newer editions of the incorporated by reference material listed in this paragraph of this rule; and

11. Programs that have stairs, including stairs used as a fire escape, shall meet the requirements of the 2010 *Americans with Disabilities Act Standards for Accessible Design*, established by the U.S. Department of Justice, Civil Rights Division, 950 Pennsylvania Avenue NW, Washington DC 20530, (800) 514-0301, incorporated by reference and available at: <https://www.ada.gov/regs2010/2010ADASTandards/2010ADASTandards.htm>, the 2018 NFPA *Life Safety Code 101*, incorporated by reference and available from NFPA, 1 Batterymarch Park, Quincy, MA 02169, (617) 770-3000 or 1-800-344-3555, available at: [www.nfpa.org](http://www.nfpa.org), and the local authority. This rule does not incorporate any subsequent amendments or additions to the standards listed above. This rule does not prohibit programs from complying with the standards set forth in newer editions of the incorporated by reference material listed in this paragraph of this rule.

(B) Programs serving five (5) or more individuals shall meet the following requirements for means of egress and exit:

1. All outside exit doors must swing in the direction of egress travel;

2. All exit doors must be clearly marked and illuminated; and

3. Emergency lighting with battery backup shall be installed to light all paths of egress travel. The location and number of emergency lights shall be determined by the local authority. Emergency lights shall be tested monthly with documentation maintained on site indicating which lights were tested, the date tested, and the name and signature of the staff performing the test.

(C) Each wing or hallway in programs serving ten (10) or more individuals must be separated into fire compartment areas by fire doors and walls having not less than a one-

(1-) hour rating. All fire doors shall be equipped with a door closer and may be held open at all times with an electrical magnetic switch that is interconnected to the fire alarm system.

(4) Appliances and Mechanical Equipment. All heating, cooling, ventilation system(s), other mechanical equipment, and appliances shall be installed and maintained in accordance with manufacturer's recommendations.

(A) Use of unvented fuel-fired room heaters, portable electric space heaters, and floor furnaces is not permitted.

(B) If wall heaters are used, they must be installed and approved by the local authority and include adequate guards.

(C) The home's primary heat source shall not be a fireplace.

1. Fireplaces used for decorative purposes shall be installed, operated, and maintained in a safe manner. The use of a wood- or gas-burning fireplace is permitted only if the fireplace is built of firebrick or metal, enclosed by masonry, has a metal or tempered glass screen, and is inspected and approved by a local authority with documentation maintained on-site.

2. Fireplaces not in compliance with these requirements may be in the home if they are for decorative purposes only, or if they are equipped with decorative-type electric logs or other electric heaters which bear the UL label and are constructed of electrical components complying with and installed in compliance with the NFPA 2017 *National Electrical Code*, NFPA, 1 Batterymarch Park, Quincy, MA 02169-7471, (800) 344-3555, incorporated by reference and available at: <https://www.nfpa.org/NEC/electrical-codes-and-standards>. This rule does not incorporate any subsequent amendments or additions to the standards listed above. This rule does not prohibit programs from complying with the standards set forth in newer editions of the incorporated by reference material listed in this paragraph of this rule.

(D) If the building has elevator(s), the elevator(s) shall be inspected annually by a state-licensed inspector and have a state-issued operating permit from the Division of Fire Safety available for review.

(5) Protection. Smoke stop partition(s) in all programs must comply with the requirements of the Division of Fire Safety and the 2018 NFPA *Life Safety Code 101*, NFPA, 1 Batterymarch Park, Quincy, MA 02169, (617) 770-3000 or 1-800-344-3555, incorporated by reference and available at: [www.nfpa.org](http://www.nfpa.org). This rule does not incorporate any subsequent amendments or additions to the regula-

tions listed above. This rule does not prohibit programs from complying with the regulations set forth in newer editions of the incorporated by reference material listed in this section.

(6) Interior Finish. Interior finish in all programs must comply with requirements of the Division of Fire Safety and the 2018 NFPA *Life Safety Code 101*, NFPA, 1 Batterymarch Park, Quincy, MA 02169, (617) 770-3000 or 1-800-344-3555, incorporated by reference and available at: [www.nfpa.org](http://www.nfpa.org). This rule does not incorporate any subsequent amendments or additions to the regulations listed above. This rule does not prohibit programs from complying with the regulations set forth in newer editions of the incorporated by reference material listed in this section.

*AUTHORITY: sections 630.050 and 630.705, RSMo 2016.\* Original rule filed May 14, 2020, effective Dec. 30, 2020.*

*\*Original authority: 630.050, RSMo 1980, amended 1993, 1995, 2008 and 630.705, RSMo 1980, amended 1982, 1984, 1985, 1990, 2000, 2011, 2014.*

#### **9 CSR 40-1.100 Implementation of Licensure Authority for Certain Day Programs and Community Residential Facilities**

*Emergency rule filed Sept. 20, 1983, effective Oct. 1, 1983, expired Jan. 15, 1984.*

#### **9 CSR 40-1.105 Implementation of Licensing Authority for Certain Day Programs and Community Residential Facilities** (Rescinded December 30, 2020)

*AUTHORITY: sections 630.050 and 630.705, RSMo 1994. Original rule filed Oct. 13, 1983, effective Jan. 15, 1984. Emergency amendment filed June 10, 1985, effective June 24, 1985, expired Oct. 7, 1985. Amended: Filed June 10, 1985, effective Oct. 8, 1985. Amended: Filed July 15, 1985, effective Feb. 1, 1986. Amended: Filed Jan. 2, 1990, effective June 11, 1990. Emergency amendment filed Feb. 2, 1990, effective Feb. 15, 1990, expired May 1, 1990. Amended: Filed Feb. 2, 1990, effective Sept. 28, 1990. Amended: Filed April 1, 1993, effective Dec. 9, 1993. Amended: Filed July 17, 1995, effective March 30, 1996. Amended: Filed Aug. 11, 1995, effective March 30, 1996. Rescinded: Filed May 14, 2020, effective Dec. 30, 2020.*





**9 CSR 40-1.118 Licensing Advisory Board**  
(Rescinded November 30, 2018)

*AUTHORITY: sections 630.050 and 630.705, RSMo 1994. Original rule filed Aug. 4, 1987, effective Jan. 15, 1988. Amended: Filed April 14, 1988, effective Sept. 11, 1988. Emergency amendment filed March 30, 1990, effective April 15, 1990, expired Aug. 1, 1990. Amended: Filed March 30, 1990, effective June 30, 1990. Amended: Filed July 17, 1995, effective March 30, 1996. Rescinded: Filed March 20, 2018, effective Nov. 30, 2018.*