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SALUS POPULI SUPREMA LEX ESTO

*“The welfare of the people shall be the supreme law.”*



JOHN R. ASHCROFT  
SECRETARY OF STATE

MISSOURI  
REGISTER

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November 1, 2021 November 15, 2021	<b>December 1, 2021</b> <b>December 15, 2021</b>	December 31, 2021 December 31, 2021	January 30, 2022 January 30, 2022
December 1, 2021 December 15, 2021	<b>January 3, 2022</b> <b>January 18, 2022</b>	January 29, 2022 January 29, 2022	February 28, 2022 February 28, 2022

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

## HOW TO CITE RULES AND RSMO

### RULES

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

<b>Title</b>	<b>CSR</b>	<b>Division</b>	<b>Chapter</b>	<b>Rule</b>
3 Department	<i>Code of State Regulations</i>	10- Agency division	4 General area regulated	.115 Specific area regulated

and should be cited in this manner: 3 CSR 10-4.115.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraphs 1., subparagraphs A., parts (I), subparts (a), items I. and subitems a.

The rule is properly cited by using the full citation; for example, 3 CSR 10-4.115, NOT Rule 10-4.115.

Citations of RSMo are to the *Missouri Revised Statutes* as of the date indicated.

### ***Code and Register on the Internet***

The *Code of State Regulations* and *Missouri Register* are available on the Internet.

The *Code* address is [sos.mo.gov/adrules/csr/csr](http://sos.mo.gov/adrules/csr/csr)

The *Register* address is [sos.mo.gov/adrules/moreg/moreg](http://sos.mo.gov/adrules/moreg/moreg)

These websites contain rulemakings and regulations as they appear in the *Code* and *Registers*.

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

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

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

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

### EMERGENCY AMENDMENT

**13 CSR 70-15.070 Inpatient [Hospital] Psychiatric Services for Individuals Under Age Twenty-One.** The division is amending section (1) and sections (4)-(11), removing sections (2) and (3), and renumbering accordingly.

*PURPOSE:* This emergency amendment adds private psychiatric residential treatment facilities (PRTFs), includes psychiatric units in general hospitals in order to be consistent with federal rules, updates the audit process, adds separate reimbursement methodologies for public and private PRTFs, and updates terminology.

*PURPOSE:* This rule provides the legal basis where inpatient [hospital] psychiatric services provided eligible individuals under the age of twenty-one might be afforded coverage for purposes of vendor payment under the Title XIX Medicaid program.

*EMERGENCY STATEMENT:* This emergency amendment is necessary to preserve a compelling governmental interest and must be effective when Missouri implements compliance with the Family First Prevention Services Act of 2018 (FFPSA), which will take place October 1, 2021. The FFPSA implemented significant changes to federal child welfare financing effective October 1, 2019, and, after dis-

cussion with internal and external partners, Missouri has delayed implementation until September 29, 2021, since more time was needed to plan for the policy, statutory, regulatory, and fiscal implications of implementing this broad, sweeping legislation. The MO HealthNet Division has been working with the Children's Division, Department of Mental Health, Department of Health and Senior Services, stakeholders, and private contractors to develop and implement this emergency amendment through regular meetings and negotiations since 2019. One of the reforms in the FFPSA places a limit of two (2) weeks on federal payments for placements that are not foster homes or qualified residential treatment programs (QRTP). Furthermore, the Centers for Medicare and Medicaid Services (CMS) has clarified existing CMS policy prohibiting federal reimbursement for any services provided to an individual under age 65 who is residing in an Institution for Mental Disease (IMD). This clarification indicates that QRTPs can be considered IMDs if they meet the federal definition of an IMD. Section 1905(i) of the Social Security Act defines an IMD as a "hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases including medical attention, nursing care, and related services." Currently, many of the residential facilities serving the needs of Missouri's child welfare population are larger than 16 beds. However, CMS also indicated in the above mentioned technical assistance document that a QRTP that meets certain conditions also may qualify as a psychiatric residential treatment facility (PRTF), which is one of the facility types that is considered an exception to the IMD exclusion. This means that federal Medicaid reimbursement is available for services provided to individuals while residing in a PRTF. In addition, federal Medicaid reimbursement for PRTF is available for both room and board and for treatment services, thus maximizing federal matching funds. This amendment adds authority to reimburse private PRTFs and represents a significant step in mitigating the negative budget implications of FFPSA implementation in Missouri. As a result, the Department of Social Services finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this issue of the *Missouri Register*. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri* and *United States Constitutions*. The Department of Social Services believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed August 13, 2021, becomes effective September 29, 2021, and expires March 27, 2022.

(1) Pursuant to provisions of section 208.161, RSMo, [Medicaid program] MO HealthNet coverage will be afforded to eligible individuals under age twenty-one (21) for inpatient psychiatric [hospital] services provided under the following conditions:

(A) Under the direction of a physician; and

(B) In a psychiatric hospital facility or an inpatient psychiatric program in a [psychiatric facility] general hospital, either of which is accredited by [the Joint Commission on Accreditation of Hospitals] a national organization whose psychiatric hospital accrediting program has been approved by CMS [and meets the qualification definition in section (2); and] or is licensed by the hospital licensing authority of Missouri; or

(C) In a psychiatric residential treatment facility (PRTF) that is operated as a public institution by the Missouri Department of Mental Health and is exempt from the hospital licensing law, that is accredited by the Joint Commission, and is certified as complying with the requirements at 42 CFR 441 Subpart D and the condition of participation at 42 CFR 483 Subpart G by the designated state agency for which such authority has been authorized; or

(D) In a privately operated PRTF that is accredited by the Joint Commission, the Council on Accreditation, or the Commission

on Accreditation of Rehabilitation Facilities, and is certified as complying with the requirements at 42 CFR 441 Subpart D and the condition of participation at 42 CFR 483 Subpart G by the designated state agency for which such authority has been authorized; and

[(C)](E) For claimants under the age of twenty-one (21) or, if receiving the services immediately before attaining the age of twenty-one (21), not to extend beyond the earlier of the date—

1. Services are no longer required; or
2. Individual reaches the age of twenty-two (22).

[(2) For purposes of administration of inpatient psychiatric hospital services coverage for individuals under age twenty-one (21), the Division of Family Services defines a qualified psychiatric hospital facility or inpatient program in a psychiatric facility as follows:

(A) The facility or program within the facility is currently accredited as a psychiatric hospital by the Joint Commission on Accreditation of Hospitals;

(B) The psychiatric facility is currently licensed by the hospital licensing authority of Missouri; and

(C) A psychiatric facility which is operated as a public institution and exempt from the hospital licensing law, must be operated by the Missouri Department of Mental Health.

(3) Inpatient psychiatric hospital services which are provided within a licensed acute care general hospital are not subject to the provisions and conditions of coverage as expressed in this rule, even though provided within an inpatient program or a part of the general hospital facility which is separately accredited as a psychiatric hospital by the Joint Commission on Accreditation of Hospitals. These inpatient psychiatric services shall be subject to the same provisions of coverage and the same benefits and limitations for inpatient hospital services as apply to all Medicaid-eligible recipients.]

[(4)](2) Reimbursement for inpatient psychiatric [hospital] services, as provided for in this rule, shall be made [in accordance with the provisions for inpatient hospital care reimbursement at 13 CSR 70-15.010 as rescinded effective October 1, 1981, for services prior to October 1, 1981, and at 13 CSR 70-15.010 as a readopted rule effective October 1, 1981, for services on or after October 1, 1981.] as follows:

(A) For psychiatric hospitals and inpatient psychiatric programs within general hospitals, reimbursement will be calculated in accordance with the provisions for inpatient hospital care reimbursement at 13 CSR 70-15.010;

(B) For state operated PRTF services for individuals under the age of twenty-one (21), reimbursement will be calculated as follows:

1. The MO HealthNet Division shall reimburse state operated PRTFs for services based on the individual participant's days of care multiplied by the facility's Title XIX per-diem rate less any payments made by participants;

2. The per diem for a state-operated PRTF is calculated as follows:

A. Determine the total costs from the 2nd prior year hospital cost report (i.e. FY 2021 per diem rate is based off the hospital's 2019 cost report) for PRTF services;

B. Trend the total cost of the state operated PRTF by the Hospital Market Basket index as published in Healthcare Cost Review by Institute of Health Systems (IHS), or equivalent publication, regardless of any changes in the name of the publication or publisher;

C. Determine the total PRTF patient days from the DMH Customer Information Management, Outcomes and Reporting (CIMOR) system for the 2nd prior year to correspond with the hospital cost report; and

D. Divide the trended cost as determined in subparagraphs (2)(B)2.A and (2)(B)2.B of this rule by the total patient days as determined in subparagraph (2)(B)2.C of this rule to arrive at the State-Operated PRTF per diem; and

3. The per diem is updated each state fiscal year using the 2nd prior year cost report;

(C) For private PRTF services for individuals under the age of twenty-one (21), reimbursement will be calculated as follows:

1. Effective for dates of service on or after September 29, 2021, the division will reimburse private PRTFs a per diem rate as determined by the state agency. The per diem rate is included in the MHD fee schedule, which is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, on its website at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>, August 13, 2021. This rule does not incorporate any subsequent amendments or additions.

[(5)](3) A written and signed certification of need for services must be completed for every admission reimbursed by Medicaid that attests to—

(A) Ambulatory care resources available in the community do not meet the treatment needs of the youth;

(B) Inpatient treatment under the direction of a physician is needed; and

(C) The services can reasonably be expected to improve the patient's condition, or prevent further regression, so that the services will no longer be needed.

[(6)](4) The certifications of need for care shall be made by different teams depending on the status of the individual patients as follows:

(A) For an individual who is receiving Medicaid at the time of admission, the certification of need shall be made by an independent team of health professionals at the time of admission. A team member cannot be employed by the admitting hospital or PRTF or be receiving payment as a consultant on a regular and frequent basis. The team must include a licensed physician who has competence in diagnosis and treatment of [mental illness] behavioral health disorders, preferably in child psychiatry, and has knowledge of the patient's situation and one (1) other [mental] behavioral health professional who is licensed[, if a part of a licensed discipline];

(B) For an individual who applies for Medicaid while in the facility, the certification of need shall be made by the treatment facility interdisciplinary team responsible for the individual's plan of care as specified in section [(7)](5). The certification of need is to be made before submitting a Medicaid claim for payment and must cover any period for which Medicaid claims are made; or

(C) For an individual who undergoes an emergency admission, the certification of need shall be made by the treatment facility interdisciplinary team responsible for the individual's plan of care as specified in section [(7)](5) within fourteen (14) days after admission.

1. All admissions to PRTFs shall be considered non-emergent. The certification of need shall be performed by an independent review team.

[(7)](5) The treatment facility's interdisciplinary team shall be a team of physicians and other personnel who are employed by, or provide services to patients in, the facility.

(A) The team shall include, as a minimum, either:

1. A board-eligible or board-certified psychiatrist who is a licensed physician;

2. A clinical psychologist who has a doctoral degree and is licensed[, if required by the state,] and a physician licensed to practice medicine or osteopathy; or

3. A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of [mental diseases] behavioral health disorders, and a psychologist

who has a master's degree **or** **doctorate** in clinical psychology and is licensed[, *if required by the state or, if licensure is not required by the state, who has been certified by the state or by the state psychological association*].

(B) The team also shall include one (1) of the following:

1. A psychiatric social worker who is licensed[, *if required by the state*];

2. A licensed registered nurse with specialized training or one (1) year's experience in treating [*mentally ill*] individuals **with behavioral health disorders**;

3. An occupational therapist who is licensed[, *if required by the state,*] and who has specialized training or one (1) year of experience in treating [*mentally ill*] individuals **with behavioral health disorders**; or

4. A psychologist who has a master's degree **or** **doctorate** in clinical psychology and is licensed[, *if required by the state or, if licensure is not required by the state, who has been certified by the state or by the state psychological association*].

(C) The team must be capable of performing the following responsibilities:

1. Assessing the individual's immediate and long-range therapeutic needs, developmental priorities, and personal strengths and liabilities;

2. Assessing the potential resources of the individual's family;

3. Setting treatment objectives; and

4. Prescribing therapeutic modalities to achieve the plan of care objectives.

[(8)](6) Inpatient psychiatric services shall include active treatment which means implementation of a professionally developed and supervised individual plan of care, as described in section [(9)](7), that meets the following requirements:

(A) Developed and implemented no later than fourteen (14) days after admission; and

(B) Designed to achieve the [*recipient's*]/**participant's** discharge from inpatient status at the earliest possible time.

[(9)](7) An individual plan of care is a written plan developed for each [*recipient*] **participant** to improve his/her condition to the extent that inpatient care is no longer necessary. The plan of care shall—

(A) Be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral and developmental aspects of the [*recipient's*] **participant's** situation and reflects the need for inpatient psychiatric care;

(B) Be developed by a team of professionals specified under section [(7)](5) in consultation with the [*recipient*] **participant**; and his/her parents, legal guardians or others in whose care s/he will be released after discharge;

(C) State treatment objectives;

(D) Prescribe an integrated program of therapies, activities and experiences designed to meet objectives;

(E) Include, at an appropriate time, post-discharge plans and coordination of inpatient services with partial discharge plans and related community services to ensure continuity of care with the [*recipient's*] **participant's** family, school and community upon discharge; and

(F) Be reviewed every thirty (30) days by the treatment facility interdisciplinary team specified in section [(7)](5) to provide the following requirements:

1. Determine that services being provided are or were required on an inpatient basis; and

2. Recommend changes in the plan as indicated by the [*recipient's*] **participant's** overall adjustment as an inpatient.

[(10)](8) Before admission or before authorization for payment, the team described in section [(6)](4) of this rule must make medical, psychiatric and social evaluations of each applicant's or [*recipient's*]

**participant's** need for care in the hospital **or** **PRTF**. Each medical evaluation must include the following elements:

(A) Diagnoses;

(B) Summary of present medical findings;

(C) Medical history;

(D) Mental and physical functional capacity;

(E) Prognoses; and

(F) A recommendation by a licensed physician concerning admission to **or** **continued care** in the [*mental*] hospital **or** **PRTF** [*or continued care in the mental hospital*] for individuals who apply for Medicaid [*while in the mental hospital*] **after admission**.

[(11)](9) Audits to monitor [*hospital*] **facility or program** compliance shall be performed by a medical review agent as authorized by the [*Division of Medical Services*] **MO HealthNet Division**. [*Hospital*] **Inpatient** admissions of July 1, 1991, and after[, *that*] will be subject to audits, which may include up to one hundred percent (100%) of Medicaid admissions. Documentation of certification of need, medical/psychiatric/social evaluations, plan of care and active treatment shall be a part of the individual's medical record. All required documentation must be a part of the medical record at the time of audit to be considered during the audit. Failure of the medical record to contain the required documents at the time of audit shall result in recoupment. The medical review agent's audit process is as follows:

(A) The [*hospital*] **facility** has thirty (30) calendar days from the date of the request to furnish medical records for desk audits. At rates determined by the medical review agent, provider costs associated with submission of records will be reimbursed. Records not received within thirty (30) days will result in the services being denied and the Medicaid payment recouped;

(B) Review of the certification of need, medical/psychiatric/social evaluations and plan of care documentation is performed to determine compliance with this rule;

(C) A sample of claims [*will be*] is reviewed for quality of care [*using the Health Care Financing Administration (HCFA) psychiatric generic quality screens*];

(D) An initial review of the medical record information for active treatment is performed by either a nurse who is licensed or social worker reviewer who is licensed using [*the Child and Adolescent Assessment Psychiatric Treatment screening criteria*] **a nationally recognized, evidence-based clinical tool**;

(E) If the medical record documentation regarding the patient's condition and planned services meet the criteria in subsection [(11)](9)(D) of this rule, the services are approved by either the nurse or social worker reviewer;

(F) If the criteria in subsection [(11)](9)(D) of this rule is not met, the nurse or social worker reviewer refers the case to a physician reviewer who is a licensed physician for a determination of documentation and medical necessity. The physician reviewer is not bound by criteria used by the nurse or social worker reviewer. The physician reviewer uses his/her medical judgment to make a determination based on the documented medical facts in the record;

(G) If the physician reviewer denies the admission or days of stay, the attending physician and [*hospital*] **facility** shall be notified. The [*hospital*] **facility** may request of the medical review agent a reconsideration review. The [*hospital*] **facility** is notified of the medical review agent's reconsideration determination;

(H) Reconsideration determination is the final level of review by the medical review agent. The division will accept the medical review agent's decision;

(I) [*Hospitals*] **Facilities** are notified by the [*Division of Medical Services*] **MO HealthNet Division** if an adjustment of Medicaid payments is required as a result of audit findings;

(J) The following Medicaid policies apply for calculation of Medicaid payments:

1. Medicaid shall reimburse nursing facility care provided in the inpatient hospital **or** **PRTF** setting in accordance with 13 CSR 70-15.010;

2. No Medicaid payment shall be made on behalf of any *[recipient]* **participant** who is receiving inpatient hospital care and is not in need of either inpatient or nursing facility care. No payment will be made for outpatient services rendered on an inpatient basis; or

3. Medicaid shall not pay for admissions or continued days for social situations, placement problems, court commitments or abuse/neglect without medical risk; and

(K) Overpayment determinations may be appealed in accordance with section 208.156, RSMo.

*AUTHORITY: sections 208.201 and 660.017, RSMo [Supp. 1987] 2016. This rule was previously filed as 13 CSR 40-81.053. Emergency rule filed Sept. 24, 1981, effective Oct. 4, 1981, expired Jan. 13, 1982. Original rule filed Sept. 24, 1981, effective Jan. 14, 1982. Emergency amendment filed Sept. 13, 1991, effective Oct. 2, 1991, expired Jan. 29, 1992. Amended: Filed June 18, 1991, effective Dec. 9, 1991. Emergency amendment filed Aug. 13, 2021, effective Sept. 29, 2021, expires March 27, 2022. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

*PUBLIC COST: This emergency amendment will cost state agencies or political subdivisions between two million five hundred sixty-one thousand five hundred eighty-six dollars (\$2,561,586) and eleven million twenty-two thousand five hundred thirty-five dollars (\$11,022,535) in the time the emergency is effective.*

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



**FISCAL NOTE  
PUBLIC COST**

- I. Department Title:** Title 13–Social Services  
**Division Title:** Division 70–MO HealthNet Division  
**Chapter Title:** Chapter 15–Inpatient Psychiatric Services for Individuals Under Age Twenty-One

<b>Rule Number and Name:</b>	13 CSR 70-15.070 Inpatient Psychiatric Services for Individuals Under Age Twenty-One
<b>Type of Rulemaking:</b>	Emergency Amendment

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services MO HealthNet Division	Range from \$11 million total (\$3.7 million state share / \$7.3 million federal) to \$2.5 million total (\$820k state share / \$1.7 million federal) during the period the emergency amendment is in effect (9/29/21 – 3/31/22)

**III. WORKSHEET**

Potential PRTF Providers	Beds	Medicaid Occupancy	Occupancy Rate	Bed Days (calculated)
Provider #1	72	37.5%	50%	2,464
Provider #2	106	37.5%	50%	3,627
Provider #3	73	37.5%	50%	2,498
Provider #4	52	37.5%	50%	1,780
Provider #5	30	37.5%	50%	1,027
Provider #6	69	37.5%	50%	2,361
Provider #7	28	37.5%	50%	958
Provider #8	48	37.5%	50%	1,643
Provider #9	294	37.5%	50%	10,061
				26,419 (6 months)

**IV. ASSUMPTIONS**

- These costs may be offset by a reduction of direct billed services for these children, however, that amount is unknown.
- DSS is also aware of children outside of state custody who may be in need of these services. The impact of providing this service to these children is unknown, as there is a potential cost and savings to providing this service.

- Additionally, this cost/service will eventually be covered through the Managed Care contract and budget

The estimated cost of compliances uses the following assumptions to arrive at the projected fiscal impact:

519,933	Total number of children eligible December 31, 2019
1,387,494	Total number of children in Missouri
37.5%	= 519,933/1,387,494 (estimate for Medicaid Occupancy rate)
50%	Occupancy rate for Medicaid beds
26,419	Total bed days (Beds*Medicaid Occupancy*Occupancy*6 months)
<u>\$417.22</u>	Per Diem Rate Per Day
\$11,022,535	Total Cost for 6 months of Emergency Regulation

	Level IV Contracted Rate for Residential Treatment
\$320.26	Services and Medical services
<u>26,419</u>	Days spent in PRTF instead of RTS
\$8,460,949	Potential savings for fewer RTS days

66.01% SFY22 Blended FMAP Rate

Costs shown are for 6 months to represent the length of the Emergency Rule

	<b>Total</b>	<b>State Share</b>	<b>Federal</b>
High Range	\$11,022,535	\$3,746,560	\$7,275,975
Low Range	\$2,561,586	\$820,352	\$1,690,903

**T**he Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

## EXECUTIVE ORDER 21-08

WHEREAS, Section 105.454(5), RSMo, requires the Governor to designate those members of his staff who have supervisory authority over each department, division, or agency of state government for purposes of the application of such subdivision.

NOW THEREFORE, I, MICHAEL L. PARSON, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, do hereby designate the following members of my staff as having supervisory authority over the following departments, divisions, or agencies of state government for the purposes of Section 105.454(5), RSMo:

Office of Administration	Andrew Bailey
Department of Agriculture	Kayla Hahn
Department of Conservation	Kayla Hahn
Department of Corrections	Alex Tuttle
Department of Economic Development	Aaron Willard
Department of Elementary and Secondary Education	Robert Knodell
Department of Health and Senior Services	Alex Tuttle
Department of Higher Education and Workforce Development	Robert Knodell
Department of Commerce and Insurance	Alex Tuttle
Department of Labor and Industrial Relations	Alex Tuttle
Department of Mental Health	Alex Tuttle
Department of Natural Resources	Andrew Bailey
Department of Public Safety	Andrew Bailey
Department of Revenue	Alex Tuttle
Department of Social Services	Alex Tuttle
Department of Transportation	Aaron Willard
Missouri Housing Development Commission	Kayla Hahn
Boards Assigned to the Governor	Robert Knodell
Unassigned Boards and Commissions	Kyle Aubuchon

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 10<sup>th</sup> day of August, 2021.



MICHAEL L. PARSON  
GOVERNOR

ATTEST:

JOHN R. ASHCROFT  
SECRETARY OF STATE

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

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

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

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

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

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

Proposed Amendment Text Reminder:

**Boldface text indicates new matter.**

*[Bracketed text indicates matter being deleted.]*

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 3—Conditions of Provider Participation,  
Reimbursement, and Procedure of General Applicability**

**PROPOSED AMENDMENT**

**13 CSR 70-3.120 Limitations on Payment of Out-of-State Nonemergency Medical Services.** The department is amending sections (5) and (6).

*PURPOSE: This amendment adds services provided via Telemedicine and Developmental Disabilities waiver Assistive Technology to the list of services that are exempt from the requirement for prior authorization of nonemergency MO HealthNet-covered services for out-of-state providers. This amendment also changes the expiration of out-of-state nonemergency prior authorizations for transplant services from one hundred eighty (180) days to three hundred sixty-five (365) days from the date the out-of-state transplant services are approved.*

(5) The patient's attending physician is responsible for obtaining prior authorization of the services s/he believes to be medically necessary.

(B) All prior authorization requests must be submitted in accordance with policies and procedures established by the MO HealthNet Division as stated in the respective *MO HealthNet Provider Manual [and provider bulletins]* which *[are]* incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at *[www.dss.mo.gov/mhd, June 15, 2009]* <http://manuals.momed.com/manuals/>, **May 14, 2021**. This rule does not incorporate any subsequent amendments or additions.

(D) Prior authorization expires one hundred eighty (180) days from the date a specific service was approved by the state, **except transplant services. Prior authorization for transplant services will expire three hundred sixty-five (365) days from the date the services were approved by the state.**

(6) The following are exempt from the requirement for prior authorization of nonemergency MO HealthNet-covered services for out-of-state providers:

(C) All foster care children living outside Missouri. Nonemergency services which routinely require prior authorization will continue to require prior authorization by out-of-state providers even though the service was provided to a foster care child. Foster care children are identified on the MO HealthNet ID card with a Type of Assistance (TOA) indicator of "D" or "Z"; *[and]*

(D) All independent laboratory, **Developmental Disabilities waiver Assistive Technology**, and emergency ambulance services.*./.*; **and**

(E) **All services provided via telemedicine, which must be performed with the same standard of care as an in-person, face-to-face service.**

*AUTHORITY: sections 208.153, 208.201, and 660.017, RSMo 2016. This rule was previously filed as 13 CSR 40-81.190. Emergency rule filed Sept. 18, 1981, effective Sept. 28, 1981, expired Jan. 13, 1982. Original rule filed Sept. 18, 1981, effective Jan. 14, 1982. For intervening history, please consult the Code of State Regulations. Amended: Filed Aug. 10, 2021.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to [Rules.Comment@dss.mo.gov](mailto:Rules.Comment@dss.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 3—Conditions of Provider Participation,  
Reimbursement, and Procedure of General Applicability**

**PROPOSED AMENDMENT**

**13 CSR 70-3.180 Medical Pre-Certification Process.** The division is amending the purpose and sections (1), (2), (4), and (7).

**PURPOSE:** This amendment adds clarifying language, updates an incorporation by reference, and updates outdated terms.

**PURPOSE:** This rule establishes the medical pre-certification process of the MO HealthNet Program for certain covered diagnostic and ancillary procedures and services prior to provision of the procedure or service as a condition of reimbursement. [This rule shall only apply to those diagnostic and ancillary procedures or services that are listed in the provider manuals, provider bulletins, or clinical edits criteria which are incorporated by reference and made a part of this rule.] The medical pre-certification process serves as a utilization management tool, allowing payment for services that are medically necessary, appropriate, and cost-effective without compromising the quality of care provided to MO HealthNet participants.

(1) Providers are required to **[seek] obtain** pre-certification for certain specified services **[listed] as outlined** in the provider manuals, **[provider bulletins,]** or clinical edits criteria **documents** before delivery of **[the]** services. This rule shall apply to diagnostic and ancillary procedures and services **[listed] outlined** in the provider manuals, **[provider bulletins,]** or clinical edits criteria **documents** when ordered by a healthcare provider, unless provided in an inpatient hospital or emergency room setting. This pre-certification process shall not include primary services performed directly by the provider. In addition to services and procedures that are available through the traditional **[medical assistance] MO HealthNet** program, expanded services are available to children twenty (20) years of age and under through the Healthy Children and Youth (HCY) Program. Some expanded services also require pre-certification. Certain services require pre-certification only when provided in a specific place or when they exceed certain limits. These limitations are explained in detail in subsections 13/(3)] and 14/(4)] of the **[applicable provider manuals, provider bulletins,] respective MO HealthNet Provider Manual** or clinical edits criteria **documents**, which are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at **[www.dss.mo.gov/mhd, April 1, 2009] http://manuals.momed.com/manuals/, August 10, 2021**. The rule does not incorporate any subsequent amendments or additions. This rule shall only apply to those diagnostic and ancillary procedures or services that are listed in the provider manuals, **[provider bulletins,]** or clinical edits criteria **documents**, which are incorporated by reference and made a part of this rule.

(2) All requests for pre-certification must be initiated by an enrolled medical assistance provider and approved by the MO HealthNet Division. A covered service for which pre-certification is **[requested] required** must meet medical criteria established by the MO HealthNet Division's medical consultants or medical advisory groups in order to be approved.

(4) Approved services/procedures must be initiated **or dispensed** within six (6) months of the date the pre-certification approval is issued. Services/procedures initiated **or dispensed** after the six- (6)-[/-] month approval period will be void and payment denied.

(7) If a pre-certification request is denied, the **[medical assistance] MO HealthNet** participant will receive a letter which outlines the reason for the denial and the procedure for appeal. The MO HealthNet participant must contact the **MO HealthNet Division's** Participant Services Unit within ninety (90) days of the date of the denial letter **[if they wish]** to request a hearing. After ninety (90) days a request to appeal the pre-certification decision is denied.

**AUTHORITY:** sections 208.153 [and], 208.201, and 660.017, RSMo [Supp. 2008] 2016. Original rule filed July 3, 2006, effective Feb.

28, 2007. Amended: Filed March 2, 2009, effective Aug. 30, 2009. Amended: Filed Aug. 10, 2021.

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

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

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

### Title 13—DEPARTMENT OF SOCIAL SERVICES Division 70—MO HealthNet Division Chapter 4—Conditions of Participant Participation, Rights, and Responsibilities

#### PROPOSED AMENDMENT

**13 CSR 70-4.100 Preventing Medicaid Payment of Expenses Used to Meet Spenddown.** The division is amending sections (1), (3), (4), and (5).

**PURPOSE:** This amendment updates a legal reference in section (1) and outdated terminology throughout the rule. The amendment will change the term "Division of Medical Services" to the "MO HealthNet Division" and "recipients" to "participants."

(1) Aged persons (over sixty-five (65) years), blind persons, or people with disabilities with income above limits established under section 208.151.1/(25)/(24), RSMo for old age assistance benefits, permanent and total disability benefits, or aid to the blind benefits, as amended, are allowed to deduct from income incurred medical expenses (that is, spenddown) to become eligible.

(3) The **[Missouri Medical Assistance] MO HealthNet** program (Medicaid) will only reimburse enrolled Medicaid providers for covered medical expenses that exceed a recipient's spenddown amount. Medicaid does not pay the portion of a claim used to meet the applicant's spenddown obligation. For example, for the first day of coverage, the **[Division of Medical Services] MO HealthNet Division** denies or splits (partially pays) a claim or claims until the applicant's spenddown liability is reduced to zero (0).

(4) After the **[Division of Medical Services] MO HealthNet Division** has reduced the **[recipient's] participant's** liability to zero (0) for the first day of coverage, other claims submitted for that day of spenddown coverage and claims for the time remaining in the month are paid up to the Medicaid rate.

(5) **[Recipients] Participants** shall have the option to pay their monthly spenddown requirement to the **[Division of Medical Services] MO HealthNet Division**, much like a premium payment, in order to have continuous Medicaid coverage. **[Recipients] Participants** may also arrange to make the monthly spenddown payment through electronic funds transfer (EFT) from a bank account.

**AUTHORITY:** sections [208.151, RSMo Supp. 2004 and] 208.153 [and], 208.201, and 660.017, RSMo [2000] 2016, and section 208.151, RSMo Supp. 2020. Emergency rule filed April 25, 2005, effective May 5, 2005, expired Oct. 31, 2005. Original rule

filed April 29, 2005, effective Oct. 30, 2005. Amended: Filed Aug. 10, 2021.

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

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

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to [Rules.Comment@dss.mo.gov](mailto:Rules.Comment@dss.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 4—Conditions of Participant Participation,  
Rights, and Responsibilities**

**PROPOSED AMENDMENT**

**13 CSR 70-4.110 Placement of Liens on Property of Certain Institutionalized MO HealthNet [Eligible Persons] Participants.** The division is amending the title of this rule, the purpose, sections (1)-(6), and removing section (8).

**PURPOSE:** This amendment clarifies the definition of “proof of residency” and replaces outdated language throughout the regulation.

**PURPOSE:** This rule implements the guidelines for placement of liens on the property of certain institutionalized MO HealthNet [eligible persons] participants, in accordance with the authority given to states in the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), as amended.

(1) When an applicant for MO HealthNet or a MO HealthNet participant is a patient, or will become a patient, in a nursing facility, intermediate care facility for the [mentally retarded] developmentally disabled, or other medical institution, the Department of Social Services will determine if the placement of a lien against the property of the applicant or participant is applicable. A lien is imposed on the property of an individual, in accordance with the authority given states in the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), when—

(A) The MO HealthNet participant is or has made application to become a patient in a nursing facility, intermediate care facility for the [mentally retarded] developmentally disabled, or other medical institution, if such individual is required, as a condition of receiving services in such institution, to spend for costs of medical care all but a minimal amount of his/her income required for personal needs;

(B) The institutionalized MO HealthNet participant owns property. Property includes the homestead and all other real property in which the person has a sole legal interest or a legal interest based upon co-ownership of the property [which is the result of a transfer of property for less than fair market value within thirty-six (36) months prior to the person entering the nursing facility];

(C) The department has determined after notice and opportunity for hearing that there is no reasonable expectation that the person can be discharged from the facility within one hundred twenty (120) days and return home. The hearing, if requested, will proceed under the provision of Chapter 536, RSMo, before a hearing officer designated by the director of the Department of Social Services. The fact that

there is no reasonable expectation that the person can be discharged from the facility within one hundred twenty (120) days and return home may be substantiated by one (1) of the following:

1. Applicant/participant states in writing that he/she does not intend to return home within one hundred twenty (120) days;

2. Applicant/participant has been in the institution for longer than one hundred twenty (120) days; [and] or

3. A physician states in writing that the applicant/participant cannot be expected to be discharged within one hundred twenty (120) days of admission; and

(D) A lien is imposed on the property unless one (1) of the following persons lawfully resides in the property:

1. The institutionalized person’s spouse;

2. The institutionalized person’s child who is under twenty-one (21) years of age or is blind or permanently and totally disabled; [or]

3. The institutionalized person’s sibling who has an equity interest in the property and who was residing in such individual’s home for a period of at least one (1) year immediately before the date of the individual’s admission to the institution[.]; or

4. The division may require proof of residency pursuant to this subsection. Proof of residency includes, but is not limited to, a utility bill, property tax bill, copy of permanent Missouri driver’s license, copy of Missouri voter’s registration verification, or copy of the most recently filed Federal 1040 income tax form in the name of the institutionalized person’s spouse, child, or sibling.

(2) After determining the applicability of the lien, the MO HealthNet participant is given an Explanation of TEFRA Lien. A person who objects to the imposition of a lien without good cause is ineligible for medical assistance. Ineligibility is based on the person’s objection without good cause to the imposition of the lien, which impedes the department’s ability to implement its lien requirements.

(3) A lien may be imposed upon the property but the department will not seek adjustment or recovery of the costs of medical assistance correctly paid on behalf of the participant when the participant’s child over the age of twenty-one (21) resides in the home and facts are established, to the satisfaction of the department, by sworn affidavit of the participant’s child or authorized representative with personal knowledge of the facts, conclusively showing that—

(A) The participant’s child has lived with and cared for the participant in the participant’s home continuously for the two (2) years immediately prior to the participant entering a nursing facility, intermediate care facility for the [mentally retarded] developmentally disabled, or other medical institution;

(B) By providing that care the participant’s child has allowed the participant to live at home rather than in a nursing facility, intermediate care facility for the [mentally retarded] developmentally disabled, or other medical institution;

(C) The participant’s child continues to reside in the home since the participant entered into a nursing facility, intermediate care facility for the [mentally retarded] developmentally disabled, or other medical institution;

(4) The director of the department or the director’s designee will file for record, with the recorder of deeds of the county in which any real property is situated, a written Certificate of TEFRA Lien. The lien will contain the name of the MO HealthNet participant and a description of the property. The recorder will note the time of receiving such notice and will record and index the certificate of lien in the same manner as deeds of real estate are required to be recorded and indexed. The county recorder shall be reimbursed [by presenting a statement showing the number of certificates and releases filed each calendar quarter to the Department of Social Services] per certificate or release filed by the division.

(5) The TEFRA lien [will] shall be for [the] a debt due to the state

for medical assistance paid or to be paid on behalf of the MO HealthNet participant. The amount of the lien will be for the full amount due the state at the time the lien is enforced. Fees paid to county recorder of deeds for filing of the lien will be included in the amount of the lien.

(6) The TEFRA lien does not affect ownership interest in a property until it is sold, transferred, or leased, or upon the death of the individual, at which time the lien must be satisfied, subject to the following:

(B) Subject to the provisions of subsection (6)(A), in any case of a pending probate matter in a court of the state of Missouri for the administration of the assets and interests of the participant, including the property subject to the lien, then the following probate costs and expenses may be paid from the sale of the real estate at closing ahead of the lien:

1. Filing fees, publication fees, appraisal fees, personal representative fees, executor fees, attorney's fees;

2. Costs to maintain and repair the property for sale; such as, insurance premiums, **professional** lawn care services, necessary repairs to prepare for sale, customary real estate sales commissions, publication of sale notice; and the participant or authorized representative shall produce documentation to support costs and incurred expenses; *[and]* or

3. Burial costs of the participant; and

*[(8) The department shall apply a cost effectiveness review for each TEFRA lien when a reduction of recovery on the lien is requested. It shall be cost effective to accept a reduced recovery on a lien when the reduction is less than five hundred dollars (\$500) and it appears that rejection of the reduced recovery would result in an even greater reduction in recovery, no recovery at all, or result in additional costs that net a recovery which is less than the requested reduction in recovery.]*

*AUTHORITY: sections 208.201 [and], 208.215, and 660.017, RSMo [Supp. 2011] 2016. Emergency rule filed Aug. 15, 2005, effective Sept. 1, 2005, expire[s]d Feb. 27, 2006. Original rule filed May 16, 2005, effective Nov. 30, 2005. Amended: Filed Dec. 15, 2011, effective June 30, 2012. Amended: Filed Aug. 10, 2021.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 4—Conditions of Participant Participation,  
Rights, and Responsibilities**

**PROPOSED AMENDMENT**

**13 CSR 70-4.120 Department is the Payer of Last Resort, Department's [Lien] Claim for Recovery, Participant's Duty of Cooperation.** The Department of Social Services is amending the

title of the rule and sections (4), (5), (7), (9), (10), (12), and (13).

*PURPOSE: This proposed amendment updates the email address for cost recovery, requires proof of verifiable authority to receive records, requires an itemized listing with detailed description of expenses, and replaces outdated language throughout the regulation.*

(4) MO HealthNet Division has a *[lien]* claim against recovery for past medical treatment.

(E) A notice of claim to a liable third party shall set forth the current amount of the claim. That claim amount shall be valid for thirty (30) days from the date of the notice. The claim amount may increase or decrease over time depending upon the submission and payment of provider claims and credits. It shall be the responsibility of the participant, **the participant's attorney, or the participant's appointed representative** to obtain a valid claim amount from the division when the current claim amount is older than thirty (30) days when seeking to recover medical expenses from a liable third party.

(G) Any potentially liable third party who is aware, or reasonably should be aware, of the claim *[or lien]* of the department for recovery of medical expenses due to a participant shall keep the department advised of its current contact information, including, but not limited to, mailing address and telephone number.

(5) MO HealthNet Division only has a *[lien]* claim against recovery for past medical treatment. Participants, their attorney(s), agents, and other representatives, liable or potentially liable third parties, and insurers shall allocate in settlement agreements that portion of the settlement which is recovery for past medical treatment.

(7) Duty of participant, agents, and third parties to cooperate with the division. Participants, their attorney(s), agents, and other representatives, and liable or potentially liable third parties shall fully cooperate with and assist the division, as required by section 208.215.4, RSMo, by providing information identifying liable third parties, providing information to assist the division in pursuit of any resources available from liable third parties and insurers, and in obtaining any resources to which the participant has a claim so the division can recover reimbursement for medical expenses. The duty continues and includes the duty to timely supplement as new information is discovered or known by the participant and the participant's attorneys, agents, and other representatives.

(A) No participants, attorneys, agents, or other legal representatives shall have the authority to bind the division to any settlement or compromise of any *[lien or]* claim of the division without prior written authorization from the division.

(D) Notification to the division. All notifications to the division under this section shall be delivered as follows:

1. By mail through the United States Postal Service or other postal or package service, to MO HealthNet Division, *[Cost Recovery]* **Third Party Liability** Unit, PO Box 6500, 615 Howerton Court, Jefferson City, MO 65102; or

2. By facsimile transmission (573-526-1162) to MO HealthNet Division, *[Cost Recovery]* **Third Party Liability** Unit; or

3. By email to MO HealthNet Division, *[Cost Recovery]* **Third Party Liability** Unit sent to the email address MHD.costrecovery@dss.mo.gov; or

4. By telephonic communication (573-751-2005) to MO HealthNet Division, *[Cost Recovery]* **Third Party Liability** Unit.

(9) Form of notification to the division and for request for claim amount. Notification to the department and requests for claim amount shall be made in writing and directed to the MO HealthNet Division in one of the manners specified above in subsection (7)(D) of this rule.

(C) Requests from agents of the participant must be accompanied by a letter of representation on the agent's official letterhead and must include a valid, currently dated, HIPAA release signed by the



participant or a person with verifiable authority to sign for release of the participant's protected information. **Proof of verifiable authority must be sent in with the HIPAA release.**

(10) *Pro rata* lien reduction for attorney fees. A participant, his agents, or attorneys may request from the division a *pro rata* reduction of the *[lien]* claim amount based upon the total attorney fees and reasonable expenses approved by the division and actually incurred by the participant in pursuit of the claims against the liable third party(s).

(A) Any request for a *pro rata* reduction in the *[lien]* claim shall be made to the division in writing and include all necessary information and supporting documentation regarding the settlement or recovery, including, but not limited to:

1. The total amount of settlement or recovery;
2. The total amount of the settlement or recovery which is compensation for past medical treatment related to the incident;
3. The total amount of contractual attorney fees incurred;
4. The **itemized list with detailed description and** total amount of reasonable division-approved expenses;
5. A detailed listing of the claimed expenses with individual items and amounts claimed; and
6. A copy of any written documentation of the settlement or recovery terms.

A. All settlement documentation and information shall be kept strictly confidential by the division and its staff.

(12) Insurance payments where the division asserts a claim. Any payment by any insurer which is from medical payment coverage is subject to the claim *[and lien]* of the division for recovery of medical expenses up to the total amount of the department's *[lien]* claim.

(13) Informal process to dispute the amount of the division's *[lien]* claim. If a participant disputes the amount *[of the lien]* claimed by the division, the participant or the participant's attorney shall first make a written request to the division within fifteen (15) days of notification of the division's *[lien]* claim amount to review the *[lien]* claim amount for specific alleged errors for correction before seeking other avenues for resolution of the dispute.

(A) Those items which may be reviewed informally for correction may include, but are not limited to:

1. Miscalculation of *pro rata* reduction;
2. Inclusion of charges for services not related to the participant's claim against the liable third party giving rise to the *[lien]* claim;
3. Omission of charges for services related to the participant's claim against the liable third party giving rise to the *[lien]* claim;
4. Incorrect amounts billed or paid for medical assistance;
5. Miscalculation within the billing statement;
6. Claims that the treatments billed were not actually provided to the participant; and
7. Claims that the person identified in the billing statement is not the same person identified in the division's *[lien]* claim.

(B) Written requests for informal review of a disputed *[lien]* claim shall be delivered to the MO HealthNet Division, *[Cost Recovery]* Third Party Liability Unit, PO Box 6500, 615 Howerton Court, Jefferson City, MO 65102 or may be sent by facsimile transmission or e-mail.

(C) Participants not represented by an attorney or other legal representative may request informal review by oral communication in person or by telephone by calling the *[Cost Recovery]* Third Party Liability Unit if written communication is not a reasonable form of communication due to disability or other extenuating circumstance.

(D) Upon receipt of a complete and detailed request for informal review due to a participant's dispute of the *[lien]* claim, the division shall provide a written response to the requesting participant, or his or her representative.

(E) If the informal dispute procedure does not resolve the dispute

of the *[lien]* claim to the satisfaction of the participant, the participant may seek resolution of the disputed *[lien]* claim through the procedures set out in section 208.080, RSMo, after receipt of the division's written response following the division's review of the dispute.

*AUTHORITY: sections 208.201 [and], 208.215, and 660.017, RSMo [Supp. 2013] 2016. Original rule filed Sept. 26, 2013, effective March 30, 2014. Amended: Filed Aug. 10, 2021.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

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

#### PROPOSED AMENDMENT

**13 CSR 70-15.020 Procedures for Admission Certification, Continued Stay Review, and Validation Review of Hospital Admissions.** The division is amending the title and section (1).

*PURPOSE: This amendment adds the definition of "written request" which allows the ability to email or fax the record request letters to providers.*

(1) The following definitions will be used in administering this rule:

(W) Utilization review assistant. Utilization review assistant means a person who is employed by or is under contract with the medical review agent who is the preliminary reviewer to assess the need for nurse review when the Milliman Care Guidelines is not immediately met; *[and]*

(X) Validation review. Validation review means a review conducted after admission certification has been approved. The review is focused on validating the admitting information and confirming the determination of medical necessity of the admission/.; **and**

(Y) **Written Request.** A notice to the address of the provider as listed in the MO HealthNet Division's system, in writing, transmitted via the U.S. mail or other private or common carrier, facsimile, e-mail, or any other method/mode of transmittal that is deemed by MO HealthNet to be an efficient, cost-effective, verifiable, and a reliable method or mode of communication with the provider, applying provider, or provider's representative.

*AUTHORITY: sections 208.201 and 660.017, RSMo [Supp. 2013] 2016. Emergency rule filed Oct. 20, 1989, effective Nov. 1, 1989, expired Feb. 28, 1990. Original rule filed Nov. 2, 1989, effective Feb. 25, 1990. For intervening history, please consult the Code of State Regulations. Amended: Filed Aug. 10, 2021.*

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to [Rules.Comment@dss.mo.gov](mailto:Rules.Comment@dss.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

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

**PROPOSED AMENDMENT**

**13 CSR 70-15.070 Inpatient [Hospital] Psychiatric Services for Individuals Under Age Twenty-One.** The division is amending the title, purpose, and sections (1) and (4)-(11), removing sections (2) and (3), and renumbering accordingly.

*PURPOSE:* This amendment adds private psychiatric residential treatment facilities (PRTF), includes psychiatric units in general hospitals in order to be consistent with federal rules, updates the audit process, adds separate reimbursement methodologies for public and private PRTF, and updates terminology.

*PURPOSE:* This rule provides the legal basis where inpatient [hospital] psychiatric services provided eligible individuals under the age of twenty-one might be afforded coverage for purposes of vendor payment under the Title XIX Medicaid program.

(1) Pursuant to provisions of section 208.161, RSMo, [Medicaid program] MO HealthNet coverage will be afforded to eligible individuals under age twenty-one (21) for inpatient psychiatric [hospital] services provided under the following conditions:

(A) Under the direction of a physician; and

(B) In a psychiatric hospital facility or an inpatient psychiatric program in a [psychiatric facility] general hospital, either of which is accredited by [the Joint Commission on Accreditation of Hospitals and meets the qualification definition in section (2); and] a national organization whose psychiatric hospital accrediting program has been approved by Centers for Medicare & Medicaid Services (CMS) or is licensed by the hospital licensing authority of Missouri; or

(C) In a psychiatric residential treatment facility (PRTF) that is operated as a public institution by the Missouri Department of Mental Health (DMH) and is exempt from the hospital licensing law, that is accredited by the Joint Commission, and is certified as complying with the requirements at 42 CFR 441 Subpart D and the condition of participation at 42 CFR 483 Subpart G by the designated state agency for which such authority has been authorized; or

(D) In a privately operated PRTF that is accredited by the Joint Commission, the Council on Accreditation, or the Commission on Accreditation of Rehabilitation Facilities, and is certified as complying with the requirements at 42 CFR 441 Subpart D and the condition of participation at 42 CFR 483 Subpart G by the designated state agency for which such authority has been authorized; and

[(C)](E) For claimants under the age of twenty-one (21) or, if receiving the services immediately before attaining the age of twenty-one (21), not to extend beyond the earlier of the date—

1. Services are no longer required; or
2. Individual reaches the age of twenty-two (22).

[(2)] For purposes of administration of inpatient psychiatric hospital services coverage for individuals under age twenty-one (21), the Division of Family Services defines a qualified psychiatric hospital facility or inpatient program in a psychiatric facility as follows:

(A) The facility or program within the facility is currently accredited as a psychiatric hospital by the Joint Commission on Accreditation of Hospitals;

(B) The psychiatric facility is currently licensed by the hospital licensing authority of Missouri; and

(C) A psychiatric facility which is operated as a public institution and exempt from the hospital licensing law, must be operated by the Missouri Department of Mental Health.

(3) Inpatient psychiatric hospital services which are provided within a licensed acute care general hospital are not subject to the provisions and conditions of coverage as expressed in this rule, even though provided within an inpatient program or a part of the general hospital facility which is separately accredited as a psychiatric hospital by the Joint Commission on Accreditation of Hospitals. These inpatient psychiatric services shall be subject to the same provisions of coverage and the same benefits and limitations for inpatient hospital services as apply to all Medicaid-eligible recipients.]

[(4)](2) Reimbursement for inpatient psychiatric [hospital] services, as provided for in this rule, shall be made [in accordance with the provisions for inpatient hospital care reimbursement at 13 CSR 70-15.010 as rescinded effective October 1, 1981, for services prior to October 1, 1981, and at 13 CSR 70-15.010 as a readopted rule effective October 1, 1981, for services on or after October 1, 1981.] as follows:

(A) For psychiatric hospitals and inpatient psychiatric programs within general hospitals, reimbursement will be calculated in accordance with the provisions for inpatient hospital care reimbursement at 13 CSR 70-15.010;

(B) For state operated PRTF services for individuals under the age of twenty-one (21), reimbursement will be calculated as follows:

1. The MO HealthNet Division shall reimburse state operated PRTFs for services based on the individual participant's days of care multiplied by the facility's Title XIX per-diem rate less any payments made by participants;

2. The per diem for a state-operated PRTF is calculated as follows:

A. Determine the total costs from the 2nd prior year hospital cost report (i.e. FY 2021 per diem rate is based off the hospital's 2019 cost report) for PRTF services;

B. Trend the total cost of the state operated PRTF by the Hospital Market Basket index as published in Healthcare Cost Review by Institute of Health Systems (IHS), or equivalent publication, regardless of any changes in the name of the publication or publisher;

C. Determine the total PRTF patient days from the DMH Customer Information Management, Outcomes and Reporting (CIMOR) system for the 2nd prior year to correspond with the hospital cost report; and

D. Divide the trended cost as determined in subparagraphs (2)(B)2.A. and (2)(B)2.B. of this rule by the total patient days as determined in subparagraph (2)(B)2.C. of this rule to arrive at the State-Operated PRTF per diem; and

3. The per diem is updated each state fiscal year using the 2nd prior year cost report; and

(C) For private PRTF services for individuals under the age of twenty-one (21), reimbursement will be calculated as follows:

1. Effective for dates of service on or after September 29, 2021, the division will reimburse private PRTFs a per diem rate as determined by the state agency. The per diem rate is included

in the MO Healthnet Division (MHD) fee schedule, which is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, on its website at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>, August 13, 2021. This rule does not incorporate any subsequent amendments or additions.

[(5)](3) A written and signed certification of need for services must be completed for every admission reimbursed by Medicaid that attests to—

(A) Ambulatory care resources available in the community do not meet the treatment needs of the youth;

(B) Inpatient treatment under the direction of a physician is needed; and

(C) The services can reasonably be expected to improve the patient's condition, or prevent further regression, so that the services will no longer be needed.

[(6)](4) The certifications of need for care shall be made by different teams depending on the status of the individual patients as follows:

(A) For an individual who is receiving Medicaid at the time of admission, the certification of need shall be made by an independent team of health professionals at the time of admission. A team member cannot be employed by the admitting hospital or PRTF or be receiving payment as a consultant on a regular and frequent basis. The team must include a licensed physician who has competence in diagnosis and treatment of [mental illness] behavioral health disorders, preferably in child psychiatry, and has knowledge of the patient's situation and one (1) other [mental] behavioral health professional who is licensed[, if a part of a licensed discipline];

(B) For an individual who applies for Medicaid while in the facility, the certification of need shall be made by the treatment facility interdisciplinary team responsible for the individual's plan of care as specified in section [(7)](5). The certification of need is to be made before submitting a Medicaid claim for payment and must cover any period for which Medicaid claims are made; or

(C) For an individual who undergoes an emergency admission, the certification of need shall be made by the treatment facility interdisciplinary team responsible for the individual's plan of care as specified in section [(7)](5) within fourteen (14) days after admission.

**1. All admissions to PRTFs shall be considered non-emergent. The certification of need shall be performed by an independent review team.**

[(7)](5) The treatment facility's interdisciplinary team shall be a team of physicians and other personnel who are employed by, or provide services to patients in, the facility.

(A) The team shall include, as a minimum, either:

1. A board-eligible or board-certified psychiatrist who is a licensed physician;

2. A clinical psychologist who has a doctoral degree and is licensed[, if required by the state,] and a physician licensed to practice medicine or osteopathy; or

3. A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of [mental diseases] behavioral health disorders, and a psychologist who has a master's degree or doctorate in clinical psychology and is licensed[, if required by the state or, if licensure is not required by the state, who has been certified by the state or by the state psychological association].

(B) The team also shall include one (1) of the following:

1. A psychiatric social worker who is licensed[, if required by the state];

2. A licensed registered nurse with specialized training or one (1) year's experience in treating [mentally ill] individuals with behavioral health disorders;

3. An occupational therapist who is licensed[, if required by

the state,] and who has specialized training or one (1) year of experience in treating [mentally ill] individuals with behavioral health disorders; or

4. A psychologist who has a master's degree or doctorate in clinical psychology and is licensed[, if required by the state or, if licensure is not required by the state, who has been certified by the state or by the state psychological association].

(C) The team must be capable of performing the following responsibilities:

1. Assessing the individual's immediate and long-range therapeutic needs, developmental priorities, and personal strengths and liabilities;

2. Assessing the potential resources of the individual's family;

3. Setting treatment objectives; and

4. Prescribing therapeutic modalities to achieve the plan of care objectives.

[(8)](6) Inpatient psychiatric services shall include active treatment which means implementation of a professionally developed and supervised individual plan of care, as described in section [(9)](7), that meets the following requirements:

(A) Developed and implemented no later than fourteen (14) days after admission; and

(B) Designed to achieve the [recipient's] participant's discharge from inpatient status at the earliest possible time.

[(9)](7) An individual plan of care is a written plan developed for each [recipient] participant to improve his/her condition to the extent that inpatient care is no longer necessary. The plan of care shall—

(A) Be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral and developmental aspects of the [recipient's] participant's situation and reflects the need for inpatient psychiatric care;

(B) Be developed by a team of professionals specified under section [(7)](5) in consultation with the [recipient] participant; and his/her parents, legal guardians, or others in whose care s/he will be released after discharge;

(C) State treatment objectives;

(D) Prescribe an integrated program of therapies, activities, and experiences designed to meet objectives;

(E) Include, at an appropriate time, post-discharge plans and coordination of inpatient services with partial discharge plans and related community services to ensure continuity of care with the [recipient's] participant's family, school, and community upon discharge; and

(F) Be reviewed every thirty (30) days by the treatment facility interdisciplinary team specified in section [(7)](5) to provide the following requirements:

1. Determine that services being provided are or were required on an inpatient basis; and

2. Recommend changes in the plan as indicated by the [recipient's] participant's overall adjustment as an inpatient.

[(10)](8) Before admission or before authorization for payment, the team described in section [(6)](4) of this rule must make medical, psychiatric, and social evaluations of each applicant's or [recipient's] participant's need for care in the hospital or PRTF. Each medical evaluation must include the following elements:

(A) Diagnoses;

(B) Summary of present medical findings;

(C) Medical history;

(D) Mental and physical functional capacity;

(E) Prognoses; and

(F) A recommendation by a licensed physician concerning admission to or continued care in the [mental] hospital or [continued care in the mental hospital] PRTF for individuals who apply for Medicaid [while in the mental hospital] after admission.

*[(11)](9)* Audits to monitor *[hospital]* facility or program compliance shall be performed by a medical review agent as authorized by the *[Division of Medical Services]* **MO HealthNet Division**. *[Hospital]* Inpatient admissions of July 1, 1991, and after, *that* will be subject to audits, which may include up to one hundred percent (100%) of Medicaid admissions. Documentation of certification of need, medical/psychiatric/social evaluations, plan of care, and active treatment shall be a part of the individual's medical record. All required documentation must be a part of the medical record at the time of audit to be considered during the audit. Failure of the medical record to contain the required documents at the time of audit shall result in recoupment. The medical review agent's audit process is as follows:

(A) The *[hospital]* facility has thirty (30) calendar days from the date of the request to furnish medical records for desk audits. At rates determined by the medical review agent, provider costs associated with submission of records will be reimbursed. Records not received within thirty (30) days will result in the services being denied and the Medicaid payment recouped;

(B) Review of the certification of need, medical/psychiatric/social evaluations, and plan of care documentation is performed to determine compliance with this rule;

(C) A sample of claims *[will be]* is reviewed for quality of care *[using the Health Care Financing Administration (HCFA) psychiatric generic quality screens]*;

(D) An initial review of the medical record information for active treatment is performed by either a nurse who is licensed or social worker reviewer who is licensed using *[the Child and Adolescent Assessment Psychiatric Treatment screening criteria]* a **nationally recognized, evidence-based clinical tool**;

(E) If the medical record documentation regarding the patient's condition and planned services meet the criteria in subsection *[(11)](9)(D)* of this rule, the services are approved by either the nurse or social worker reviewer;

(F) If the criteria in subsection *[(11)](9)(D)* of this rule is not met, the nurse or social worker reviewer refers the case to a physician reviewer who is a licensed physician for a determination of documentation and medical necessity. The physician reviewer is not bound by criteria used by the nurse or social worker reviewer. The physician reviewer uses his/her medical judgment to make a determination based on the documented medical facts in the record;

(G) If the physician reviewer denies the admission or days of stay, the attending physician and *[hospital]* facility shall be notified. The *[hospital]* facility may request of the medical review agent a reconsideration review. The *[hospital]* facility is notified of the medical review agent's reconsideration determination;

(H) Reconsideration determination is the final level of review by the medical review agent. The division will accept the medical review agent's decision;

(I) *[Hospitals]* **Facilities** are notified by the *[Division of Medical Services]* **MO HealthNet Division** if an adjustment of Medicaid payments is required as a result of audit findings;

(J) The following Medicaid policies apply for calculation of Medicaid payments:

1. Medicaid shall reimburse nursing facility care provided in the inpatient hospital or **PRTF** setting in accordance with 13 CSR 70-15.010;

2. No Medicaid payment shall be made on behalf of any *[recipient]* **participant** who is receiving inpatient hospital care and is not in need of either inpatient or nursing facility care. No payment will be made for outpatient services rendered on an inpatient basis; or

3. Medicaid shall not pay for admissions or continued days for social situations, placement problems, court commitments or abuse/neglect without medical risk; and

(K) Overpayment determinations may be appealed in accordance with section 208.156, RSMo.

*2016. This rule was previously filed as 13 CSR 40-81.053. Emergency rule filed Sept. 24, 1981, effective Oct. 4, 1981, expired Jan. 13, 1982. Original rule filed Sept. 24, 1981, effective Jan. 14, 1982. Emergency amendment filed Sept. 13, 1991, effective Oct. 2, 1991, expired Jan. 29, 1992. Amended: Filed June 18, 1991, effective Dec. 9, 1991. Emergency amendment filed Aug. 13, 2021, effective Sept. 29, 2021, expires March 27, 2022. Amended: Filed Aug. 13, 2021.*

*PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions between five million one hundred twenty-two thousand seven hundred eighty-four dollars (\$5,122,784) and twenty-two million forty-three thousand four hundred and one dollars (\$22,043,401) in the aggregate.*

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to rules.comments@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**FISCAL NOTE  
PUBLIC COST**

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

<b>Rule Number and Name:</b>	13 CSR 70-15.070 Inpatient [ <i>Hospital</i> ] Psychiatric Services for Individuals Under Age Twenty-One
<b>Type of Rulemaking:</b>	Proposed Amendment

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services MO HealthNet Division	Range from \$22 million total (\$7.5 million state share / \$14.5 million federal) to \$5.1 million total (\$1.7 million state share / \$3.4 million federal)

**III. WORKSHEET**

Potential PRTF Providers	Beds	Medicaid Occupancy	Occupancy Rate	Bed Days (calculated)
Provider #1	72	37.5%	50%	4,928
Provider #2	106	37.5%	50%	7,254
Provider #3	73	37.5%	50%	4,996
Provider #4	52	37.5%	50%	3,559
Provider #5	30	37.5%	50%	2,053
Provider #6	69	37.5%	50%	4,722
Provider #7	28	37.5%	50%	1,916
Provider #8	48	37.5%	50%	3,285
Provider #9	294	37.5%	50%	20,121
				52,834 (Total)

**IV. ASSUMPTIONS**

The estimated cost of compliance uses the following assumptions to arrive at the projected fiscal impact:

- 519,933 Total number of children eligible December 31, 2019
- 1,387,494 Total number of children in Missouri
- 37.5% = 519,933/1,387,494 (estimate for Medicaid Occupancy rate)
- 50% Occupancy rate for Medicaid beds
- 52,834 Total bed days (Beds\*Medicaid Occupancy\*Occupancy\*365)

\$417.22 Per Diem Rate Per Day  
\$22,043,401 Total Annual Cost

                    Level IV Contracted Rate for Residential Treatment  
\$320.26 Services and Medical services  
    52,834 Days spent in PRTF instead of RTS  
\$16,920,617 Potential savings for fewer RTS days

66.01%           SFY22 Blended FMAP Rate

	<b>Total</b>	<b>State Share</b>	<b>Federal</b>
<b>High Range</b>	\$22,043,401	\$7,492,552	\$14,550,849
<b>Low Range</b>	\$5,122,784	\$1,741,234	\$3,381,550

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 65—Rehabilitation Center Program**

**PROPOSED AMENDMENT**

**13 CSR 70-65.010 Rehabilitation Center Program.** The MO HealthNet Division is amending sections (1) and (7).

*PURPOSE: This amendment changes the record retention time from five (5) years to six (6) years.*

(1) Administration. The MO HealthNet rehabilitation center program shall be administered by the Department of Social Services, MO HealthNet Division. The rehabilitation center services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the MO HealthNet Division and shall be included in the rehabilitation center provider manual *[and bulletins]*, which *[are]* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at *[dss.mo.gov/mhd, September 15, 2014]* [http://manuals.momed.com/collections/collection\\_reh/print.pdf](http://manuals.momed.com/collections/collection_reh/print.pdf), **November 24, 2020**. This rule does not incorporate any subsequent amendments or additions. Rehabilitation center services shall include only those that are clearly shown to be medically necessary as determined by the treating physician. The division reserves the right to *[affect]* effect changes in services, limitations, and fees with notification to rehabilitation center providers by amending this rule.

(7) Records Retention. These records must be retained for *[five (5)]* **six (6)** years from the date of service. Fiscal and medical records coincide with, and fully document, services billed to the MO HealthNet Division. Providers must furnish or make the records available for inspection or audit by the Department of Social Services or its representative upon request. Failure to furnish, reveal, or retain adequate documentation for services billed to the MO HealthNet program, as specified above, is a violation of this regulation.

*AUTHORITY: sections 208.153 [and], 208.201, and 660.017, RSMo [Supp. 2014] 2016. Original rule filed Nov. 1, 2002, effective April 30, 2003. Amended: Filed June 1, 2006, effective Dec. 30, 2006. Amended: Filed Aug. 15, 2014, effective Feb. 28, 2015. Amended: Filed Aug. 3, 2021.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to [Rules.Comment@dss.mo.gov](mailto:Rules.Comment@dss.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

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

**T**he agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety-(90-) day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

**Title 12—DEPARTMENT OF REVENUE  
Division 10—Director of Revenue  
Chapter 24—Driver License Bureau Rules**

**ORDER OF RULEMAKING**

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

**12 CSR 10-24.448 Documents Required for Issuance of a Driver License, Nondriver License, or Instruction Permit is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on June 1, 2021 (46 MoReg 935-936). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 40—Optical Program**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.153, 208.201, and 660.017, RSMo 2016, and section 208.152, RSMo Supp. 2021, the division amends a rule as follows:

13 CSR 70-40.010 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 15, 2021 (46 MoReg 702-704). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Social Services, MO HealthNet Division (MHD) received five (5) comments regarding the proposed amendment.

COMMENT #1: Jill Hancock, Executive Director, The Missouri Society of Eye Physicians and Surgeons (MoSEPS) recommends the removal of subsection (7)(T) because it is unwise policy to pay for optometrists to perform vision therapy for as many as forty (40) sessions, and that the therapy provides little-to-no public health value. RESPONSE: MO HealthNet is not proposing a change to this subsection at this time. The reimbursement to optometrists for visual therapy training under this subsection is very low. From January 1, 2019 to the present, MO HealthNet has reimbursed optometrists a total of one thousand twenty-eight dollars and forty-eight cents (\$1,028.48) for these services.

COMMENT #2: Jill Hancock, Executive Director, MoSEPS, requests that subsection (4)(A) be clarified. Specifically, the commenter states that there is no provision for the payment of surgery, unless it is contained within the category of "special ophthalmological services" under paragraph (4)(A)5. The commenter states that if that is the case, then subsection (4)(A) is also saying that "special ophthalmological services" can be rendered by optometrists, but "clinic only." The commenter states that this is ambiguous and should be clarified.

RESPONSE AND EXPLANATION OF CHANGE: After reviewing "Special Ophthalmologic Services" in the AMA's 2021 Current Procedural Terminology (CPT) book, MO HealthNet agrees that these services can be billed by both an optometrist and clinic. MO HealthNet will remove the "clinic only" language.

COMMENT #3: Jill Hancock, Executive Director, MoSEPS, recommends a language change to Section (4) because, according to the commenter, prosthetic eyes are never provided by an ophthalmologist, an optician, or an optometrist, even if they are enrolled as an optical provider. Prosthetic eyes are provided by a certified ocularist. RESPONSE: MO HealthNet allows for prosthetic eyes to be billed by an enrolled clinic, optometrist, optician, or physician, and receive reimbursement for those services.

COMMENT #4: Jill Hancock, Executive Director, MoSEPS, recommends a language change to section (7). The commenter says it is not good medicine to pay for an annual visit only if you are an eligible child, a pregnant woman, living in a nursing home, or are blind. The comment states that others, including individuals with glaucoma and macular degeneration, only get a paid visit every two (2) years. The commenter states that this is not proper and should be objected to. RESPONSE: MO HealthNet does allow for participants with certain medical diagnoses to receive an eye exam more than every two (2) years. Information regarding this can be found in Section 13.6.A of the Optical Provider Manual. The specific text is stated below:

Additional eye examinations are allowed within the 12-month or 24-month period of time if medically necessary (e.g., cataract examination, glaucoma examination). Additional eye examinations with refraction may be allowed within the 12-month or 24-month period of time if medically necessary for a prescription change of .50 diopter or greater. Reimbursement of an additional eye examination with refraction, during the 12-month or 24-month period which



determined there was *not* a 0.50 diopter change, may be made if it is *not* possible to obtain the prescription of the previous eye examination by another provider. If a participant 21 years of age and over misplaces or breaks their frames and/or lens(es), another eye examination with or without a refraction for the purpose of replacing the frames and/or lens(es) is *not* covered during the 24-month period following the original examination.

COMMENT #5: Nanci Nikodym, MO HealthNet Division, Department of Social Services commented that subsections (7)(D) and (7)(E), which are being amended to subsections (7)(E) and (7)(F), should be updated to change “eligible individuals” to “eligible participants.”

RESPONSE AND EXPLANATION OF CHANGE: The MO HealthNet Division has made this change.

**13 CSR 70-40.010 Optical Benefits and Limitations—MO HealthNet Program**

(4) Types of Service Reimbursed by the MO HealthNet Program for Each Profession.

(A) Optometrist or Clinic.

1. Eye examinations.
2. Refractions.
3. Eyeglasses.
4. Prosthetic eyes.
5. Special ophthalmological services.

(7) Program Limitations.

(E) Eyeglasses are covered by the MO HealthNet program for MO HealthNet eligible participants when the prescription is at least 0.75 diopters for one (1) eye or 0.75 diopters for each eye.

(F) Only one (1) pair of eyeglasses is allowed every two (2) years (within any twenty-four- (24-) month period of time) for MO HealthNet eligible participants.

**Title 15—ELECTED OFFICIALS  
Division 40—State Auditor  
Chapter 3—Rules Applying to Political Subdivisions**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri State Auditor’s Office under sections 29.100 and 137.073.6, RSMo 2016, the auditor amends a rule as follows:

**15 CSR 40-3.125** Calculation and Revision of Property Tax Rates by School Districts **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on June 1, 2021 (46 MoReg 948-956). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 15—ELECTED OFFICIALS  
Division 40—State Auditor  
Chapter 3—Rules Applying to Political Subdivisions**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri State Auditor’s Office under sections 29.100 and 137.073.6, RSMo 2016, the auditor amends a

rule as follows:

**15 CSR 40-3.135** Calculation and Revision of Property Tax Rates by Political Subdivisions Other Than School Districts **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on June 1, 2021 (46 MoReg 956-964). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND INSURANCE  
Division 2063—Behavior Analyst Advisory Board  
Chapter 6—Standards of Practice**

**ORDER OF RULEMAKING**

By the authority vested in the Behavior Analyst Advisory Board under section 337.310, RSMo 2016, the board amends a rule as follows:

**20 CSR 2063-6.005** Ethical Rules of Conduct **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on June 1, 2021 (46 MoReg 964). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND INSURANCE  
Division 2220—State Board of Pharmacy  
Chapter 2—General Rules**

**ORDER OF RULEMAKING**

By the authority vested in the State Board of Pharmacy under section 338.280, RSMo 2016, the board rescinds a rule as follows:

**20 CSR 2220-2.016** Pharmacy Operating Procedures During Declared Disasters **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on May 17, 2021 (46 MoReg 874). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND INSURANCE  
Division 2220—State Board of Pharmacy  
Chapter 2—General Rules**

**ORDER OF RULEMAKING**

By the authority vested in the State Board of Pharmacy under section

338.140, RSMo Supp. 2021, the board adopts a rule as follows:

**20 CSR 2220-2.016** Pharmacy Operations During an  
Emergency or Declared Disaster **is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on May 17, 2021 (46 MoReg 874-877). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND  
INSURANCE  
Division 2220—State Board of Pharmacy  
Chapter 2—General Rules**

**ORDER OF RULEMAKING**

By the authority vested in the State Board of Pharmacy under section 338.140, RSMo Supp. 2021, the board amends a rule as follows:

**20 CSR 2220-2.200** Sterile Compounding **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 17, 2021 (46 MoReg 878). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND  
INSURANCE  
Division 2232—Missouri State Committee of Interpreters  
Chapter 1—General Rules**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri State Committee of Interpreters under section 209.328, RSMo 2016, the committee amends a rule as follows:

**20 CSR 2232-1.020** Policy for Release of Public Records  
**is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on June 1, 2021 (46 MoReg 964). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 5—Wildlife Code: Permits**

**STATEMENT OF ACTUAL COST**

**3 CSR 10-5.700 Resident Antlered Elk Hunting Permit**

The original public-cost estimate for this rulemaking was published in the *Missouri Register* on August 1, 2019 (44 MoReg 2093-2095). The actual one- (1-) time cost to the Department of Conservation in Fiscal Year 2021 was eight thousand dollars (\$8,000), which was sixty-four percent (64%) more than the original public-cost estimate of approximately two thousand eight hundred seventy-five dollars (\$2,875).

The number of hours estimated by the vendor was less than the actual hours needed to complete the one- (1-) time project. The total project cost was split evenly between 3 CSR 10-5.700, 3 CSR 10-5.705, and 3 CSR 10-7.700, as previously stated in the original fiscal notes.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 5—Wildlife Code: Permits**

**STATEMENT OF ACTUAL COST**

**3 CSR 10-5.705 Resident Landowner Antlered Elk Hunting Permit**

This rule was rescinded February 28, 2021.

The original public-cost estimate for this rulemaking was published in the *Missouri Register* on August 1, 2019 (44 MoReg 2096-2098). The actual one- (1-) time cost to the Department of Conservation in Fiscal Year 2021 was eight thousand dollars (\$8,000), which was sixty-four percent (64%) more than the original public-cost estimate of approximately two thousand eight hundred seventy-five dollars (\$2,875).

The number of hours estimated by the vendor was less than the actual hours needed to complete the one- (1-) time project. The total project cost was split evenly between 3 CSR 10-5.700, 3 CSR 10-5.705, and 3 CSR 10-7.700, as previously stated in the original fiscal notes.

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

**STATEMENT OF ACTUAL COST**

**3 CSR 10-7.434 Deer: Landowner Privileges**

The original public-cost estimate for this rulemaking was published in the *Missouri Register* on July 15, 2019 (44 MoReg 1995-1997). The actual one- (1-) time cost to the Department of Conservation in Fiscal Year 2021 was seventeen thousand three hundred ninety dollars (\$17,390), which was thirty percent (30%) more than the original

public-cost estimate of approximately twelve thousand one hundred fifteen dollars (\$12,115).

The number of hours estimated by the vendor was less than the actual hours needed to complete the one- (1-) time project. The total project cost was split evenly between this rule and 3 CSR 10-7.455, as previously stated in the original fiscal note.

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

**STATEMENT OF ACTUAL COST**

**3 CSR 10-7.455 Turkeys: Seasons, Methods, Limits**

The original public-cost estimate for this rulemaking was published in the *Missouri Register* on July 15, 2019 (44 MoReg 1998-1999). The actual one- (1-) time cost to the Department of Conservation in Fiscal Year 2021 was seventeen thousand three hundred ninety dollars (\$17,390), which was thirty percent (30%) more than the original public-cost estimate of approximately twelve thousand one hundred fifteen dollars (\$12,115).

The number of hours estimated by the vendor was less than the actual hours needed to complete the one- (1-) time project. The total project cost was split evenly between this rule and 3 CSR 10-7.434, as previously stated in the original fiscal note.

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

**STATEMENT OF ACTUAL COST**

**3 CSR 10-7.700 Elk Hunting Seasons: General Provisions**

The original public-cost estimate for this rulemaking was published in the *Missouri Register* on August 1, 2019 (44 MoReg 2099-2102). The actual one- (1-) time cost to the Department of Conservation in Fiscal Year 2021 was eight thousand dollars (\$8,000), which was sixty-four percent (64%) more than the original public-cost estimate of approximately two thousand eight hundred seventy-five dollars (\$2,875).

The number of hours estimated by the vendor was less than the actual hours needed to complete the one- (1-) time project. The total project cost was split evenly between 3 CSR 10-5.700, 3 CSR 10-5.705, and 3 CSR 10-7.700, as previously stated in the original fiscal notes.

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

**NOTIFICATION OF REVIEW:  
APPLICATION REVIEW SCHEDULE**

The Missouri Health Facilities Review Committee has initiated review of the CON applications listed below. A decision is tentatively scheduled for November 8, 2021. These applications are available for

public inspection at the address shown below.

**Date Filed**

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

**8/25/2021**

**#5885 HS:** Golden Valley Memorial Hospital District  
Clinton (Henry County)  
\$4,678,033, Acquire linear accelerator (LINAC)

**8/26/2021**

**#5886 HS:** CoxHealth  
Springfield (Greene County)  
\$1,516,079, Replace angiography unit

**#5888 NS:** Plaza Manor Rehabilitation and Health Care Center  
Kansas City (Jackson County)  
\$7,715,825, Establish 90-bed SNF

**8/27/2021**

**#5892 HS:** Heartland Regional Medical Center  
St. Joseph (Buchanan County)  
\$1,429,127, Replace cath lab #3 equipment

**#5884 RS:** The Villas of Jackson  
Jackson (Cape Girardeau County)  
\$0, Add 8 ALF beds

**#5891 NS:** Abbey Woods Center for Rehabilitation and Healing  
St. Joseph (Buchanan County)  
\$3,000,000, Add 60 SNF beds

**#5889 RS:** Friendship Village Assisted Living & Memory Care  
(Pointe Drive)  
St. Louis (St. Louis County)  
\$9,000, Add 6 ALF beds

**#5890 RS:** Friendship Village Assisted Living & Memory Care  
(Village View Drive)  
Chesterfield (St. Louis County)  
\$9,000, Add 6 ALF beds

**#5887 HS:** Barnes-Jewish Hospital  
St. Louis (St. Louis City)  
\$2,459,500, Add additional robotic surgery system

Any person wishing to request a public hearing for the purpose of commenting on these applications must submit a written request to this effect, which must be received by September 29, 2021. All written requests and comments should be sent to—

Chairman  
Missouri Health Facilities Review Committee  
c/o Certificate of Need Program  
3418 Knipp Drive, Suite F  
PO Box 570  
Jefferson City, MO 65102  
For additional information contact Alison Dorge at  
alison.dorge@health.mo.gov.

**Title 20—DEPARTMENT OF COMMERCE AND INSURANCE  
Division 2150—State Board of Registration for the Healing Arts  
Chapter 2—Licensing of Physicians and Surgeons**

**IN ADDITION**

**NOTICE OF SUSPENSION OF RULE**

**20 CSR 2150-2.030 Licensing by Reciprocity**

*ACTION TAKEN: This NOTICE OF SUSPENSION OF RULE 20 CSR 2150-2.030*

*This rule provides information to those applicants desiring licensure by reciprocity. Waiver of this rule eliminates Missouri licensure by reciprocity requirements for physicians and surgeons who are licensed to practice in any state or territory of the United States or the District of Columbia and have had no discipline on their license to practice in this state without having to file an application for licensure with the board. The parties affected by the waiver of this rule are physicians and surgeons licensed in another who wish to practice in this state in the same manner and to the same extent as physicians and surgeons are authorized to practice in Missouri during this State of Emergency.*

*EMERGENCY STATEMENT: Pursuant to Executive Order (EO) 20-04 dated March 18, 2020, and EO 20-09 dated April 24, 2020, and EO 20-12 dated June 11, 2020, the rule is suspended effective August 3, 2021 until August 31, 2021.*

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

## **NOTICE OF DISSOLUTION TO ALL CREDITORS AND CLAIMANTS AGAINST BROOKSIDE INDUSTRIAL EQUIPMENT COMPANY**

Brookside Industrial Equipment Company, a Missouri Corporation, filed its Articles of Dissolution with the Secretary of State of Missouri on August 3, 2021. Any and all claims against Brookside Industrial Equipment Company may be sent to Eric M. Worster, Spencer Fane LLP, 6201 College Blvd., Suite 500, Overland Park, KS 66211. Each claim should include the following: name, address, and telephone number of claimant; amount of claim; basis of the claim, the date on which the event on which the claim is based occurred; and documentation in support of the claim. Any claims against Brookside Industrial Equipment Company will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the date of this publication.

## **NOTICE OF WINDING UP FOR DOUBLE AA FARMS, LLC**

On August 4, 2021, Double AA Farms, LLC, a Missouri limited liability company (the "Company"), filed its Notice of Winding Up with the Missouri Secretary of State. All persons and organizations with claims against the Company must submit a written summary of any claims against the Company to DOUBLE AA FARMS, LLC, c/o THE LAW OFFICE OF JESSE A. GRANNEMAN, LLC, 20 Manor Drive, P.O. Box 250, Troy, Missouri 63379, which summary shall include the name, address, and telephone number of the claimant, the amount of the claim, date(s) the claim accrued, a brief description of the nature and basis for the claim, and any documentation of the claim. Claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

## **NOTICE OF WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST 636 W. REPUBLIC ROAD, LLC**

On August 3, 2021, 636 W. Republic Road, LLC, filed its Notice of Winding Up for 636 W. Republic Road, LLC, with the Missouri Secretary of State. 636 W. Republic Road, LLC, requests that all persons and organizations who have claims against it present them immediately by letter to Anne Sallee Mason, Esq., 2144 East Republic Road, Suite F302, Springfield, Missouri 65804.

All claims must include the following information: (a) name and address of the claimant, (b) the amount claimed, (c) date on which the claim arose, (d) basis for the claim and documentation thereof, and (e) whether or not the claim was secured and, if so, the collateral used as security.

All claims against 636 W. Republic Road, LLC, will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the date of publication of this notice.

**NOTICE TO UNKNOWN CREDITORS OF  
ANCHOR TECH HOLDINGS LLC**

Anchor Tech Holdings LLC (the "Company") has been dissolved pursuant to Section 347.137 of the Missouri Limited Liability Company Act by filing Articles of Termination with the Missouri Secretary of State on August 4, 2021. Pursuant to Section 347.141 of the Missouri Limited Liability Company Act, any claims against the Company must be sent to:

Zachariah Hatraf  
6854 Circle Creek Dr. N  
Pinellas Park, FL 33781

Claims submitted must include the following information: (1) claimant name, address and phone number; (2) name of debtor; (3) account or other number by which the debtor may identify the claimant; (4) a brief description of the nature of the debt or the basis of the claim; (5) the amount of the claim; (6) the date the claim was incurred; and (7) supporting documentation for the claim, if any.

**NOTICE: A CLAIM AGAINST THE LIMITED LIABILITY COMPANY WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WITHIN THREE (3) YEARS AFTER THE PUBLICATION OF THIS NOTICE.**

**NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY TO ALL  
CREDITORS OF AND CLAIMANTS AGAINST ALPHA MEDICAL, LLC**

Alpha Medical, LLC, a Missouri limited liability company, filed its Notice of Winding Up for a Limited Liability Company with the Missouri Secretary of State on July 26, 2021.

Any and all claims against Alpha Medical, LLC may be sent to Mark S. Johnson, 212 N. Main Street, Cape Girardeau, MO 63701. Each claim should include the following information: the name, address and telephone number of the claimant; the amount of the claim; the basis of the claim; the date(s) on which the event(s) on which the claim is based occurred; and any documentation related to the claim.

Any and all claims against Alpha Medical, LLC will be barred unless a proceeding to enforce such claim is commenced within three (3) years after the date this notice is published.

**NOTICE OF DISSOLUTION OF LIMITED LIABILITY COMPANY TO ALL CREDITORS  
OF AND CLAIMANTS AGAINST PHANTOM CUSTOM BOWSTRINGS LLC**

On August 6, 2021, Phantom Custom Bowstrings LLC, a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State, effective as of August 6, 2021.

All claims against the Company should be directed to the Company c/o Matthew Carter, 3007 Frederick Avenue, St. Joseph, Missouri 64506.

All claims must include: (1) the name and address of the claimant; (2) the amount claimed; (3) the basis for the claim; and (4) documentation of the claim. All claims against Phantom Custom Bowstrings LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

**NOTICE OF WINDING UP  
TO ALL CREDITORS OF AND CLAIMANTS AGAINST  
1718 S. 8<sup>TH</sup> STREET INVESTMENT, LLC**

On June 3, 2021, 1718 S. 8<sup>th</sup> Street Investment, LLC a Missouri limited liability company (the "Company"), filed its Notice of Winding Up for a Limited Liability Company with the Missouri Secretary of State. Company requests that all persons and organizations who have claims against it present them immediately by letter to Company c/o Danna McKitrick, P.C. 7701 Forsyth Blvd., Suite 1200, St. Louis, MO 63105, attention Ronald N. Danna Esq.

All claims must include the following information: (a) name and address of the claimant, (b) the amount claimed, (c) date on which the claim arose, (d) basis for the claim and documentation thereof, and (e) whether or not the claim was secured and, if so, the collateral used as security.

All claims against Company will be barred unless a proceeding to enforce the claim is commenced within (three (3) years for LLC and two (2) years for CO) after the date of publication of this notice.

# Rule Changes Since Update to Code of State Regulations

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*. Citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—43 (2018) and 44 (2019). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
<b>OFFICE OF ADMINISTRATION</b>					
1 CSR 10	State Officials' Salary Compensation Schedule				45 MoReg 1926
1 CSR 10-15.010	Commissioner of Administration	46 MoReg 1373			
<b>DEPARTMENT OF AGRICULTURE</b>					
2 CSR 30-10.010	Animal Health	46 MoReg 393	46 MoReg 397	46 MoReg 1338	
2 CSR 70-17.010	Plant Industries	46 MoReg 1039	46 MoReg 1049		
2 CSR 70-17.100	Plant Industries	46 MoReg 1039	46 MoReg 1049		
2 CSR 80-5.010	State Milk Board		46 MoReg 1000		
2 CSR 90	Weights, Measures and Consumer Protection				46 MoReg 1491
2 CSR 90-20.040	Weights, Measures and Consumer Protection		46 MoReg 1585		
2 CSR 90-21.010	Weights, Measures and Consumer Protection		46 MoReg 1585		
2 CSR 90-22.140	Weights, Measures and Consumer Protection		46 MoReg 1586		
2 CSR 90-23.010	Weights, Measures and Consumer Protection		46 MoReg 1586		
2 CSR 90-25.010	Weights, Measures and Consumer Protection		46 MoReg 1586		
2 CSR 90-30.040	Weights, Measures and Consumer Protection		46 MoReg 753	46 MoReg 1633	
<b>DEPARTMENT OF CONSERVATION</b>					
3 CSR 10-4.111	Conservation Commission		46 MoReg 397	46 MoReg 1082	
3 CSR 10-4.135	Conservation Commission		46 MoReg 398	46 MoReg 1082	
3 CSR 10-5.700	Conservation Commission				This Issue
3 CSR 10-5.705	Conservation Commission				This Issue
3 CSR 10-6.550	Conservation Commission		46 MoReg 398	46 MoReg 1082	
3 CSR 10-6.605	Conservation Commission		46 MoReg 398	46 MoReg 1083	
3 CSR 10-7.405	Conservation Commission				
3 CSR 10-7.410	Conservation Commission				
3 CSR 10-7.433	Conservation Commission			46 MoReg 1083	
3 CSR 10-7.434	Conservation Commission			46 MoReg 1084	This Issue
3 CSR 10-7.435	Conservation Commission			46 MoReg 1084	
3 CSR 10-7.437	Conservation Commission			46 MoReg 1085	
3 CSR 10-7.439	Conservation Commission		46 MoReg 399	46 MoReg 1085	
3 CSR 10-7.440	Conservation Commission				
3 CSR 10-7.455	Conservation Commission				This Issue
3 CSR 10-7.600	Conservation Commission			46 MoReg 1085	
3 CSR 10-7.700	Conservation Commission				This Issue
3 CSR 10-7.705	Conservation Commission				
3 CSR 10-7.710	Conservation Commission				
3 CSR 10-7.900	Conservation Commission				
3 CSR 10-7.905	Conservation Commission				
3 CSR 10-9.105	Conservation Commission		46 MoReg 399	46 MoReg 1086	
3 CSR 10-9.110	Conservation Commission		46 MoReg 404	46 MoReg 1086	
3 CSR 10-9.220	Conservation Commission		46 MoReg 404	46 MoReg 1086	
3 CSR 10-9.223	Conservation Commission		46 MoReg 407	46 MoReg 1086	
3 CSR 10-9.230	Conservation Commission		46 MoReg 407	46 MoReg 1087	
3 CSR 10-9.240	Conservation Commission		46 MoReg 408	46 MoReg 1087	
3 CSR 10-9.250	Conservation Commission		46 MoReg 408	46 MoReg 1087	
3 CSR 10-9.350	Conservation Commission		46 MoReg 408	46 MoReg 1087	
3 CSR 10-9.351	Conservation Commission		46 MoReg 409	46 MoReg 1087	
3 CSR 10-9.352	Conservation Commission		46 MoReg 411	46 MoReg 1087	
3 CSR 10-9.353	Conservation Commission		46 MoReg 413	46 MoReg 1088	
3 CSR 10-9.354	Conservation Commission		46 MoReg 415	46 MoReg 1088	
3 CSR 10-9.359	Conservation Commission		46 MoReg 420	46 MoReg 1089	
3 CSR 10-9.360	Conservation Commission		46 MoReg 420	46 MoReg 1089	
3 CSR 10-9.370	Conservation Commission		46 MoReg 421	46 MoReg 1089	
3 CSR 10-9.371	Conservation Commission		46 MoReg 424	46 MoReg 1090	
3 CSR 10-9.372	Conservation Commission		46 MoReg 429	46 MoReg 1090	
3 CSR 10-9.442	Conservation Commission		46 MoReg 429	46 MoReg 1090	
3 CSR 10-9.560	Conservation Commission		46 MoReg 429	46 MoReg 1090	
3 CSR 10-9.565	Conservation Commission		46 MoReg 430	46 MoReg 1090	
3 CSR 10-9.566	Conservation Commission		46 MoReg 434	46 MoReg 1092	
3 CSR 10-10.725	Conservation Commission		46 MoReg 434	46 MoReg 1092	
3 CSR 10-10.739	Conservation Commission		46 MoReg 434	46 MoReg 1092	
3 CSR 10-10.744	Conservation Commission		46 MoReg 435	46 MoReg 1093	
3 CSR 10-10.767	Conservation Commission		46 MoReg 435	46 MoReg 1093	
3 CSR 10-11.186	Conservation Commission		46 MoReg 436	46 MoReg 1093	
3 CSR 10-12.109	Conservation Commission		46 MoReg 436	46 MoReg 1093	
3 CSR 10-12.110	Conservation Commission		46 MoReg 436	46 MoReg 1093	
3 CSR 10-20.805	Conservation Commission		46 MoReg 437	46 MoReg 1093	
<b>DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION</b>					
5 CSR 10-1.010	Commissioner of Education		46 MoReg 1450		
5 CSR 10-3.010	Commissioner of Education		46 MoReg 1451		
5 CSR 20-100.220	Division of Learning Services		46 MoReg 1451		
5 CSR 20-100.310	Division of Learning Services <i>moved to 5 CSR 25-100.310</i>				46 MoReg 1641
5 CSR 20-100.320	Division of Learning Services <i>moved to 5 CSR 25-100.320</i>				46 MoReg 1641
5 CSR 20-100.330	Division of Learning Services <i>moved to 5 CSR 25-100.330</i>				46 MoReg 1641
5 CSR 20-300.120	Division of Learning Services <i>moved to 5 CSR 25-100.120</i>				46 MoReg 1641



Rule Number	Agency	Emergency	Proposed	Order	In Addition
5 CSR 20-300.130	Division of Learning Services <i>moved to 5 CSR 30-660.095</i>		46 MoReg 926		
5 CSR 20-400.220	Division of Learning Services		46 MoReg 926		
5 CSR 20-400.360	Division of Learning Services		46 MoReg 1000R		
5 CSR 20-400.500	Division of Learning Services		46 MoReg 754	46 MoReg 1633	
5 CSR 25-100.120	Office of Childhood <i>formerly 5 CSR 20-300.120</i>				46 MoReg 164I
5 CSR 25-100.310	Office of Childhood <i>formerly 5 CSR 20-100.310</i>				46 MoReg 164I
5 CSR 25-100.320	Office of Childhood <i>formerly 5 CSR 20-100.320</i>				46 MoReg 164I
5 CSR 25-100.330	Office of Childhood <i>formerly 5 CSR 20-100.330</i>				46 MoReg 164I
5 CSR 25-200.050	Office of Childhood <i>formerly 13 CSR 35-32.050</i>				46 MoReg 164I
5 CSR 25-200.060	Office of Childhood <i>formerly 13 CSR 35-32.060</i>				46 MoReg 164I
5 CSR 25-200.070	Office of Childhood <i>formerly 13 CSR 35-32.070</i>				46 MoReg 164I
5 CSR 25-200.090	Office of Childhood <i>formerly 13 CSR 35-32.090</i>				46 MoReg 164I
5 CSR 25-200.100	Office of Childhood <i>formerly 13 CSR 35-32.100</i>				46 MoReg 164I
5 CSR 25-200.110	Office of Childhood <i>formerly 13 CSR 35-32.110</i>				46 MoReg 164I
5 CSR 25-200.120	Office of Childhood <i>formerly 13 CSR 35-32.120</i>				46 MoReg 164I
5 CSR 25-200.130	Office of Childhood <i>formerly 13 CSR 35-32.130</i>				46 MoReg 164I
5 CSR 25-300	Office of Childhood <i>formerly 19 CSR 30-60</i>				46 MoReg 164I
5 CSR 25-400	Office of Childhood <i>formerly 19 CSR 30-61</i>				46 MoReg 1642
5 CSR 25-500	Office of Childhood <i>formerly 19 CSR 30-62</i>				46 MoReg 1642
5 CSR 25-600	Office of Childhood <i>formerly 19 CSR 30-63</i>				46 MoReg 1642
5 CSR 30-640.200	Division of Financial and Administrative Services		46 MoReg 927		
5 CSR 30-660.080	Division of Financial and Administrative Services		46 MoReg 927		
5 CSR 30-660.095	Division of Financial and Administrative Services <i>formerly 5 CSR 20-300.130</i>		46 MoReg 926		
5 CSR 30-680.080	Division of Financial and Administrative Services		46 MoReg 928		
<b>MISSOURI DEPARTMENT OF TRANSPORTATION</b>					
7 CSR	Notice of Periodic Rule Review				46 MoReg 1096
<b>DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS</b>					
8 CSR	Notice of Periodic Rule Review				46 MoReg 1096
8 CSR 10-3.160	Division of Employment Security	46 MoReg 1575	46 MoReg 1587		
8 CSR 20-7.010	Labor and Industrial Relations Commission		46 MoReg 606R	46 MoReg 1634R	
8 CSR 50-6.010	Division of Workers' Compensation		46 MoReg 606R	46 MoReg 1634R	
<b>DEPARTMENT OF MENTAL HEALTH</b>					
9 CSR	Notice of Periodic Rule Review				46 MoReg 1096
9 CSR 10-5.210	Director, Department of Mental Health		46 MoReg 1452		
9 CSR 30-3.032	Certification Standards		46 MoReg 1050		
9 CSR 30-3.100	Certification Standards		46 MoReg 1052R		
			46 MoReg 1052		
9 CSR 30-3.110	Certification Standards		46 MoReg 1054R		
			46 MoReg 1054		
9 CSR 30-3.132	Certification Standards		46 MoReg 1058R		
			46 MoReg 1058		
9 CSR 30-3.150	Certification Standards		46 MoReg 754	46 MoReg 1597	
9 CSR 30-3.155	Certification Standards		46 MoReg 1064		
9 CSR 30-3.157	Certification Standards		46 MoReg 1065		
9 CSR 30-3.195	Certification Standards		46 MoReg 1066		
9 CSR 40-5.015	Licensing Rules		46 MoReg 1453R		
9 CSR 40-5.035	Licensing Rules		46 MoReg 1453R		
9 CSR 40-5.055	Licensing Rules		46 MoReg 1454R		
9 CSR 40-5.075	Licensing Rules		46 MoReg 1454		
9 CSR 50-2.010	Admission Criteria		46 MoReg 497	46 MoReg 1094	
9 CSR 50-2.510	Admission Criteria		46 MoReg 505	46 MoReg 1094	
<b>DEPARTMENT OF NATURAL RESOURCES</b>					
10 CSR	Notice of Periodic Rule Review				46 MoReg 1096
10 CSR 10-6.300	Air Conservation Commission		46 MoReg 1590R		
10 CSR 10-6.376	Air Conservation Commission		46 MoReg 691		
10 CSR 20-7.031	Clean Water Commission		46 MoReg 1153		
10 CSR 20-8.300	Clean Water Commission	46 MoReg 39	46 MoReg 318	46 MoReg 1479	
10 CSR 60-5.010	Safe Drinking Water Commission		46 MoReg 931		
10 CSR 60-5.020	Safe Drinking Water Commission		46 MoReg 932		
<b>DEPARTMENT OF PUBLIC SAFETY</b>					
11 CSR 30-13.010	Office of the Director <i>moved to 11 CSR 90-4.010</i>		46 MoReg 696	46 MoReg 1485	
11 CSR 30-13.020	Office of the Director <i>moved to 11 CSR 90-4.020</i>		46 MoReg 696	46 MoReg 1486	
11 CSR 30-13.030	Office of the Director <i>moved to 11 CSR 90-4.030</i>		46 MoReg 697	46 MoReg 1486	

Rule Number	Agency	Emergency	Proposed	Order	In Addition
II CSR 30-13.040	Office of the Director <i>moved to II CSR 90-4.040</i>		46 MoReg 697	46 MoReg 1486	
II CSR 30-13.050	Office of the Director <i>moved to II CSR 90-4.050</i>		46 MoReg 698	46 MoReg 1486	
II CSR 30-13.060	Office of the Director <i>moved to II CSR 90-4.060</i>		46 MoReg 698	46 MoReg 1486	
II CSR 30-13.070	Office of the Director <i>moved to II CSR 90-4.070</i>		46 MoReg 699	46 MoReg 1487	
II CSR 30-13.080	Office of the Director <i>moved to II CSR 90-4.080</i>		46 MoReg 700	46 MoReg 1487	
II CSR 30-13.090	Office of the Director <i>moved to II CSR 90-4.090</i>		46 MoReg 701	46 MoReg 1487	
II CSR 30-13.100	Office of the Director		46 MoReg 701R	46 MoReg 1485R	
II CSR 30-13.110	Office of the Director <i>moved to II CSR 90-4.100</i>		46 MoReg 702	46 MoReg 1487	
II CSR 30-18.010	Office of the Director		46 MoReg 606	46 MoReg 1634	
II CSR 30-18.020	Office of the Director		46 MoReg 612	46 MoReg 1635	
II CSR 45-5.090	Missouri Gaming Commission		46 MoReg 758		
II CSR 45-5.110	Missouri Gaming Commission		46 MoReg 758		
II CSR 45-5.140	Missouri Gaming Commission		46 MoReg 758		
II CSR 45-9.108	Missouri Gaming Commission		46 MoReg 759		
II CSR 45-9.118	Missouri Gaming Commission		46 MoReg 759		
II CSR 85-1.060	Veterans Affairs		46 MoReg 1067		
II CSR 90-4.010	Missouri 911 Service Board <i>formerly II CSR 30-13.010</i>		46 MoReg 696	46 MoReg 1485	
II CSR 90-4.020	Missouri 911 Service Board <i>formerly II CSR 30-13.020</i>		46 MoReg 696	46 MoReg 1486	
II CSR 90-4.030	Missouri 911 Service Board <i>formerly II CSR 30-13.030</i>		46 MoReg 697	46 MoReg 1486	
II CSR 90-4.040	Missouri 911 Service Board <i>formerly II CSR 30-13.040</i>		46 MoReg 697	46 MoReg 1486	
II CSR 90-4.050	Missouri 911 Service Board <i>formerly II CSR 30-13.050</i>		46 MoReg 698	46 MoReg 1486	
II CSR 90-4.060	Missouri 911 Service Board <i>formerly II CSR 30-13.060</i>		46 MoReg 698	46 MoReg 1486	
II CSR 90-4.070	Missouri 911 Service Board <i>formerly II CSR 30-13.070</i>		46 MoReg 699	46 MoReg 1487	
II CSR 90-4.080	Missouri 911 Service Board <i>formerly II CSR 30-13.080</i>		46 MoReg 700	46 MoReg 1487	
II CSR 90-4.090	Missouri 911 Service Board <i>formerly II CSR 30-13.090</i>		46 MoReg 701	46 MoReg 1487	
II CSR 90-4.100	Missouri 911 Service Board <i>formerly II CSR 30-13.110</i>		46 MoReg 702	46 MoReg 1487	
12 CSR 10-24.448	<b>DEPARTMENT OF REVENUE</b> Director of Revenue		46 MoReg 935	This Issue	
13 CSR 35-30.020	<b>DEPARTMENT OF SOCIAL SERVICES</b> Children's Division	46 MoReg 1040	46 MoReg 1068		
13 CSR 35-30.030	Children's Division	46 MoReg 1043	46 MoReg 1071		
13 CSR 35-31.025	Children's Division		46 MoReg 855	46 MoReg 1636	
13 CSR 35-32.020	Child Support Enforcement <i>moved to 13 CSR 35-35.120</i>	46 MoReg 1121	46 MoReg 1287		
13 CSR 35-32.030	Child Support Enforcement <i>moved to 13 CSR 35-35.130</i>	46 MoReg 1126	46 MoReg 1291		
13 CSR 35-32.050	Child Support Enforcement <i>moved to 5 CSR 25-200.050</i>				46 MoReg 1641
13 CSR 35-32.060	Child Support Enforcement <i>moved to 5 CSR 25-200.060</i>				46 MoReg 1641
13 CSR 35-32.070	Child Support Enforcement <i>moved to 5 CSR 25-200.070</i>				46 MoReg 1641
13 CSR 35-32.090	Child Support Enforcement <i>moved to 5 CSR 25-200.090</i>				46 MoReg 1641
13 CSR 35-32.100	Child Support Enforcement <i>moved to 5 CSR 25-200.100</i>				46 MoReg 1641
13 CSR 35-32.110	Child Support Enforcement <i>moved to 5 CSR 25-200.110</i>				46 MoReg 1641
13 CSR 35-32.120	Child Support Enforcement <i>moved to 5 CSR 25-200.120</i>				46 MoReg 1641
13 CSR 35-32.130	Child Support Enforcement <i>moved to 5 CSR 25-200.130</i>				46 MoReg 1641
13 CSR 35-35.100	Children's Division	46 MoReg 1130	46 MoReg 1295		
13 CSR 35-35.120	Children's Division <i>formerly 13 CSR 35-32.020</i>	46 MoReg 1121	46 MoReg 1287		
13 CSR 35-35.130	Children's Division <i>formerly 13 CSR 35-32.030</i>	46 MoReg 1126	46 MoReg 1291		
13 CSR 35-35.140	Children's Division <i>formerly 13 CSR 35-50.010</i>	46 MoReg 1134	46 MoReg 1301		
13 CSR 35-50.010	Child Support Enforcement <i>moved to 13 CSR 35-35.140</i>	46 MoReg 1134	46 MoReg 1301		
13 CSR 40-2.015	Family Support Division		46 MoReg 325	46 MoReg 1094W	
13 CSR 40-7.010	Family Support Division		46 MoReg 327	46 MoReg 1338W	
13 CSR 40-7.050	Family Support Division		46 MoReg 859		
13 CSR 70-3.050	MO HealthNet Division		46 MoReg 1621R		
13 CSR 70-3.120	MO HealthNet Division		This Issue		
13 CSR 70-3.170	MO HealthNet Division		46 MoReg 1076R		
13 CSR 70-3.180	MO HealthNet Division		This Issue		
13 CSR 70-4.060	MO HealthNet Division		46 MoReg 1076		
13 CSR 70-4.100	MO HealthNet Division		This Issue		
13 CSR 70-4.110	MO HealthNet Division		This Issue		
13 CSR 70-4.120	MO HealthNet Division		This Issue		
13 CSR 70-10.015	MO HealthNet Division		46 MoReg 612	46 MoReg 1338	
13 CSR 70-15.020	MO HealthNet Division		This Issue		
13 CSR 70-15.070	MO HealthNet Division	This Issue	This Issue		
13 CSR 70-15.160	MO HealthNet Division	46 MoReg 1578	46 MoReg 937		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
13 CSR 70-20.050	MO HealthNet Division		46 MoReg 1077		
13 CSR 70-20.070	MO HealthNet Division	46 MoReg 904	46 MoReg 944		
13 CSR 70-20.075	MO HealthNet Division	46 MoReg 905	46 MoReg 944		
13 CSR 70-25.110	MO HealthNet Division		46 MoReg 623	46 MoReg 1339	
13 CSR 70-40.010	MO HealthNet Division		46 MoReg 702	This Issue	
13 CSR 70-50.010	MO HealthNet Division		46 MoReg 1590		
13 CSR 70-55.010	MO HealthNet Division		46 MoReg 1591		
13 CSR 70-65.010	MO HealthNet Division		This Issue		
13 CSR 70-70.010	MO HealthNet Division		46 MoReg 1621		
13 CSR 70-90.010	MO HealthNet Division	46 MoReg 601 46 MoReg 999T	46 MoReg 624	46 MoReg 1339 W	
13 CSR 70-94.020	MO HealthNet Division		46 MoReg 863		
<b>ELECTED OFFICIALS</b>					
15 CSR 30-55.060	Secretary of State		46 MoReg 948	46 MoReg 1637	
15 CSR 30-55.065	Secretary of State		46 MoReg 948	46 MoReg 1637	
15 CSR 40-3.125	State Auditor	46 MoReg 909	46 MoReg 948	This Issue	
15 CSR 40-3.135	State Auditor	46 MoReg 917	46 MoReg 956	This Issue	
<b>RETIREMENT SYSTEMS</b>					
16 CSR 10-4.007	The Public School Retirement System of Missouri		46 MoReg 1622		
16 CSR 10-6.015	The Public School Retirement System of Missouri		46 MoReg 1622		
16 CSR 20-4.010	Missouri Local Government Employees' Retirement System (LAGERS)		46 MoReg 1591		
<b>BOARDS OF POLICE COMMISSIONERS</b>					
17 CSR 10-2.010	Kansas City Board of Police Commissioners		46 MoReg 624R 46 MoReg 625	46 MoReg 1487R 46 MoReg 1487	
17 CSR 10-2.020	Kansas City Board of Police Commissioners		46 MoReg 632R 46 MoReg 632	46 MoReg 1488R 46 MoReg 1488	
17 CSR 10-2.030	Kansas City Board of Police Commissioners		46 MoReg 636R 46 MoReg 636	46 MoReg 1488R 46 MoReg 1488	
17 CSR 10-2.040	Kansas City Board of Police Commissioners		46 MoReg 637R 46 MoReg 637	46 MoReg 1489R 46 MoReg 1489	
17 CSR 10-2.050	Kansas City Board of Police Commissioners		46 MoReg 647R 46 MoReg 647	46 MoReg 1489RW 46 MoReg 1489W	
17 CSR 10-2.055	Kansas City Board of Police Commissioners		46 MoReg 651R 46 MoReg 651	46 MoReg 1489R 46 MoReg 1490	
17 CSR 10-2.060	Kansas City Board of Police Commissioners		46 MoReg 655R 46 MoReg 655	46 MoReg 1490RW 46 MoReg 1490W	
<b>DEPARTMENT OF HEALTH AND SENIOR SERVICES</b>					
19 CSR 10-4.020	Office of the Director		46 MoReg 704	46 MoReg 1637	
19 CSR 20-1.030	Division of Community and Public Health		46 MoReg 1302		
19 CSR 30-20.100	Division of Regulation and Licensure		46 MoReg 1456		
19 CSR 30-60	Division of Regulation and Licensure <i>moved to 5 CSR 25-300</i>				46 MoReg 1641
19 CSR 30-61	Division of Regulation and Licensure <i>moved to 5 CSR 25-400</i>				46 MoReg 1642
19 CSR 30-62	Division of Regulation and Licensure <i>moved to 5 CSR 25-500</i>				46 MoReg 1642
19 CSR 30-63	Division of Regulation and Licensure <i>moved to 5 CSR 25-600</i>				46 MoReg 1642
19 CSR 30-81.030	Division of Regulation and Licensure		46 MoReg 334	46 MoReg 1339	
19 CSR 30-84.010	Division of Regulation and Licensure	46 MoReg 1136	46 MoReg 1306		
19 CSR 30-85.042	Division of Regulation and Licensure		46 MoReg 1334		
19 CSR 60-50	Missouri Health Facilities Review Committee				46 MoReg 1491 46 MoReg 1642 This Issue
<b>DEPARTMENT OF COMMERCE AND INSURANCE</b>					
20 CSR	Applied Behavior Analysis Maximum Benefit				44 MoReg 855
20 CSR	Construction Claims Binding Arbitration Cap				45 MoReg 1978
20 CSR	Non-Economic Damages in Medical Malpractice Cap				43 MoReg 1376
20 CSR	Sovereign Immunity Limits				45 MoReg 1978
20 CSR	State Legal Expense Fund Cap				45 MoReg 1978
20 CSR 200-22.010	Insurance Solvency and Company Regulation		46 MoReg 870	46 MoReg 1638	
20 CSR 1135	State Banking Board				46 MoReg 1349
20 CSR 1140	Division of Finance				46 MoReg 1349
20 CSR 1140-2.020	Division of Finance		46 MoReg 759R	46 MoReg 1597R	
20 CSR 1140-2.030	Division of Finance		46 MoReg 760R	46 MoReg 1598R	
20 CSR 1140-2.035	Division of Finance		46 MoReg 760R	46 MoReg 1598R	
20 CSR 1140-2.040	Division of Finance		46 MoReg 760R	46 MoReg 1598R	
20 CSR 1140-2.053	Division of Finance		46 MoReg 760R	46 MoReg 1598R	
20 CSR 1140-2.060	Division of Finance		46 MoReg 761R	46 MoReg 1598R	
20 CSR 1140-2.067	Division of Finance		46 MoReg 761R	46 MoReg 1598R	
20 CSR 1140-2.081	Division of Finance		46 MoReg 761	46 MoReg 1599	
20 CSR 1140-2.082	Division of Finance		46 MoReg 762R	46 MoReg 1599R	
20 CSR 1140-2.090	Division of Finance		46 MoReg 762	46 MoReg 1599	
20 CSR 1140-2.100	Division of Finance		46 MoReg 762R	46 MoReg 1599R	
20 CSR 1140-2.126	Division of Finance		46 MoReg 762R	46 MoReg 1599R	
20 CSR 1140-4.020	Division of Finance				46 MoReg 1350
20 CSR 1140-4.030	Division of Finance				46 MoReg 1350
20 CSR 1140-6.025	Division of Finance		46 MoReg 763R	46 MoReg 1599R	
20 CSR 1140-6.030	Division of Finance		46 MoReg 763R	46 MoReg 1600R	
20 CSR 1140-6.040	Division of Finance		46 MoReg 763R	46 MoReg 1600R	
20 CSR 1140-6.060	Division of Finance		46 MoReg 763	46 MoReg 1600	
20 CSR 2010-2.061	Missouri State Board of Accountancy		46 MoReg 1337		
20 CSR 2030-4.100	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		46 MoReg 1458		

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20 CSR 2030-6.015	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		46 MoReg 1459		
20 CSR 2030-13.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		46 MoReg 1459		
20 CSR 2030-13.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		46 MoReg 1459		
20 CSR 2040-5.040	Office of Athletics		46 MoReg 1623		
20 CSR 2040-5.060	Office of Athletics		46 MoReg 1623		
20 CSR 2063-6.005	Behavior Analyst Advisory Board		46 MoReg 964	This Issue	
20 CSR 2120-2.100	State Board of Embalmers and Funeral Directors		46 MoReg 1077		
20 CSR 2120-3.400	State Board of Embalmers and Funeral Directors		46 MoReg 870R	46 MoReg 1638R	
20 CSR 2120-3.405	State Board of Embalmers and Funeral Directors		46 MoReg 870R	46 MoReg 1639R	
			46 MoReg 871	46 MoReg 1639	
20 CSR 2120-3.410	State Board of Embalmers and Funeral Directors		46 MoReg 874R	46 MoReg 1639R	
20 CSR 2150-2.030	State Board of Registration for the Healing Arts				This Issue
20 CSR 2220-2.016	State Board of Pharmacy		46 MoReg 874R	This IssueR	
			46 MoReg 874	This Issue	
20 CSR 2220-2.200	State Board of Pharmacy	46 MoReg 853	46 MoReg 878	This Issue	
20 CSR 2232-1.020	Missouri State Committee of Interpreters		46 MoReg 964	This Issue	
20 CSR 2234-1.050	Board of Private Investigator and Private Fire Investigator Examiners		46 MoReg 764	46 MoReg 1639	
20 CSR 2235-7.010	State Committee of Psychologists		46 MoReg 706	46 MoReg 1490	
20 CSR 2245-2.020	Real Estate Appraisers		46 MoReg 1081		
20 CSR 2255-1.030	Missouri Board for Respiratory Care		46 MoReg 658	46 MoReg 1490	
20 CSR 2255-2.010	Missouri Board for Respiratory Care				46 MoReg 1643
20 CSR 2255-2.060	Missouri Board for Respiratory Care				46 MoReg 1643
20 CSR 2263-2.031	State Committee for Social Workers		46 MoReg 767	46 MoReg 1600	
20 CSR 2263-2.050	State Committee for Social Workers		46 MoReg 767	46 MoReg 1600	
20 CSR 4240-40.020	Public Service Commission		46 MoReg 1460		
20 CSR 4240-40.030	Public Service Commission		46 MoReg 1463		
20 CSR 4240-40.080	Public Service Commission		46 MoReg 1477		
20 CSR 4240-120.140	Public Service Commission		46 MoReg 1624		
20 CSR 4240-123.030	Public Service Commission		46 MoReg 1626		
20 CSR 4240-123.040	Public Service Commission		46 MoReg 1628		
20 CSR 4240-125.040	Public Service Commission		46 MoReg 1630		
20 CSR 4240-125.050	Public Service Commission		46 MoReg 1632R		

# Emergency Rule Table

Agency	Publication	Effective	Expiration
<b>Office of Administration</b>			
<b>Commissioner of Administration</b>			
1 CSR 10-15.010 Cafeteria Plan	.46 MoReg 1373	July 9, 2021	Jan. 1, 2022
<b>Department of Agriculture</b>			
<b>Plant Industries</b>			
2 CSR 70-17.010 Definitions	.46 MoReg 1039	June 10, 2021	Dec. 6, 2021
2 CSR 70-17.100 Sampling Requirements and Results of Analysis	.46 MoReg 1039	June 10, 2021	Dec. 6, 2021
<b>Department of Higher Education and Workforce Development</b>			
<b>Commissioner of Higher Education and Workforce Development</b>			
6 CSR 10-2.190 A+ Scholarship Program	.46 MoReg 903	May 12, 2021	Feb. 21, 2022
<b>Department of Labor and Industrial Relations</b>			
<b>Division of Workers' Compensation</b>			
8 CSR 10-3.160 Waiver of Recovery of Overpayments Under the Coronavirus Aid, Relief and Economic Security Act (CARES), as Amended	.46 MoReg 1575	July 19, 2021	Feb. 24, 2022
<b>Department of Public Safety</b>			
<b>Missouri 911 Service Board</b>			
11 CSR 90-2.010 Definitions	Next Issue	Sept. 15, 2021	March 13, 2022
<b>Department of Revenue</b>			
<b>Director of Revenue</b>			
12 CSR 10-26.230 Dealer Administrative Fees and System Modernization	Next Issue	Sept. 2, 2021	Feb. 28, 2022
<b>Department of Social Services</b>			
<b>Children's Division</b>			
13 CSR 35-30.020 Immediate Safety Intervention Plan	.46 MoReg 1040	Aug. 2, 2021	Feb. 24, 2022
13 CSR 35-30.030 Temporary Alternative Placement Agreements (TAPA)	.46 MoReg 1043	Aug. 2, 2021	Feb. 24, 2022
13 CSR 35-35.100 Response and Evaluation Process for Case Management of Children in Foster Care	.46 MoReg 1130	July 1, 2021	Feb. 24, 2022
13 CSR 35-35.120 Foster Care Case Management Contracts	.46 MoReg 1121	July 1, 2021	Feb. 24, 2022
13 CSR 35-35.130 Contracted Foster Care Case Management Costs	.46 MoReg 1126	July 1, 2021	Feb. 24, 2022
13 CSR 35-35.140 Accreditation as Evidence for Meeting Licensing Requirements	.46 MoReg 1134	July 1, 2021	Feb. 24, 2022
<b>MO HealthNet Division</b>			
13 CSR 70-3.200 Ambulance Service Reimbursement Allowance	Next Issue	Sept. 8, 2021	March 6, 2022
13 CSR 70-15.015 Direct Medicaid Payments	Next Issue	Sept. 10, 2021	March 8, 2022
13 CSR 70-15.070 Inpatient Psychiatric Services for Individuals Under Age Twenty-One	This Issue	Sept. 29, 2021	March 27, 2022
13 CSR 70-15.110 Federal Reimbursement Allowance (FRA)	Next Issue	Sept. 10, 2021	March 8, 2022
13 CSR 70-15.160 Outpatient Hospital Services Reimbursement Methodology	.46 MoReg 1578	July 20, 2021	Feb. 24, 2022
13 CSR 70-20.070 Drug Reimbursement Methodology	.46 MoReg 904	July 1, 2021	Feb. 24, 2022
13 CSR 70-20.075 340B Drug Pricing Program	.46 MoReg 905	July 1, 2021	Feb. 24, 2022
<b>Elected Officials</b>			
<b>State Auditor</b>			
15 CSR 40-3.125 Calculation and Revision of Property Tax Rates by School Districts	.46 MoReg 909	May 13, 2021	Dec. 30, 2021
15 CSR 40-3.135 Calculation and Revision of Property Tax Rates by Political Subdivisions Other Than School Districts	.46 MoReg 917	May 13, 2021	Dec. 30, 2021
<b>Department of Health and Senior Services</b>			
<b>Division of Regulation and Licensure</b>			
19 CSR 30-82.050 Transfer and Discharge Procedures	Next Issue	Sept. 16, 2021	March 14, 2022
19 CSR 30-84.010 Nursing Assistant Training Program	.46 MoReg 1136	June 28, 2021	Dec. 24, 2021
<b>Department of Commerce and Insurance</b>			
<b>State Board of Pharmacy</b>			
20 CSR 2220-2.200 Sterile Compounding	.46 MoReg 853	April 28, 2021	Feb. 7, 2022

<b>Executive Orders</b>	<b>Subject Matter</b>	<b>Filed Date</b>	<b>Publication</b>
<u>2021</u>			
<b>21-09</b>	Terminates the state of emergency declared in Executive Order 20-02, declares a state of emergency, suspends certain regulations related to telemedicine and physical presence for executing documents, and allows state agencies to waive some regulatory requirements.	August 27, 2021	Next Issue
<b>21-08</b>	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government	August 10, 2021	This Issue
<b>Proclamation</b>	Convenes the First Extra Session of the First Regular Session of the One Hundred and First General Assembly for extending the Federal Reimbursement Allowances (FRA) and related allowances, taxes, and assessments necessary for funding MO HealthNet	June 22, 2021	46 MoReg 1447
<b>21-07</b>	Extends Executive Order 20-02, Executive Order 20-04, Executive Order 20-05, Executive Order 20-06, and Executive Order 20-14 until August 31, 2021	March 26, 2021	46 MoReg 750
<b>21-06</b>	Creates and establishes the Show Me Strong Recovery Task Force and rescinds Executive Order	March 22, 2021	46 MoReg 748
<b>21-05</b>	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government	February 24, 2021	46 MoReg 605
<b>21-04</b>	Extends Executive Order 21-03 until February 28, 2021 and terminates Executive Order 20-17.	February 19, 2021	46 MoReg 603
<b>21-03</b>	Declares a State of Emergency and exempts hours of service requirements for vehicles transporting residential heating fuel until February 21, 2021	February 11, 2021	46 MoReg 495
<b>21-02</b>	Establishes the Office of Childhood within the Department of Elementary and Secondary Education	January 28, 2021	46 MoReg 394
<b>21-01</b>	Terminates Executive Orders 03-11 and 02-05, and modifies provisions of Executive Order 05-06	January 7, 2021	46 MoReg 314
<u>2020</u>			
<b>20-21</b>	Modifies the provisions of the Missouri Justice Reinvestment Executive Oversight Council, as established in Executive Order 18-08	December 30, 2020	46 MoReg 185
<b>20-20</b>	Closes state offices December 24, 2020	December 7, 2020	46 MoReg 46
<b>20-19</b>	Extends the State of Emergency, activation of the State Emergency Operations Plan and activation of the state militia until March 31, 2021. Gov. Michael Parson also extends, in part, the provisions of Executive Order 20-04. Gov. Parson also extends, in whole, Executive Orders 20-05, 20-06, and 20-08	November 19, 2020	46 MoReg 7
<b>Proclamation</b>	Adds additional measures for consideration during the Second Extra Session of the Second Regular Session of the One Hundredth General Assembly regarding supplemental appropriations to respond to COVID-19	November 12, 2020	45 MoReg 1953
<b>20-18</b>	Closes state offices November 27, 2020	October 30, 2020	45 MoReg 1862
<b>Proclamation</b>	Convenes the Second Extra Session of the Second Regular Session of the One Hundredth General Assembly regarding supplemental appropriations to respond to COVID-19	October 21, 2020	45 MoReg 1860
<b>20-17</b>	Declares a State of Emergency and activates the state militia due to civil unrest in Missouri	September 24, 2020	45 MoReg 1656
<b>20-16</b>	Extends Executive Order 20-12 regarding the activation of the state militia until December 30, 2020	September 15, 2020	45 MoReg 1562
<b>20-15</b>	Establishes the Interagency Task Force on Worker Classification	September 11, 2020	45 MoReg 1559
<b>20-14</b>	Suspends the requirement of physical appearance as stated in Chapter 474 by authorizing the use of audio-visual technology	September 3, 2020	45 MoReg 1557
<b>Proclamation</b>	Amends the matters specifically designated and limited for consideration by the General Assembly in the July 15, 2020 Proclamation	August 10, 2020	45 MoReg 1338
<b>20-13</b>	Extends Executive Order 18-12 regarding the 2020 Census until November 30, 2020	July 31, 2020	45 MoReg 1303
<b>Proclamation</b>	Convenes the one hundredth general assembly of the State of Missouri in the First Extra Session of the Second Regular Session	July 15, 2020	45 MoReg 1220
<b>20-12</b>	Extends the State of Emergency, activation of the State Emergency Operations Plan and activation of the state militia. Gov. Michael Parson also extends, in part, the provisions of Executive Order 20-04. Gov. Parson also extends, in whole, Executive Orders 20-05, 20-06, and 20-08	June 11, 2020	45 MoReg 1064
<b>20-11</b>	Declares a State of Emergency and activates the state militia due to civil unrest in Missouri	May 30, 2020	45 MoReg 990

<b>Executive Orders</b>	<b>Subject Matter</b>	<b>Filed Date</b>	<b>Publication</b>
<b>Proclamation</b>	Calls for a special election on August 4th of 2020	May 26, 2020	45 MoReg 988
<b>20-10</b>	Extends Executive Orders 20-04, 20-05, 20-06, and 20-08 until June 15, 2020	May 4, 2020	45 MoReg 895
<b>20-09</b>	Extends the State of Emergency declared in Executive Order 20-02 until June 15, 2020 and directs the Missouri State Emergency Operations Plan to remain activated	April 24, 2020	45 MoReg 789
<b>20-08</b>	Suspends the requirement of personal appearance before a notary public by authorizing the use of audio-video technology	April 6, 2020	45 MoReg 718
<b>20-07</b>	Waives late penalties for concealed carry permits for 60 days	April 2, 2020	45 MoReg 716
<b>20-06</b>	Activates the state militia in response to the COVID-19 pandemic	March 27, 2020	45 MoReg 587
<b>20-05</b>	Suspends the prohibition of the sale of unprepared food by restaurants to the public during the current state of emergency	March 23, 2020	45 MoReg 585
<b>20-04</b>	Suspends certain agency regulations to allow them to address the current state of emergency	March 18, 2020	45 MoReg 583
<b>20-03</b>	Postpones the General Municipal Election scheduled for April 7, 2020 until June 2, 2020	March 18, 2020	45 MoReg 580
<b>20-02</b>	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated	March 13, 2020	45 MoReg 529
<b>20-01</b>	Designates supervisory authority over select departments, divisions, or agencies of government	Feb. 03, 2020	45 MoReg 352

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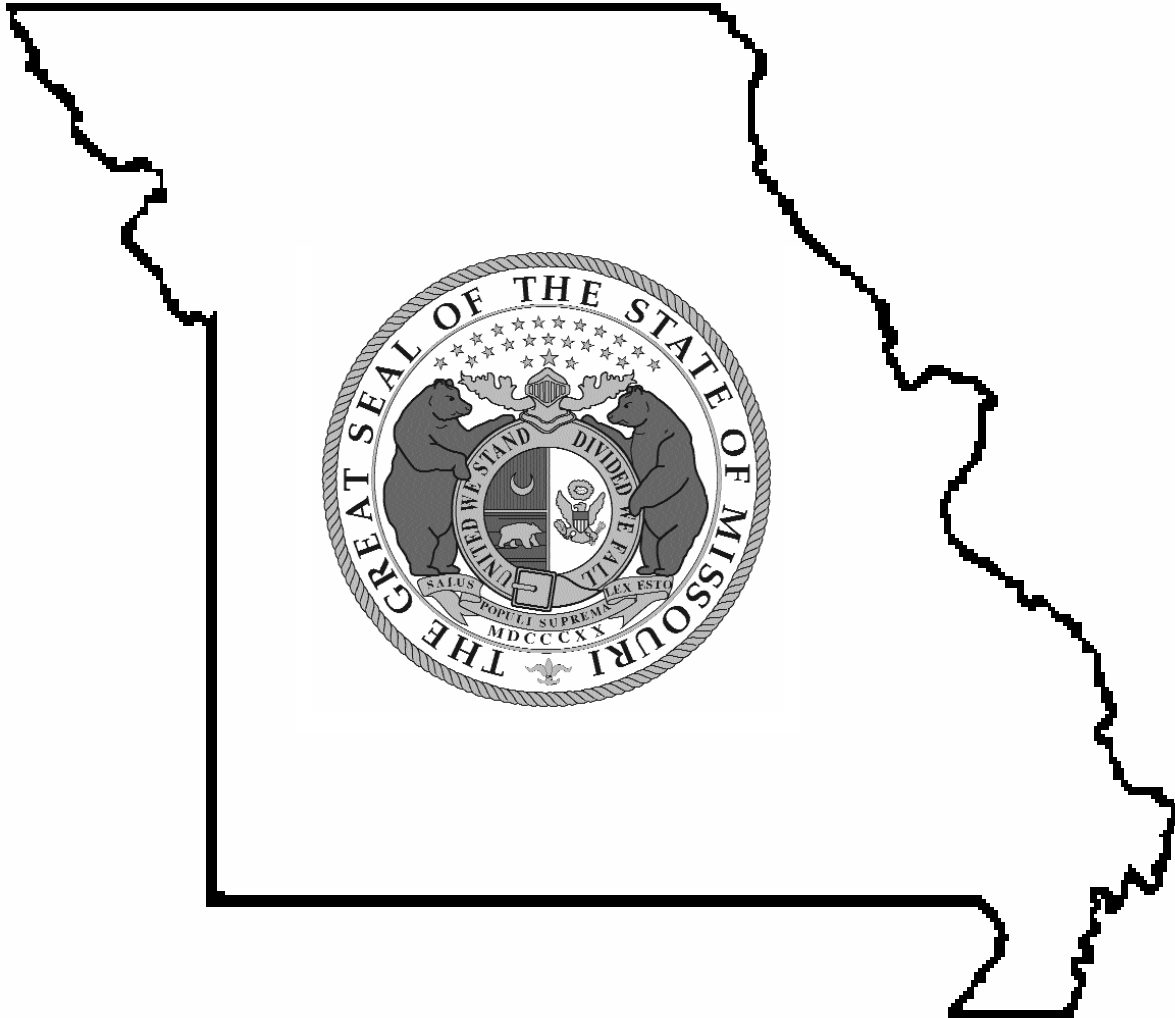
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# MISSOURI STATE RULEMAKING MANUAL



JOHN R. ASHCROFT  
SECRETARY OF STATE

The *Missouri State Rulemaking Manual* is available exclusively online at [sos.mo.gov/adrules/manual/manual](https://sos.mo.gov/adrules/manual/manual) for state agencies to assist in preparing all types of rulemakings.

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