

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

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety (90)-day period during which an agency shall file its order of rulemaking for publication in the Missouri Register begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 100—Division of Credit Unions
Chapter 2—State-Chartered Credit Unions

ORDER OF RULEMAKING

By the authority vested in the director of the Division of Credit Unions under section 370.100, RSMo 2000, the director amends a rule as follows:

4 CSR 100-2.060 Delinquent Loan and Extension Agreements Reporting Procedures is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the Missouri Register on June 1, 2001 (26 MoReg 1159-1160). 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 during the specified comment period.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 120—State Board of Embalmers and Funeral Directors
Chapter 2—General Rules

ORDER OF RULEMAKING

By the authority vested in the State Board of Embalmers and Funeral Directors under section 333.111.1, RSMo 2000, the board amends a rule as follows:

4 CSR 120-2.100 Fees is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the Missouri Register on May 15, 2001 (26 MoReg 1007-1010). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the Code of State Regulations.

SUMMARY OF COMMENTS: The board received three comments regarding the proposed amendment.

COMMENT: Jerry Davis, Davis Funeral Homes submitted a letter in opposition to the fee increase stating that over the last several years costs have raised significantly, which must then be passed on to the people they serve. Mr. Davis suggested that the board look at ways to cut costs and not just raise fees.

COMMENT: Steven Koosmann, St. Louis Community College, Funeral Service Education submitted a letter of concern stating that this increase will directly affect students and whether they will choose to be licensed in this state. Mr. Koosmann stated that at a time when people entering the funeral service profession is in decline, the first goal should be to assist, wherever possible, those new to the profession. It should not be to make it harder and almost punitive. He further stated that people should be encouraged to come to Missouri to fill jobs that are available and not to leave the state and seek employment elsewhere because they believe the board does not care about them.

COMMENT: The board received an anonymous e-mail in opposition to the proposed amendment asking how the board could justify this increase and stated that embalmers and funeral directors are probably the highest of any occupation in which licenses are renewed.

RESPONSE: The State Board of Embalmers and Funeral Directors is statutorily obligated to enforce and administer the provisions of Chapter 333, RSMo. Pursuant to Section 333.111, RSMo, the board shall by rule and regulation set the amount of fees authorized by Chapter 333, RSMo so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of Chapter 333, RSMo. This proposed amendment is necessary because the board's fund balance and projected revenue will not support the expenditures necessary to enforce and administer the provisions of Chapter 333, RSMo, which will result in an endangerment to the health, welfare, and safety of the public. Therefore, the board made no changes to the text of the proposed amendment.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 145—Missouri Board of Geologist Registration
Chapter 1—General Rules

ORDER OF RULEMAKING

By the authority vested in the Missouri Board of Geologist Registration under section 256.465.2, RSMo 2000, the board amends a rule as follows:

4 CSR 145-1.040 Fees is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1011-1013). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT**  
**Division 150—State Board of Registration for the Healing Arts**  
**Chapter 2—Licensing of Physicians and Surgeons**

**ORDER OF RULEMAKING**

By the authority vested in the State Board of Registration for the Healing Arts under sections 334.075, 334.080 and 334.125, RSMo 2000, the board amends a rule as follows:

**4 CSR 150-2.050 Biennial Registration Penalty is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1014). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT**  
**Division 150—State Board of Registration for the Healing Arts**  
**Chapter 2—Licensing of Physicians and Surgeons**

**ORDER OF RULEMAKING**

By the authority vested in the State Board of Registration for the Healing Arts under sections 334.090.2. and 334.125, RSMo 2000, the board amends a rule as follows:

**4 CSR 150-2.080 Fees is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1014-1019). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT**  
**Division 150—State Board of Registration for the Healing Arts**  
**Chapter 2—Licensing of Physicians and Surgeons**

**ORDER OF RULEMAKING**

By the authority vested in the State Board of Registration for the Healing Arts under sections 334.075 and 334.125, RSMo 2000, the board amends a rule as follows:

**4 CSR 150-2.125 Continuing Medical Education is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1020-1021). The board is deleting subsection (1)(B), however, the board is not reprinting section (1) since subsection (1)(B) was the last subsection of the section. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: Two comments were received.

COMMENT: The Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) submitted a letter of concern stating the change regarding post-testing that reduces continuing medical education (CME) hour requirement and the requirement for four hours of CME in the subject area of professionalism, medical ethics or risk management have no data to substantiate the change will improve physicians' practice patterns, increase their knowledge or produce better patient outcomes. MAOPS hopes the board will have data to reinforce newly implemented rules in the future, data to demonstrate their value to physician practices and/or public safety, in order to avoid unnecessary rules without value or merit but are additional burdens to the physician community. The Association is reluctant to state the American Osteopathic Association will accept hours for risk management, medical ethics or professionalism in Category 1-A.

COMMENT: The Missouri Medical Association expressed opposition to the CME mandates that would require the physician to complete at least four hours of accredited continuing education in the subject area of professionalism, medical ethics or risk management. While these may be worthwhile topics for physicians to consider, many believe it is more appropriate to concentrate on the continuing education that most advances the direct provision of patient care within their specialty. Moreover, there is widespread concern dictating CME hours in specified subjects will create hardships for many physicians who are unable to make their busy schedule coincide with the relatively few CME offerings in those subject areas.

RESPONSE AND EXPLANATION OF CHANGE: Based on the comments received the board deleted subsection (1)(B) at this time and will propose again at a later date in order to further study the issue.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT**  
**Division 150—State Board of Registration for the Healing Arts**  
**Chapter 2—Licensing of Physicians and Surgeons**

**ORDER OF RULEMAKING**

By the authority vested in the State Board of Registration for the Healing Arts under section 334.100.2(4)(f), RSMo 2000, the board adopts a rule as follows:

**4 CSR 150-2.165 Chelation of No Medical or Osteopathic Value is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1021-1023). No changes have been made to 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 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**  
**Division 150—State Board of Registration for the  
Healing Arts**  
**Chapter 8—Licensing of Clinical Perfusionists**

**ORDER OF RULEMAKING**

By the authority vested in the State Board of Registration for the Healing Arts under section 324.159, RSMo 2000, the board amends a rule as follows:

**4 CSR 150-8.060 Fees is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1023–1024). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**  
**Division 245—Real Estate Appraisers**  
**Chapter 5—Fees**

**ORDER OF RULEMAKING**

By the authority vested in the Real Estate Appraisers Commission under sections 339.509 and 339.513, RSMo 2000, the commission amends a rule as follows:

**4 CSR 245-5.010 Payment is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2000 (26 MoReg 1026). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**  
**Division 245—Real Estate Appraisers**  
**Chapter 5—Fees**

**ORDER OF RULEMAKING**

By the authority vested in the Real Estate Appraisers Commission under sections 339.509, 339.513 and 339.525.5, RSMo 2000, the commission amends a rule as follows:

**4 CSR 245-5.020 Application, Certificate and License Fees is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2000 (26 MoReg 1026–1029). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**  
**Division 270—Missouri Veterinary Medical Board**  
**Chapter 1—General Rules**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Veterinary Medical Board under sections 340.208 and 340.210, RSMo 2000, the board amends a rule as follows:

**4 CSR 270-1.011 Organization of Veterinary Technician  
Committee is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1030). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**  
**Division 270—Missouri Veterinary Medical Board**  
**Chapter 1—General Rules**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Veterinary Medical Board under sections 340.210 and 340.232, RSMo 2000, the board amends a rule as follows:

**4 CSR 270-1.021 Fees is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1030–1031). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**  
**Division 270—Missouri Veterinary Medical Board**  
**Chapter 1—General Rules**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Veterinary Medical Board under sections 340.210, 340.258, 340.260, 340.262, 340.312, 340.314, 340.316, 340.318, 340.320, 340.322, 340.324 and 340.326, RSMo 2000, the board rescinds a rule as follows:

**4 CSR 270-1.050 Renewal Procedures is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1031). No changes have been made to 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 4—DEPARTMENT OF ECONOMIC DEVELOPMENT**  
**Division 270—Missouri Veterinary Medical Board**  
**Chapter 1—General Rules**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Veterinary Medical Board under sections 340.210, 340.258, 340.262, 340.312, 340.314, 340.320, 340.322, 340.324 and 340.326, RSMo 2000, the board adopts a rule as follows:

4 CSR 270-1.050 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1031-1036). The sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS AND EXPLANATION OF CHANGE: No comments were received, however, based on the board's review of the proposed rule and section 327.041, RSMo the board removed the requirement for licensee to have the renewal application to be notarized.

**4 CSR 270-1.050 Renewal Procedures**

(2) Renewal of an Active or Inactive License/Certificate of Registration.

(A) In order for a veterinarian to renew an active or inactive license, the licensee shall submit the following to the board office prior to the expiration date of the license:

1. A completed and signed renewal application, which shall certify that the licensee has completed the required number of approved continuing education credits in accordance with 4 CSR 270-4.042; and

2. The appropriate renewal fee.

(B) In order for a veterinary technician to renew the active or inactive certificate of registration, the licensee shall submit the following to the board office prior to the expiration date of the registration:

1. A completed and signed renewal application, which has been signed by the supervising veterinarian and certifies that the licensee has completed the required number of approved continuing education credits in accordance with 4 CSR 270-4.050; and

2. The appropriate renewal fee.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT**  
**Division 270—Missouri Veterinary Medical Board**  
**Chapter 2—Licensure Requirements for Veterinarians**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Veterinary Medical Board under sections 340.210, 340.228 and 340.230, RSMo 2000, the board amends a rule as follows:

**4 CSR 270-2.011 Educational Requirements is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1037). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT**  
**Division 270—Missouri Veterinary Medical Board**  
**Chapter 2—Licensure Requirements for Veterinarians**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Veterinary Medical Board under sections 340.200, 340.210 and 340.246 RSMo 2000, the board amends a rule as follows:

**4 CSR 270-2.021 Internship or Veterinary Candidacy Program is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1037-1038). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT**  
**Division 270—Missouri Veterinary Medical Board**  
**Chapter 2—Licensure Requirements for Veterinarians**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Veterinary Medical Board under sections 340.210 and 340.247, RSMo 2000, the board amends a rule as follows:

**4 CSR 270-2.052 Faculty Licensure is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1038). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT**  
**Division 270—Missouri Veterinary Medical Board**  
**Chapter 2—Licensure Requirements for Veterinarians**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Veterinary Medical Board under sections 340.210, 340.246 and 340.250, RSMo 2000, the board amends a rule as follows:

**4 CSR 270-2.070 Provisional Licenses is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1038-1039). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**

**Division 270—Missouri Veterinary Medical Board  
Chapter 2—Licensure Requirements for Veterinarians**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Veterinary Medical Board under sections 340.210, 340.248 and 340.250, RSMo 2000, the board adopts a rule as follows:

**4 CSR 270-2.071 Temporary Licenses is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1039). No changes have been made to 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 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**

**Division 270—Missouri Veterinary Medical Board  
Chapter 3—Registration Requirements for Veterinary  
Technicians**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Veterinary Medical Board under sections 340.210, 340.300, 340.302 and 340.308, RSMo 2000, the board amends a rule as follows:

**4 CSR 270-3.020 Examinations is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1039–1040). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**

**Division 270—Missouri Veterinary Medical Board  
Chapter 3—Registration Requirements for Veterinary  
Technicians**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Veterinary Medical Board under sections 340.210, 340.234, 340.238 and 340.306, RSMo 2000, the board amends a rule as follows:

**4 CSR 270-3.030 Reciprocity is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1040). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**

**Division 270—Missouri Veterinary Medical Board  
Chapter 3—Registration Requirements for Veterinary  
Technicians**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Veterinary Medical Board under sections 340.210, 340.246 and 340.298, RSMo 2000, the board amends a rule as follows:

**4 CSR 270-3.040 Temporary Registration for Veterinary  
Technicians is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1040–1041). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**

**Division 270—Missouri Veterinary Medical Board  
Chapter 4—Minimum Standards**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Veterinary Medical Board under sections 340.210, 340.258 and 340.268, RSMo 2000, the board adopts a rule as follows:

**4 CSR 270-4.042 Minimum Standards for Continuing Education  
for Veterinarians is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1041–1046). No changes have been made to 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 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT**

**Division 270—Missouri Veterinary Medical Board  
Chapter 4—Minimum Standards**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Veterinary Medical Board under sections 340.210, 340.258 and 340.324, RSMo 2000, the board amends a rule as follows:

**4 CSR 270-4.050 Minimum Standards for Continuing Education  
for Veterinary Technicians is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1047–1050). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT**  
**Division 270—Missouri Veterinary Medical Board**  
**Chapter 4—Minimum Standards**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Veterinary Medical Board under sections 340.210, 340.222 and 340.326, RSMo 2000, the board amends a rule as follows:

**4 CSR 270-4.060** Minimum Standards for Supervision **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1051). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT**  
**Division 270—Missouri Veterinary Medical Board**  
**Chapter 5—Veterinary Facilities Permits**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Veterinary Medical Board under sections 340.210 and 340.226, RSMo 2000, the board amends a rule as follows:

**4 CSR 270-5.011** Permit Applications **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1051-1053). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT**  
**Division 270—Missouri Veterinary Medical Board**  
**Chapter 7—Disciplinary Proceedings**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Veterinary Medical Board under sections 340.210 and 340.250, RSMo 2000, the board amends a rule as follows:

**4 CSR 270-7.020** Revocation of Temporary or Provisional License **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1054). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 9—DEPARTMENT OF MENTAL HEALTH**  
**Division 10—Director, Department of Mental Health**  
**Chapter 7—Core Rules for Psychiatric and Substance Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

**9 CSR 10-7.010** Treatment Principles and Outcomes **is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 708-710). 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: Comments were received but the department is not revising the proposed rule.

COMMENT: Six commenters identified 9 CSR 10-7.010(2)-(10) as adding further outcome requirements beyond those currently required for Community Psychiatric Rehabilitation (CPR) and the Comprehensive Psychiatric Services (CPS) children's systems. They raised concerns that there will be significant costs associated with data collection and analysis processes for this rule. Additional or updated technology and required staffing to conduct these processes were specifically mentioned. One of the commenters suggested a phased implementation, perhaps over a period of 12-18 months.

RESPONSE: The Department recognizes the concerns of the commenters. However, current rules require existing quality systems in agencies and the outcome domains in 9 CSR 10-7.010(2) are basic areas that should be addressed by agencies. At least three of the four major areas identified are supported by existing efforts sponsored by the Department through functional scales and consumer satisfaction efforts. For 9 CSR 10-7.010(3) through 9 CSR 10-7.010(10), the performance indicator examples are intended to be illustrative and agencies should consider already existing measures and processes being used in their own organization as the most efficient means of complying with these requirements. Therefore, the Department has not revised the rules.

COMMENT: Related to 9 CSR 10-7.010(7)(A)4.-5., a commenter indicated that a fiscal note should be attached to reflect the costs of transportation, including staff costs for provision of transportation as well as expenses associated with child care, educational and other issues listed in the rule.

RESPONSE: The Department disagrees with this comment. The language in the rule is consistent with current rule and requires only that the provider assist in arranging for or accessing these services, not responsibility for provision or payment of these services. The Department is not making a revision to the rule.

COMMENT: One commenter felt that the performance indicators included in 9 CSR 10-7.010(2)-(10) were vague and this was a concern because it might give too much discretion to the surveyor conducting the certification review. Specific examples were referenced including use of the word consistent in 9 CSR 10-7.010(4)(B)4. and questioning how an acceptable utilization rate of inpatient and residential treatment will be determined as referenced in 9 CSR 10-7.010(6)(B)1.

RESPONSE: As stated in response to the earlier comment, these performance indicators are examples only and are not required to be used in each agency. No change is being made to the language of the rule.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 10—Director, Department of Mental Health  
Chapter 7—Core Rules for Psychiatric and Substance  
Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

**9 CSR 10-7.020 Rights, Responsibilities, and Grievances is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 710-711). 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: One comment was received but the department is not revising the proposed rule.

COMMENT: One commenter challenged the right of clients to see their records as specified in 9 CSR 10-7.020(4)(B). The commenter was concerned that the client would be allowed to view raw progress notes or test results. The commenter indicated that this rule is in conflict with American Psychological Association ethical guidelines and section 191.227, RSMo 2000.

RESPONSE: The Department would like to point out to the commenter that the client's right to view their own record is in the section that allows limitations for client safety or the safety of others. It also allows limitation of the specific information shared. We disagree that it is in conflict with section 191.227, RSMo 2000. No change has been made in response to this comment.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 10—Director, Department of Mental Health  
Chapter 7—Core Rules for Psychiatric and Substance  
Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

**9 CSR 10-7.030 is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 711-714). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: Comments were received and the department is revising the proposed rule.

COMMENT: One commenter feels that the creation of core rules is confusing because specific providers such as Community Psychiatric Rehabilitation (CPR) providers will now need to reference two different rule sections where previously the standards were self-contained in a single chapter.

RESPONSE: The Department disagrees. As a result of this revision, the Department is consolidating 54 existing rules into 14 rules. It is particularly beneficial for agencies with joint contracts with the Divisions of Alcohol and Drug Abuse (ADA) and

Comprehensive Psychiatric Services (CPS). In addition, the Department will package and print the rules in user-friendly form for different program types for ease of use. No changes are being made to the rule in response to this comment.

COMMENT: Six commenters objected to the specific time frames offered in the rule for emergent, urgent and routine response to individuals presenting for service as described in 9 CSR 10-7.030(1)(A). Their objections included the limiting nature of exact time frames given that industry standard change over time and that these time frames are much more restrictive than current standards and practice. Concerns were also raised that demand for service exceeds available resources and that routine service needs may not be met due to limited funding. It was suggested that all time frames be removed from the rule but if time frames are kept to change emergency to 1-4 hours and to drop any time frame for routine. It was also pointed out that some service delivery sites may be staffed only with part-time or limited staffing and that this rule could not be accommodated at all program sites. One commenter asserted that the rule should also incorporate other factors into the decision related to time frames for service such as the client's past treatment history and compliance, program capacity, and available options for referral to other treatment or services. Also, the specific issue of residential program waiting lists was raised since many waiting lists exceed 14 days. One of the commenters suggests that meeting these time frames will require a reduction in service and that the time frames adopted in area planning be used in lieu of creating a rule. If left in, one commenter suggested that providers be reimbursed on a full-cost basis. Phasing in these requirements with full implementation only when additional funding is available was also suggested.

RESPONSE AND EXPLANATION OF CHANGE: The Department agrees that some modifications are needed in this section. Appropriate changes have been made to section (1) of the rule in response to the comments regarding routine and urgent service expectations.

COMMENT: One commenter asked for clarification whether the language in 9 CSR 10-7.030(2) regarding family participation will eliminate the need for Comprehensive Substance Treatment and Rehabilitation (CSTAR) adolescent programs to document involvement of the parent or legal guardian in the planning process by obtaining their signature on the plan.

RESPONSE: The Department believes that 9 CSR 10-7.030(2) is consistent with language in Comprehensive Substance Treatment and Rehabilitation rules that requires signatures on the plan by the parent or legal guardian of an adolescent. No change is being made to the rule.

COMMENT: A commenter raised the question whether the requirement in 9 CSR 10-7.030(3) that requires responsiveness to linguistic and communication needs is shifting responsibility to programs to provide these services or will the Department provide assistance with this need.

RESPONSE: The Department already requires that service be responsive to linguistic and communication needs of clients consistent with the Americans with Disabilities Act. The Department does have billing codes for contract providers to pay for required supports. No change is being made to the rule.

COMMENT: One commenter felt that use of the Access Crisis Intervention (ACI) system by substance abuse providers in 9 CSR 10-7.030(4) was addressed by area plans and that additional funding will be required for Access Crisis Intervention (ACI) to be responsive to larger populations associated with Alcohol and Drug Abuse (ADA) providers.

RESPONSE: This standard is consistent with already existing requirements for Access Crisis Intervention (ACI) funding. No change is being made to this rule.

COMMENT: Seven commenters objected to requirements in 9 CSR 10-7.030(5) requiring follow-up after an individual has missed appointment as excessive. The commenter asserts that most clients are voluntary and that efforts to contact them following missed appointments are intrusive and violate their right to self-determination. Others felt it fostered dependency when applied generally and is appropriate only for certain populations. It was suggested that language be added to allow discretion based on client needs and history and eliminate the 48-hour requirement. Another commenter requested clarification about whether 9 CSR 10-7.030(5) supersedes the Comprehensive Substance Treatment and Rehabilitation (CSTAR) rule that requires 24 hour follow-up. RESPONSE AND EXPLANATION OF CHANGE: The Department agrees that follow-up activity for clients who miss appointments must allow for individual client circumstances and discretion. Changes in language will be made in 9 CSR 10-7.030(5) to allow more agency and clinical discretion in the form of specific agency policies. Divisions may include in program-specific requirements additional standards for outreach and engagement.

COMMENT: Six commenters questioned the need to include clinical utilization review in the rule. Issues included costs, redundancy of the functions by certification/audit staff, and potential delay in authorizations and billings.

RESPONSE: Current standards contain utilization review as a function of the Department. This standard does not represent a change from current practice and no changes will be made in the language.

COMMENT: Three commenters questioned the clinical necessity of completing a discharge summary each time an individual moves to a less restrictive level of care. Comprehensive Substance Treatment and Rehabilitation was given as an example to demonstrate the questionable value of this requirement. A third commenter echoed this sentiment, stating that if the standards require this in the same agency, they are too stringent and do not support an efficient continuum of care philosophy.

RESPONSE AND EXPLANATION OF CHANGE: The Department agrees that this language should be changed. 9 CSR 10-7.030(9)(A)1. and 9 CSR 10-7.030(9)(A)3. will be deleted, language will be modified in 9 CSR 10-7.030(9)(A)4., and additional language will be included.

COMMENT: One commenter asked whether the continuing recovery plan referenced in 9 CSR 10-7.030(9)(C) is the treatment plan or an aftercare plan. The commenter requested consistency in language and definitions of terms.

RESPONSE AND EXPLANATION OF CHANGE: The continuing recovery plan referenced in this section is the aftercare plan. The language will be changed to aftercare plan in section (9) and will be used consistently in the rule.

### 9 CSR 10-7.030 Service Delivery Process and Documentation

(1) Screening. Each individual requesting services shall have prompt access to a screening in order to determine eligibility and to plan an initial course of action, including referral to other services and resources, as needed.

(A) At the individual's first contact with the organization (whether by telephone or face-to-face contact), any emergency or urgent service needs shall be identified and addressed.

1. Emergency service needs are indicated when a person presents a likelihood of immediate harm to self or others. A person

who presents at the program site with emergency service needs shall be seen by a qualified staff member within fifteen (15) minutes of presentation. If emergency service needs are reported by telephone, the program shall initiate face-to-face contact within one (1) hour of telephone contact or shall immediately notify local emergency personnel capable of promptly responding to the report.

2. Urgent service needs are indicated when a person presents a significant impairment in the ability to care for self but does not pose a likelihood of immediate harm to self or others. A person with urgent service needs shall be seen within forty-eight (48) hours, or the program shall make appropriate arrangements to provide for necessary supports until the person can be seen for screening.

3. Routine service needs are indicated when a person requests services or follow-up but otherwise presents no significant impairment in the ability to care for self and no apparent harm to self or others. A person with routine service needs should be seen as soon as possible to the extent that resources are available.

(4) Missed Appointments. Agencies shall establish policies and procedures, consistent with needs and requirements of clients, to contact persons who fail to appear at a scheduled program activity.

(9) Discharge Summary and Aftercare Plan. Each individual shall be actively involved in planning for discharge and aftercare. The participation of family and other collateral parties (e.g., referral source, employer, school, other community agencies) in such planning shall be encouraged, as appropriate to the age, guardianship, service provided or wishes of the individual.

(A) A written discharge summary and, where applicable, an aftercare plan shall be prepared upon—

1. Transferring to a different provider;
2. Successfully completing treatment; or
3. Discontinuing further participation in services.

(C) An aftercare plan shall be completed prior to discharge. The plan shall identify services, designated provider(s), or other planned activities designed to promote further recovery.

## Title 9—DEPARTMENT OF MENTAL HEALTH Division 10—Director, Department of Mental Health Chapter 7—Core Rules for Psychiatric and Substance Abuse Programs

### ORDER OF RULEMAKING

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

#### 9 CSR 10-7.040 Quality Improvement is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 714). 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: Comments were received but the department is not revising the proposed rule.

COMMENT: One commenter indicated that they are designing quality improvement systems consistent with Commission on Accreditation of Rehabilitation Facilities (CARF) standards and that being subject to another authority with different format and content requirements is unnecessary and arbitrary.



RESPONSE: The Department does not agree that this rule is in conflict with Commission on Accreditation of Rehabilitation Facilities (CARF) requirements. An agency may choose to integrate the two sets of requirements into a single plan, process, or system. Once an agency is Commission on Accreditation of Rehabilitation Facilities (CARF) accredited, many of the standards in this section will be deemed in compliance. The Department has elected not to change the language in this section in response to the comment.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 10—Director, Department of Mental Health  
Chapter 7—Core Rules for Psychiatric and Substance  
Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

**9 CSR 10-7.050 Research is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 714–715). 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 have been received.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 10—Director, Department of Mental Health  
Chapter 7—Core Rules for Psychiatric and Substance  
Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

**9 CSR 10-7.060 Behavior Management is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 715–716). 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: Comments were received but the department is not revising the proposed rule.

COMMENT: One commenter requested clarification related to the purpose statement, indicating that it is not clear how these rules apply to residential care facilities licensed by Division of Family Services (DFS) and Department of Mental Health (DMH). Currently, the commenter indicates they are subject only to the medication sections for Community Psychiatric Rehabilitation (CPR) and are subject to Division of Family Services (DFS) restraint rules that are less stringent when compared to these proposed rules.

RESPONSE: The Department disagrees with the commenter's statement that the rule is not clear. Specific programs are listed for

which the rule is applicable and Division of Family Services (DFS)-funded agencies and programs are not included.

COMMENT: One commenter indicated that youth residential facilities generally do not have 24-hour availability of licensed practitioners to issue orders as specified in 9 CSR 10-7.060(2)(C). The commenter asked that there be allowance for exceptions to this rule.

RESPONSE: Only one commenter raised this issue and it appears that this commenter is not covered by this rule as discussed in the last comment. No changes have been made.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 10—Director, Department of Mental Health  
Chapter 7—Core Rules for Psychiatric and Substance  
Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

**9 CSR 10-7.070 is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 716–717). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: Comments were received and the department is revising the proposed rule.

COMMENT: One commenter recommended that a definition of medication administration is needed that is consistent with yet distinguishes the function in a program from the service definition used for billing purposes.

RESPONSE: The Department disagrees that there is a need for a definition of medication administration in this rule. No change has been made.

COMMENT: One commenter feels that the language in the rule needs to clearly address delegation and supervision of medication administration functions to unlicensed assistive personnel.

RESPONSE: The Department believes the provision requiring compliance with applicable state law and regulations addresses this issue. We decline to make a change.

COMMENT: One commenter feels that the length and content of medication training should be specified to assure quality of service.

RESPONSE: The Department agrees that training is one method of compliance with some provisions in this rule. However, the Department is not specifying the length and content of the training.

COMMENT: One commenter recommended that policies and procedures referenced in 9 CSR 10-7.070(1)(B) should also include reference to the administration and disposal of medications consistent with actual content of the rule.

RESPONSE AND EXPLANATION OF CHANGE: The language in subsection (1)(B) will be changed to add administered and disposed.

COMMENT: One commenter stated that rules regarding use of standing pro re nata (PRN) medication orders be added since they are not prohibited as they have been in other certification standards.

The commenter indicated rules are needed to prohibit issuance of chemical restraints except in emergencies.

RESPONSE: The issues of pro re nata (PRN) orders and chemical restraints are addressed in the Behavior Management section in 9 CSR 10-7.060. Changes have not been made to the rule.

COMMENT: One commenter suggested that 9 CSR 10-7.070(2) include a list of the current medications prescribed to the client as well as over-the-counter medications the client is taking.

RESPONSE AND EXPLANATION OF CHANGE: 9 CSR 10-7.070(2) includes prescribed medications in the profile. The Department will add language that the profile shall also include non-prescription medications and supplements.

COMMENT: Five commenters questioned the need to have staff observing clients self-administering their medications document consultation regarding the action, side effects and adverse reactions to each medication as specified in 9 CSR 10-7.070(4)(A)2. One felt that these expectations exceed what is needed to support self-administration while others felt this was a general training issue and should be addressed as such. The third commenter indicated that this requirement will increase costs for training and these staff change frequently. A fourth commenter felt that training should be required equivalent to a Level I Medication Aide certification as the minimum requirement to be consistent with other rules. The same commenter felt consultation with reference material was inadequate.

RESPONSE AND EXPLANATION OF CHANGE: In response to these comments, paragraph (4)(A)2. has been changed. It will now be applicable to residential settings for the Department.

COMMENT: Commenting on the same section, one commenter strongly supported inclusion of required availability of consultation with a registered nurse or physician to check medication procedures as is currently required in Community Psychiatric Rehabilitation (CPR) standards. The commenter recognized concerns about costs but also asserted that the cost of medication errors can be great in terms of financial and quality considerations.

RESPONSE: Making the change recommended by this commenter would represent an increase in standards for most provider types. The standard referenced by the commenter remains in Community Psychiatric Rehabilitation (CPR) standards. The Department will not make the change to the core rules.

COMMENT: One commenter felt that 9 CSR 10-7.070(4)(D) is more reasonable than existing standards.

RESPONSE: The Department agrees. No change is indicated.

COMMENT: Concern was expressed by one commenter that 9 CSR 10-7.070(4)(E) is insufficient in terms of client care because a report to any physician is not an adequate response when the report should be made to the physician responsible for the client.

RESPONSE: The Department disagrees that this change is needed. It is common that an individual's physician may not be available and another physician may provide coverage. It is also common that individuals may be in a treatment program that is some geographic distance from their physician. No change is being made.

COMMENT: One commenter recommended inclusion on the medication intake sheet referenced in 9 CSR 10-7.070(4)(F)1. of allergies and diagnoses.

RESPONSE AND EXPLANATION OF CHANGE: The Department will add "known allergies" to be included on the medication intake sheet.

COMMENT: In 9 CSR 10-7.070(4)(F)5., one commenter suggested omission of the word dispense since unlicensed staff cannot dispense medications in Missouri.

RESPONSE: The Department disagrees that a change is needed in this statement. The rule will not reflect any changes.

COMMENT: A commenter recommended that the requirement in 9 CSR 10-7.070(4)(H) specify the qualifications of the individual to conduct the review.

RESPONSE AND EXPLANATION OF CHANGE: The Department will add "by qualified staff" to this subsection to the rule. The Department chooses not to specify who is qualified in deference to the general guideline in 9 CSR 10-7.070(1)(A) that requires individuals to be in compliance with all applicable state and federal laws and regulations.

COMMENT: In 9 CSR 10-7.070(4)(J), one commenter recommended that the dispense date be included on the label since it is a Department of Health rule.

RESPONSE AND EXPLANATION OF CHANGE: The Department will add the dispense date to the information required on the label.

COMMENT: One commenter pointed out that 9 CSR 10-7.070(4)(L)1. does not specify who is qualified to receive or dispose of stock pharmaceuticals.

RESPONSE: The Department chooses not to specify who is qualified in deference to the general guideline in 9 CSR 10-7.070(1)(A) that requires individuals to be in compliance with all applicable state and federal laws and regulations.

COMMENT: One commenter requested clarification regarding who is responsible for documentation in the log as required in 9 10-CSR 10-7.070(4)(L)2.

RESPONSE: The Department has considered this comment and has chosen not to specify the responsible party.

COMMENT: One commenter asked that 9 CSR 10-7.070(4)(L)3. specify who reconciles as to the amount received and dispensed. The commenter also pointed out that only a physician, pharmacist or licensed medical practitioner may dispense.

RESPONSE: The Department has considered this comment and has chosen not to specify the responsible party.

COMMENT: One commenter indicated that 9 CSR 10-7.070(4)(L)4. does not address methadone. Specifically, the rule does not specify who is qualified to administer methadone and who is delegating or supervising this activity. The commenter asks that these issues be addressed in the rules.

RESPONSE: The Department disagrees that the rule does not address methadone. Methadone is a controlled substance and is, therefore, addressed in standards applicable to controlled substances.

### 9 CSR 10-7.070 Medications

(1) General Guidelines, Policies and Practices. The following requirements apply to all programs, where applicable.

(B) The organization shall have written policies and procedures on how medications are prescribed, obtained, stored, administered and disposed.

(2) Medication Profile. Where applicable, the individual's record shall include a medication profile that includes name, age, weight, current diagnosis, current medication and dosage, prescribing physician, allergies to medication, non-prescription medications and supplements, medication compliance; and other pertinent information related to the individual's medication regimen.

(4) Medication Administration and Related Requirements. The following requirements apply to programs that prescribe or administer

medication and to those programs where individuals self-administer medication under staff observation.

(A) Staff Training and Competence. The organization shall ensure the training and competence of staff in the administration of medication and observation for adverse drug reactions and medication errors, consistent with each staff individual's job duties.

1. Staff whose duties include the administration of medication shall complete Level I medication aide training in accordance with 13 CSR 15-13.030. This requirement shall not apply to those staff who—

A. Have prior education and training which meets or exceeds the Level I medication aide training hours and skill objectives; or

B. Work in settings where clients self-administer their own medication under staff observation.

2. In residential programs, staff whose duties are limited to observing clients self-administer their own medication or to documenting that medication is taken as prescribed shall consult a physician, pharmacist, registered nurse or reference material regarding the action and possible side effects or adverse reactions of each medication under their supervision. This consultation shall be documented.

(F) Records and Documentation. The organization shall maintain records to track and account for all prescribed medications in residential programs and, where applicable, in nonresidential programs.

1. Each individual receiving medication shall have a medication intake sheet which includes the individual's name, known allergies, type and amount of medication, dose and frequency of administration, date and time of intake, and name of staff who administered or observed the medication intake. If medication is self-administered, the individual shall sign or initial the medication intake sheet.

2. The amount of medication originally present and the amount remaining can be validated by the medication intake sheet.

3. Documentation of medication intake shall include over-the-counter products.

4. Medication shall be administered in single doses to the extent possible.

5. The organization shall establish a mechanism for the positive identification of individuals at the time medication is dispensed, administered or self-administered under staff observation.

(H) Periodic Review. The organization shall document that individuals' medications are evaluated by qualified staff at least every six (6) months to determine their continued effectiveness.

(J) Labeling. All medication shall be properly labeled. Labeling for each medication shall include drug name, strength, dispense date, amount dispensed, directions for administration, expiration date, name of individual being served, and name of the prescribing physician.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 10—Director, Department of Mental Health  
Chapter 7—Core Rules for Psychiatric and Substance  
Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

**9 CSR 10-7.080 Dietary Service is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 717-718). 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: One comment was received but the department is not revising the proposed rule.

COMMENT: One commenter asked for clarification regarding the meaning of the term incidental dietary component as used in 9 CSR 10-7.080(1)(B).

RESPONSE: The Department believes that the rule describes the meaning of incidental dietary component. This is the extent of description and detail the Department has to offer in this matter. No change has been made to the rule.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 10—Director, Department of Mental Health  
Chapter 7—Core Rules for Psychiatric and Substance  
Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

**9 CSR 10-7.090 Governing Authority and Program  
Administration is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 718-719). 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 have been received.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 10—Director, Department of Mental Health  
Chapter 7—Core Rules for Psychiatric and Substance  
Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

**9 CSR 10-7.100 Fiscal Management is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 719). 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 have been received.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 10—Director, Department of Mental Health  
Chapter 7—Core Rules for Psychiatric and Substance  
Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

**9 CSR 10-7.110 Personnel is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 719-720). 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: Comments were received but the department is not revising the proposed rule.

COMMENT: Five commenters objected to the training requirement specified in 9 CSR 10-7.110(2). Cost for the training was estimated to be greater than that indicated in the fiscal note and the commenters questioned the value of the higher standard. One commenter suggested dropping licensed staff from the requirement since they are already subject to training requirements to keep their licenses. The commenters asked that the standard be dropped back to the current standard of 16 hours per year.

RESPONSE: This rule consolidates multiple existing training standards and it represents a low midpoint of these rules. The flexibility of spreading the requirement over two years should ease the transition for those programs expected to increase. The savings associated with the decreased standards for some programs far exceeds the additional cost for the incremental increase in other programs. In regard to licensed staff, the training obtained as part of their licensure requirements can be used to satisfy these requirements as well as those for their licensure. The Department believes there is value in requiring training associated with Department of Mental Health programs. No change has been made.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 10—Director, Department of Mental Health  
Chapter 7—Core Rules for Psychiatric and Substance  
Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

9 CSR 10-7.120 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 720-723). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: Comments were received and the department is revising the proposed rule.

COMMENT: One commenter requested clarification regarding 9 CSR 10-7.120(7)(D) that requires posting of emergency numbers and at which phone there should be a posting.

RESPONSE: The Department requires posting of emergency numbers at each operational phone on-site. No change has been made in the rule.

COMMENT: A commenter recommended deletion of 9 CSR 10-7.120(9) because it will require examining of driving records and insurance on all personal vehicles used to transport clients. The commenter feels this will raise issues for staff who will request reimbursement for insurance coverage for their personal vehicles which is financially prohibitive. It also raises questions regarding

minimum coverage levels and driving violations of staff and what standards are used to make judgments.

RESPONSE AND EXPLANATION OF CHANGE: Language in section (9) will be changed to reflect the requirements as applicable to agency-owned vehicles.

**9 CSR 10-7.120 Physical Plant and Safety**

(9) Safe Transportation. Where applicable, the organization shall implement measures to ensure safe transportation for persons served.

(A) Agency owned vehicles which are used by the organization to transport persons served shall have—

1. Regular inspection and maintenance as legally required; and

2. Adequate first-aid supplies and fire suppression equipment which are secured in any van, bus or other vehicle used to transport more than four (4) clients. Staff which operate such a vehicle shall have training in emergency procedures and the handling of accidents and road emergencies.

(C) There shall be a current certificate of insurance for agency owned vehicles in accordance with the organization's requirements.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 10—Director, Department of Mental Health  
Chapter 7—Core Rules for Psychiatric and Substance  
Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

**9 CSR 10-7.130 Procedures to Obtain Certification is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 723-725). 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: Comments were received but the department is not revising the proposed rule.

COMMENT: One commenter appreciated the simplifications and improvements afforded by the core rules.

RESPONSE: No response needed.

COMMENT: One commenter is uncomfortable with language in section (1) that indicates that certification will be more outcomes focused if it relies on data that is identified in 9 CSR 10-7.010 which is costly to collect and implement. The commenter suggested that the procedures in this section be phased parallel to the requested phase-in of 9 CSR 10-7.010.

RESPONSE: The key goal statement is philosophical in nature and doesn't contain any substantive requirement and therefore the Department declines making any changes in the section.

COMMENT: Related to Section (3)(B), one commenter feels that deeming under Commission on Accreditation of Rehabilitation Facilities (CARF) be extended to all of the core rules because they are already covered in Commission on Accreditation of Rehabilitation Facilities (CARF).

RESPONSE: The Department feels it is appropriate to conduct expedited surveys including key sections of the core rules for

agencies, including those that have been accredited by national accrediting bodies. No change has been made.

COMMENT: One commenter requested clarification related to the purpose statement, indicating that it is not clear how these rules apply to residential care facilities licensed by Division of Family Services (DFS) and Department of Mental Health (DMH). Currently, the commenter indicates they are subject only to the medication sections for Community Psychiatric Rehabilitation (CPR) and are subject to Division of Family Services (DFS) restraint rules that are less stringent when compared to these proposed rules.

RESPONSE: The Department disagrees with the commenter's statement that the rule is not clear. Specific programs are listed for which the rule is applicable and Division of Family Services (DFS)-funded agencies and programs are not included. No changes will be made to the rule.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 10—Director, Department of Mental Health  
Chapter 7—Core Rules for Psychiatric and Substance  
Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

9 CSR 10-7.140 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 725-728). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: Comments were received and the department is revising the proposed rule.

COMMENT: One commenter suggested that the definition of a clinical social worker in 9 CSR 10-7.140(2)(PP)5. be changed in order to make the definition parallel to others defined under Qualified Mental Health Professional.

RESPONSE AND EXPLANATION OF CHANGE: The Department agrees and will change the rule accordingly.

COMMENT: One commenter indicated that the duties of a screener in 9 CSR 10-7.140(2)(PP) differ from the operational definition in 9 CSR 10-7.030 and that duties should determine staff qualifications.

RESPONSE: There is no inconsistency between the definition of screening in 9 CSR 10-7.140 and the operational use of screening in 9 CSR 10-7.030. No change has been made.

COMMENT: One commenter pointed out that the definitions for abuse and neglect in 9 CSR 10-7.140(2)(GG), (HH), (NN), (GGG), and (OOO) are inconsistent with 9 CSR 10-5.200. The commenter suggests that the definitions not be repeated here but should be referenced to avoid impacting this rule if the definitions should be modified in the future.

RESPONSE AND EXPLANATION OF CHANGE: The Department agrees and will change the rule accordingly.

**9 CSR 10-7.140 Definitions**

(2) Unless the context clearly indicates otherwise, the following terms shall mean:

(GG) Neglect (Class I), in accordance with 9 CSR 10-5.200;  
(HH) Neglect (Class II), in accordance with 9 CSR 10-5.200;  
(NN) Physical abuse, in accordance with 9 CSR 10-5.200;  
(PP) Qualified mental health professional—any of the following:

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

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

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

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

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

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

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

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

9. An advanced practice nurse—as set forth in section 335.011, RSMo, a nurse who has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for advanced practice nurses established by the Board of Nursing; and

10. A psychiatric pharmacist as defined in 9 CSR 30-4.030;  
(GGG) Sexual abuse, in accordance with 9 CSR 10-5.200;  
(OOO) Verbal abuse, in accordance with 9 CSR 10-5.200.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.010 Definitions is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 728). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.020** Procedures to Obtain Certification **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 728). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

**9 CSR 30-3.022** Transition to Enhanced Standards of Care **is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 728-729). 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:

COMMENT: 9 CSR 30-3.022(1). One commenter expressed concern that even with a one-year waiver, new requirements were fiscally impossible without additional funding.

RESPONSE: The department acknowledges that additional funding will be required to implement all of the new requirements in this rule and has built in waivers. The initial waiver period of one year may be renewed or extended by the department annually thereafter. No change in the language of this rule will be made.

COMMENT: 9 CSR 30-3.022(1). Three commenters requested that the waiver be expanded to include the increased requirements on outcomes, clinical utilization review on programs other than Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs, drug testing, diagnostic interview, implementing the levels of care in outpatient programs and on increasing the minimum staff requirement from one to two in residential settings.

RESPONSE: The Department recognizes the concerns of the commenters. However, current rules require existing quality systems in agencies and the outcomes are basic areas that should already be addressed by all agencies. Agencies should consider existing measures and processes currently being utilized in their organization as the most efficient means of complying with these requirements. Clinical utilization review is already in the standards for some programs and exists as a function in other programs. The Department disagrees that levels of care for outpatient will increase cost. Additionally it should be noted that the require-

ment for a diagnostic interview is already waived in 9 CSR 30-3.022(1)(A)1. The requirement about drug testing 9 CSR 30-3.100(11) is permissive language and not mandatory. The requirement for two staff members in residential settings is only intended to clarify the existing requirement that one staff member be available in the detoxification program and one in the residential program, for a total of two staff available at all times in residential settings. No change will be made in the rule.

COMMENT: 9 CSR 30-3.022(1)(B)(2). One commenter recommended that waivers be linked to funding.

RESPONSE: This rule does link waivers to funding and the department declines to change the language of the rule.

COMMENT: 9 CSR 30-3.022(1)(C). One commenter expressed concern that the proposed standards will result in increased referrals to CSTAR programs making it difficult for CSTAR programs to comply with standards. The commenter recommended that CSTAR programs be eligible to request waivers in order to adjust staffing patterns and obtain additional funding.

RESPONSE: The Department disagrees with the premise of this comment and declines to make a change in the rule.

COMMENT: 9 CSR 30-3.022(7). Two commenters expressed concern that small agencies with rural satellite offices would not be able to meet all the new service requirements. The fear was that this would result in the closing of small programs.

RESPONSE: The Department does not intend to require every satellite office to provide all possible services on-site. We do not agree that the additional requirements will cause the closing of small programs. The Department believes that, with the waiver provisions, all programs can comply. No change has been made in response to this comment.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.030** Governing Authority **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 729). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

**9 CSR 30-3.032** Certification of Alcohol and Drug Abuse Programs **is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 729-730). 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: 9 CSR 30-3.032(4)(A)1.-5. One person commented that the five requirements listed under this rule will make it difficult to establish new sites.

RESPONSE: The Department has considered the comment and disagrees. No change has been made in response to this comment.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.040 Client Rights is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 730). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.050 Planning and Evaluation is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 730-731). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.060 Environment is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 731). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.070 Fiscal Management is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 731). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.080 Personnel is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 731). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

**9 CSR 30-3.100 is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 731-734). Those sections with changes are reprinted

here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:**

**COMMENT:** 9 CSR 30-3.100(3)(A), (B), (C). One person commented that the requirement for services to family members would be difficult to meet with present funding.

**RESPONSE:** The requirement for services to family members is in the current Comprehensive Substance Treatment and Rehabilitation (CSTAR) rules and there is a waiver of this requirement under 9 CSR 30-3.022(1)(A)3. until sufficient funding is obtained. The Department declines to make changes.

**COMMENT:** 9 CSR 30-3.100(3)(B). One person commented that family members should only be involved in treatment with the consent/release of the client. The agency should not be held responsible if the client does not wish to engage the family.

**RESPONSE:** Confidentiality is addressed in 9 CSR 10-7.020(3). Agencies are not held responsible for the refusal of the client to involve their family. The Department declines to make changes.

**COMMENT:** 9 CSR 30-3.100(4). One person objected to the specialized training required to provide services for women without the inclusion of specialized training in order to serve other populations.

**RESPONSE:** Other sections in the rule package require training specific to the needs of the population served. The Department declines to make changes.

**COMMENT:** 9 CSR 30-3.100(5)(D). One person commented that the language contained in this rule is restrictive and it is difficult to address the needs of an adolescent with only supported recovery or recovery maintenance.

**RESPONSE AND EXPLANATION OF CHANGE:** The intent is to allow non-adolescent programs the ability to provide limited service to adolescents when their needs can be sufficiently addressed at the supported recovery level. When a more intense level of service is indicated the adolescent must be referred to a specialized adolescent treatment program. This rule is not being changed in response to this comment. Additionally, it should be noted that in response to comments under 9 CSR 30-3.130, "recovery maintenance" has been removed as a level of service, therefore the Department is removing reference to recovery maintenance from this subsection.

**COMMENT:** 9 CSR 30-3.100(7). Three individuals expressed concern about the increased costs associated with employing a qualified diagnostician.

**RESPONSE:** This is covered under 9 CSR 30-3.022(1)(A) and allows for a waiver. No change will be made in this rule.

**COMMENT:** 9 CSR 30-3.100(7)(A). One commenter requested the addition of Licensed Professional Counselor (LPC) to the approved list of providers that may perform the diagnostic evaluation portion of the Initial Standardized Assessment Protocol (ISAP).

**RESPONSE:** The Department supports the addition of Licensed Professional Counselors as qualified diagnosticians. We find nothing in statute or in statewide practice that precludes Licensed Professional Counselors from performing the diagnostic evaluation that is part of the ISAP.

**COMMENT/RESPONSE AND EXPLANATION OF CHANGE:** Also regarding subsection (7)(A), the department has made several wording changes for clarification. The department has removed "board-certified psychiatrist" from the list of qualified persons in this subsection because a board-certified psychiatrist is already included in another category, i.e. licensed physician. The department has also eliminated another category from the subsection,

namely "other professionals licensed to do so in the state of Missouri" because any individuals included in this category would also be included in one of the other categories mentioned in this subsection.

**COMMENT:** 9 CSR 30-3.100(8). Five comments expressed concern that the requirement to provide or arrange transportation for clients is costly and would place a financial burden on providers. It was also mentioned that this might not be feasible for long-term programs such as methadone maintenance. Additionally, it was pointed out that there is no limit on distance and this would be an issue for rural providers.

**RESPONSE:** The Department would like to point out that this standard can be met by arranging for transportation. Also, waivers can be requested for transportation if the standard presents a hardship. No change will be made in this rule.

**COMMENT:** 9 CSR 30-3.100(10)(A), (B), (C). One commenter did not believe that programs should be required to discharge clients for incidents related to possession or use and that occasional use was part of the disease.

**RESPONSE:** The standard states "may result in termination from the program." The word "may" is used to allow discretion on the part of the provider in these instances. No change will be made in this rule.

**COMMENT:** 9 CSR 30-3.100(11). One commenter questioned the cost of drug tests as described in the rule.

**RESPONSE:** The rule is permissive and does not require providers to perform drug tests. No change will be made in this rule.

**COMMENT AND EXPLANATION OF CHANGE:** 9 CSR 30-3.100(12). Even though no comment was received the department notes that an additional section of the rule must be added to clarify that a qualified diagnostician as defined in section (7) of this rule must approve the treatment plan, and the department has added a new section (12) for this purpose. The existing section (12) and succeeding sections have been renumbered accordingly.

**COMMENT:** 9 CSR 30-3.100(13). Three comments expressed concern about the expansion of Clinical Utilization Review into Purchase of Service (POS) programs. Issues were raised about the amount of staff time devoted to these functions by agencies, the turnaround time for the review and the judgments of the reviewers.

**RESPONSE:** Clinical utilization review is already in existing standards for some programs and exists as a function for other programs. This standard does not represent a substantive departure from current practice. Therefore no changes will be made to this rule.

**9 CSR 30-3.100 Service Delivery Process and Documentation**

(5) Services to Adolescents. A program that lacks certification as a specialized program for adolescents must meet the following requirements in order to provide services to adolescents—

(D) Obtain clinical utilization review authorization that the adolescent may participate in services. Services are limited to the supported recovery level, unless otherwise authorized by clinical utilization review.

(7) Diagnosis. Eligibility for services shall include a diagnosis of substance abuse or dependency including all five (5) axis as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association.

(A) A face-to-face diagnostic interview shall be conducted as part of the assessment by a licensed physician, licensed psychologist, licensed clinical social worker, or licensed professional counselor.



(12) A qualified diagnostician as defined under section (7) of this rule shall approve the treatment plan.

(13) Reviewing Treatment Goals and Outcomes. The individual treatment plan shall be reviewed on a periodic basis and shall accurately reflect the person's needs and goals. Persons who receive services funded by the department or through a service network authorized by the department shall participate in continuing reviews of their progress and outcomes and updates of their plans within the following time frames:

(A) Ten (10) days for residential treatment and community-based primary treatment;

(B) Thirty (30) days for intensive outpatient rehabilitation;

(C) Ninety (90) days for other levels of care.

(14) Clinical Utilization Review. Services are subject to clinical utilization review when funded by the department or provided through a service network authorized by the department. Clinical utilization review shall promote the delivery of services that are necessary, appropriate, likely to benefit the client, and provided in accordance with admission criteria and service definitions.

(A) The department shall have authority in all matters subject to clinical utilization review including client eligibility and service definition, authorization, and limitations.

(B) Any service matrix or package that is developed by the department or its authorized representative shall include input from service providers.

(C) Clinical utilization review shall include, but is not limited to, the following situations regarding an individual client:

1. Length of stay beyond any specified maximum time period;

2. Service authorization beyond any specified maximum amount or cost;

3. Admission of adolescents into adult programs; and

4. Unusual patterns of service or utilization, based on periodic data analysis and norms compiled by the division.

(D) Clinical utilization review may be required of any client's situation and needs prior to initial or continued service authorization.

(E) The need for clinical utilization review may be identified and initiated by a provider, an individual client, or by the department.

(F) Clinical utilization review may include, but is not limited to, the following situations regarding a program:

1. Unusual patterns of service or utilization, based on periodic data analysis and norms compiled by the division regarding the utilization of particular services and total service costs; and

2. Compliance issues related to certification standards or contract requirements that can reasonably be monitored through clinical review.

(15) Credentialed Staff. Clinical utilization review shall be conducted by credentialed staff with relevant professional experience.

(16) Procedures for Clinical Utilization Review. Procedures shall be made available to all affected programs and services.

(A) Reviews shall be completed in a timely manner not to exceed three (3) working days from the time a request is received.

(B) To the extent feasible, a review request from a provider shall be made prior to the delivery of services.

1. No request made more than ninety (90) days after service provision shall be accepted or authorized by the department.

2. The provider is fully responsible for sending all pertinent information and documentation related to a clinical utilization review request.

(C) It is the responsibility of the provider to request a review regarding the appropriateness of admission and treatment services, if a provider considers a client to meet some but not all admission

criteria or if any reasonable question may exist or be raised about client eligibility for services.

(D) The department may require or initiate clinical utilization review of any situation related to client eligibility.

(E) Service authorization for a client may be continued, increased, reduced, or discontinued in accordance with a clinical utilization review decision.

(F) When a review determines that services have been inappropriate, unnecessary, or delivered to a client who does not meet eligibility and admission criteria, all service authorization for the client may be discontinued and any other necessary action may be taken.

(G) The department shall establish procedures for the review and appeal of an adverse clinical utilization review action. The provider may deliver services to the client during a review or appeal period, with the understanding that such services may not be authorized or funded. A provider or client may—

1. Request further review of an adverse action. The request must be in writing, identify the clinical factors warranting further review, and be received or postmarked within fifteen (15) days of the initial clinical utilization review action; and

2. Appeal any clinical utilization review decision to discontinue all service authorization for the client.

A. The appeal must be in writing, identify the reason for the appeal, and be received or postmarked within thirty (30) days of receiving notice that service authorization has been discontinued.

B. The department shall designate an Appeal Panel to make a final determination in the matter. The panel shall include one (1) or more representatives who are not staff members of the department and shall include at least one (1) member who is a substance abuse treatment provider.

C. Unless otherwise determined by the panel, its final decision shall be based on information available at the time of the initial clinical utilization review action.

## **Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 3—Alcohol and Drug Abuse Programs**

### **ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

9 CSR 30-3.110 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 735-737). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

#### **SUMMARY OF COMMENTS:**

COMMENT: 9 CSR 30-3.110(2). Two commenters expressed concern that this standard requires the provision of new services by Purchase of Service (POS) providers such as individual therapy, day treatment, codependency counseling, group counseling and family therapy. The commenter further indicated that POS providers have not previously been required to provide these services and the rule provides no new funding to cover such services. RESPONSE: The Department does not agree that the provision of individual therapy, day treatment, and group counseling are new responsibilities. POS programs are already providing these services. There is a waiver provision for community support, family therapy and codependency counseling under 9 CSR 30-3.022(1)(A) until additional funding is available. No changes will be made in this rule.

COMMENT: 9 CSR 30-3.110(7)(A)1. One commenter asked for clarification regarding the definition of a family member as it pertains to codependency services.

RESPONSE: Family member is defined in the core rules definitions section 9 CSR 10-7.140(2)(X). No changes were made in the rule.

COMMENT: 9 CSR 30-3.110(7)(A). One commenter asserts that codependency services should not be subject to the current participation in treatment services of the primary client.

RESPONSE: This standard does not represent a change in past practice of the Department. No change will be made in the rule.

COMMENT: One commenter identified an apparent conflict between 9 CSR 30-3.110(7)(C) and 9 CSR 30-3.110(7)(C)2. in terms of the maximum size of the group.

RESPONSE: The Department disagrees that a conflict exists. Section 9 CSR 30-3.110(7)(C)2. allows for the involvement of both the primary and family member together. Additionally, the language for this section is permissive and the provider has the option of structuring sessions as described. No change will be made to this rule.

COMMENT: 9 CSR 30-3.110(7)(D). One commenter indicated that the provider qualifications established under this subsection were too stringent and should be a recommendation, not a mandate.

RESPONSE: This is an existing requirement and no change will be made in this rule as a result of this comment.

COMMENT AND EXPLANATION OF CHANGE: Even though no specific comment was received the department notes that phrase "Codependency group and individual counseling" in subsection (7)(D) is unclear and has reworded the phrase to read "Individual and group codependency counseling."

COMMENT: 9 CSR 30-3.110(8)(A). One commenter is concerned that the children's service delivery activities listed under this rule require the use of licensed staff.

RESPONSE: The Department would like to point out that there is a second option in the rule to utilize unlicensed staff with masters degrees and at least two years of full-time qualifying experience. No change will be made in this rule.

COMMENT: 9 CSR 30-3.110(8)(C). One commenter questioned what standard should be used to make a determination that a child under the age of five has the requisite social and verbal skills to participate in and benefit from the service.

RESPONSE: This determination is left to the discretion of agency staff qualified to provide the service. The Department chooses not to specify a particular standard. No change will be made in the rule.

COMMENT: 9 CSR 30-3.110(9)(A). One commenter asserts that the definition of group counseling is too restrictive and does not allow individualization of the service.

RESPONSE: The Department disagrees. The definition includes reference to the individualized treatment plan and the key functions listed are meant to be illustrative, not all encompassing. No change will be made in the rule.

COMMENT: 9 CSR 30-3.110(10)(C). One commenter asks that the qualifications of individuals who conduct group education services be further defined and specify who determines the competency of the staff member.

RESPONSE: The agency needs to identify methods or criteria to insure that individuals providing this service are competent in the area they are presenting. Due to the broad range of topics, the Department wants to assure necessary flexibility and declines to be more specific in the rule. No change will be made in the rule.

COMMENT: 9 CSR 30-3.110(11)(B)7. One commenter raised the question of whether a community support worker can provide transportation.

RESPONSE: Community support workers are not to bill for transportation on a routine basis. The exception is clearly described in the rule. No change will be made in the rule.

COMMENT: 9 CSR 30-3.110(6)(D). One commenter asked that the standard for qualified family therapist include Qualified Substance Abuse Professional (QSAP) as eligible to provide the service. The commenter asserts that if the change is not made, then it should not be the responsibility of the agency to provide the service.

RESPONSE: The Department points out that a QSAP that is neither licensed nor certified may provide family therapy with close supervision as specified in the rule. The Department declines to lower this standard. Some programs will be eligible for a waiver on family therapy under 9 CSR 30-3.022(1). No change will be made in the rule.

### 9 CSR 30-3.110 Service Definitions and Staff Qualifications

(7) Codependency Counseling. Codependency counseling is a planned, face-to-face, goal-oriented therapeutic interaction with an individual or a group to address dysfunctional behaviors and life patterns associated with being a member of a family in which an individual has a substance abuse problem and is currently participating in treatment for substance abuse.

(D) Individual and group codependency counseling shall be provided by a person who meets the requirements as a—

1. Family therapist; or
2. Qualified substance abuse professional with training in family recovery.

## Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 3—Alcohol and Drug Abuse Programs

### ORDER OF RULEMAKING

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

9 CSR 30-3.120 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 737-739). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

#### SUMMARY OF COMMENTS:

COMMENT: 9 CSR 30-3.120(4). One commenter requested that advanced practice nurses be added as an option in place of the required physician backup.

RESPONSE: The Department considered this comment but is not changing the rule.

COMMENT: 9 CSR 30-3.120(5)(A)1. One commenter requested that the Department clarify the requirement to monitor blood alcohol concentration after admission. There was concern about additional cost and increased staff training.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees and is rewording 9 CSR 30-3.120(5)(A)1. so that the language is permissive and not mandatory. As a result of the language change, the department is reversing the numerical order of paragraphs (5)(A)1. and (5)(A)2.

COMMENT: 9 CSR 30-3.120(5). Two commenters were concerned about the additional cost associated with the requirement of having two staff on duty at all times in residential settings.

RESPONSE: The requirement for two staff in residential settings is only intended to clarify the existing requirement that one staff be available in the detoxification program and one in the residential program, for a total of two staff available at all times in residential settings. This is not a change from existing standards. No change will be made in the rule.

COMMENT: 9 CSR 30-3.120(8). Two commenters were concerned about the ability of some providers to comply with the collection of outcome data on key performance indicators without additional funding.

RESPONSE: The Department recognizes the concerns of the commenter. However, current rules require existing quality systems in agencies. The key indicators listed under the rule are intended to be illustrative and agencies should consider existing measures and process being used in their own organization as the most efficient means of complying with these requirements. No change will be made in the rule.

### 9 CSR 30-3.120 Detoxification

(5) Safety and Supervision. All detoxification services shall be provided in a humane manner and shall ensure the safety and well-being of persons served.

(A) There shall be monitoring and assessment of the person's physical and emotional status during the detoxification process.

1. Vital signs shall be taken on a regular basis, with the frequency determined by client need based on a standardized assessment instrument.

2. Blood alcohol concentration may be monitored upon admission and thereafter as indicated. Further testing of urine or blood may be conducted by qualified personnel.

## Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 3—Alcohol and Drug Abuse Programs

### ORDER OF RULEMAKING

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

9 CSR 30-3.130 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 739-741). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

#### SUMMARY OF COMMENTS:

COMMENT: 9 CSR 30-3.130(2)(A)4. Four commenters indicated that the recovery maintenance level of service is not clearly distinguishable from supported recovery and questioned the need for a new level.

RESPONSE AND EXPLANATION OF CHANGE: The Department agrees and is going to remove recovery maintenance as a level of care from paragraph (2)(A)4. In addition, the Department is removing references to "recovery maintenance" under paragraphs (2)(B)1., (2)(B)2., and (2)(B)3., of this rule. The Department is also rewording subparagraph (2)(C)1.A. to reflect the discontinuation of the recovery maintenance level of care. Finally, the Department is removing the entire section (7), which is a description of Recovery Maintenance and renumbering

the remaining sections accordingly. The Department will give further consideration to the Recovery Maintenance level of care and may reintroduce it in a revised form at a later date.

COMMENT: 9 CSR 30-3.130(2). Two commenters were concerned that the new rules concerning outpatient services would require contract amendments and changes in billing codes and reimbursement procedures.

RESPONSE: The Department recognizes the concerns associated with these issues but has included waivers for those services associated with increased costs to the provider. Billing issues and reimbursement mechanisms are not subject matter of the rule. No change will be made in the rule.

COMMENT: 9 CSR 30-3.130. As a general comment, one person suggested that conversion of all programs to Comprehensive Substance Treatment and Rehabilitation (CSTAR) would be preferable to meeting the service requirements of the new rules without the ability to bill Medicaid.

RESPONSE: These rules allow waiver of many of the new service requirements the commenter is referencing. In addition, conversion of programs to CSTAR with associated Medicaid participation raises issues in terms of available matching funds and issues related to federal definitions of Institutions for Mental Diseases (IMD) that limit Medicaid participation in some residential programs. No change will be made in the rule.

COMMENT: 9 CSR 30-3.130(2)(B). One commenter asked why an agency would be limited to the provision of only one of the levels of care under this rule.

RESPONSE: The Department does not agree with this interpretation. An agency may choose to be certified for all levels of care under this rule. No change will be made in the rule.

COMMENT: One commenter identified a conflict in 9 CSR 30-3.130(3)(A) and (B), asserting that it is inconsistent with a person-centered approach.

RESPONSE: The Department does not agree there is an inconsistency. The language permits client entry at the level appropriate to match client needs based on clinical and standardized assessment protocols. No change has been made in the language.

COMMENT: 9 CSR 30-3.130(4), (5), (6). One commenter raised concerns that the hours of service required for the different levels would be difficult to meet in outpatient programs. The commenter suggested that the unintended consequence might be overdelivery of individual and group therapy if leisure or other services are not included. The commenter suggests that conversion to CSTAR would be more appropriate.

RESPONSE: The Department disagrees with the interpretation. It is stated in 9 CSR 30-3.130(3), "the levels of care shall be used in a manner that provides individualized treatment options and offers service intensity in accordance with the needs, progress and outcomes of each person served." No change will be made in this rule.

COMMENT: 9 CSR 30-3.130(4)(C)1. The commenter is concerned that the 40-hour per week requirement associated with community-based primary treatment is too high a standard and is particularly challenging in rural areas where clients may travel some distance to the program site. The commenter also questions whether these requirements are contradictory to individualized treatment principles.

RESPONSE: The Department disagrees with this interpretation. It is stated in 9 CSR 30-3.130(3) that, "the levels of care shall be used in a manner that provides individualized treatment options and offers service intensity in accordance with the needs, progress and outcomes of each person served." There is no requirement for

all clients to participate in 40 hours of services per week, only that the services are available. No change will be made in this rule.

### 9 CSR 30-3.130 Outpatient Treatment

(2) Certified Levels of Care. Outpatient services shall be organized and certified according to levels of care. Each of the levels of care shall vary in the intensity and duration of services offered.

(A) The levels of care may include—

1. Community-based primary treatment. This level of care is the most structured, intensive, and short-term service delivery option with services offered on a frequent, almost daily basis;

2. Intensive outpatient rehabilitation. This level of care provides intermediate structure, intensity and duration of treatment and rehabilitation, with services offered on multiple occasions per week;

3. Supported recovery. This level of care provides treatment and rehabilitation on a regularly scheduled basis, with services offered on approximately a weekly basis unless other scheduling is clinically indicated.

(B) All outpatient services and levels of care offered by an organization shall be certified in accordance with this rule. An organization shall be certified as providing one of the following methods of outpatient service delivery:

1. Supported recovery;

2. Intensive outpatient rehabilitation and supported recovery;

or

3. Community-based primary treatment, intensive outpatient rehabilitation and supported recovery.

(C) Outpatient services shall be provided in a coordinated manner responsive to each person's needs, progress and outcomes.

1. The organization shall ensure that individuals can access an appropriate level of care.

A. If all three (3) outpatient levels of care are not offered, the organization shall demonstrate that it effectively helps persons to access other levels of care that may be available in the local geographic area, as needed.

B. The organization must demonstrate that it effectively helps persons to access detoxification and residential treatment services, as needed.

2. An organization with multiple service sites shall not be required to offer its certified levels of care at every site, if it can demonstrate that an individual has reasonable access to its levels of care through coordinated service delivery.

3. A light meal shall be served at a site to those individuals who receive services for a period of more than four (4) consecutive hours. Additional meals shall be provided, if warranted by the program's hours of operation.

(6) Supported Recovery. This level of care offers treatment on a regularly scheduled basis, while allowing for a temporary increase in services to address a crisis, relapse, or imminent risk of relapse. Services should be offered on approximately a weekly basis, unless other scheduling is clinically indicated.

(A) Eligibility for supported recovery shall be based on—

1. Lack of need for structured or intensive treatment;

2. Presence of adequate resources to support oneself in the community;

3. Absence of crisis that cannot be resolved by community support services;

4. Willingness to participate in the program, keep appointments, participate in self-help, etc.;

5. Evidence of a desire to maintain a drug-free lifestyle;

6. Involvement in the community, such as family, church, employer, etc.; and

7. Presence of recovery supports in the family and/or community.

(B) Expected outcomes for supported recovery are to—

1. Maintain sobriety and minimize the risk of relapse;

2. Improve family and social relationships;

3. Promote vocational/educational functioning; and

4. Further develop recovery supports in the community.

(C) The program shall offer at least three (3) hours of service per week. Each person shall be expected to participate in any combination of services determined to be clinically necessary.

(7) Continued Services. The treatment episode or level of care shall be reviewed for the appropriateness of continued services if the person presents repeated relapse incidents, a pattern of non-compliance or poor attendance, threats or aggression toward staff or other clients, or failure to comply with basic program rules.

(8) Discharge Criteria. Each person's length of stay in outpatient services shall be individualized, based on the person's needs and progress in achieving treatment goals.

(A) An individual should be considered for successful completion and discharge from outpatient services upon—

1. Recognizing and understanding his/her substance abuse problem and its impacts;

2. Achieving a continuous period of sobriety;

3. Absence of immediate or recurring crisis that poses a substantial risk of relapse;

4. Stabilizing emotional problems, when applicable (for example, not experiencing serious psychiatric symptoms, taking psychotropic medication as prescribed, etc.);

5. Demonstrating independent living skills;

6. Implementing a relapse prevention plan; and

7. Developing family and/or social networks which support recovery and a continuing recovery plan.

(B) A person may be discharged from outpatient services before accomplishing these goals if—

1. Commitment to continuing services is not demonstrated by the client; or

2. No further progress is imminent or likely to occur.

(9) Performance Indicators. The program shall maintain performance indicators related to the goals and expected outcomes for its outpatient services.

(A) Performance indicators may include, but are not limited to, the following:

1. Consumer satisfaction with services;

2. Feedback from community agencies and referral sources;

3. Number of clients who successfully complete the treatment episode and/or levels of care;

4. Varying, individualized length of stay for successful completion;

5. Number of clients who drop out or are otherwise unsuccessfully discharged;

6. Number of readmissions or hospitalizations within thirty (30) days and other time periods;

7. Rate of involvement in community self-help groups;

8. Rate of participation by family members;

9. Periods of sobriety; and

10. Changes in the functioning of clients (such as Global Assessment of Functioning (GAF) score changes, stabilized living arrangements, emotional symptoms, legal status, family functioning, employment).

(B) Each program shall use performance indicators in its quality improvement process.

(C) The department may establish and require, at its option, the use of designated indicators in order to promote consistency and the wider applicability of this data. The required use of designated indicators shall be applicable only to those services funded by the department or provided through a service network authorized by the department.

**Title 9—DEPARTMENT OF MENTAL HEALTH**  
**Division 30—Certification Standards**  
**Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

9 CSR 30-3.132 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 750-753). 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:**

**COMMENT AND EXPLANATION OF CHANGE:** Even though no specific comment was received the department has changed the term “methadone treatment” to “opioid treatment” in order to remain consistent with terminology in federal guidelines. This revision occurs as follows in the rule:

- the title of the rule;
- section (1);
- subsection (1)(C);
- section (2);
- paragraph (2)(B)1.;
- part (2)(B)2. A. (II);
- paragraph (4)(A)3.;
- subparagraph (4)(A)3.A.;
- subparagraph (4)(A)3.B.;
- subsection (4)(B);
- paragraph (4)(B)1.;
- subsection (5)(B)—two occurrences;
- paragraph (5)(B)1.;
- paragraph (5)(B)2.;
- subsection (5)(C);
- paragraph (5)(C)1.;
- subsection (5)(D);
- section (6);
- subsection (6)(B);
- subsection (8)(A);
- subsection (10)(A); and
- section (11).

**COMMENT:** 9 CSR 30-3.132. One commenter expressed concern that the implementation of proposed rules for substance abuse programs, including family therapy, would impact Methadone programs in a unique way.

**RESPONSE:** The Department understands the concern expressed in the comment and has waived those new requirements listed in 9 CSR 30-3.022 that involve additional expense to the provider. Since waiver requirements have already been included in the rule, the Department will not change the proposed amendment.

**COMMENT AND EXPLANATION OF CHANGE:** Even though no specific comment was received the department is revising subsection (8)(A) to make the rule more consistent with federal guidelines by limiting the take-home dosage of methadone to one dose each week.

**COMMENT:** 9 CSR 30-3.132(8)(E)1. One commenter recommended that take-home dosages during Phase 5 be limited to thirteen days.

**RESPONSE AND EXPLANATION OF CHANGE:** The Department agrees with this recommendation and will change paragraph (8)(E)1. to read, “During phase V, the program may issue 13-day take home doses at a time.”

**COMMENT:** 9 CSR 30-3.132(8)(E)2. One commenter suggested that this rule should mandate at least one hour of individual counseling during this phase.

**RESPONSE:** The Department believes that the amendment, as proposed, is appropriate and allows for greater flexibility. The Department will not change the proposed amendment.

**COMMENT:** 9 CSR 30-3.132(8)(E)3. One commenter suggested that the treatment plan be reviewed and updated every six months during Phase 5.

**RESPONSE AND EXPLANATION OF CHANGE:** The Department agrees with the suggestion and will change paragraph (8)(E)3. to read “The treatment plan shall be reviewed and updated at least every six (6) months during this phase.”

**COMMENT:** 9 CSR 30-3.132(8). One commenter suggested a new section be added—(8)(F) as follows: “Phase 6, for clients who have been admitted for more than five years and completed Phase 5.” The commenter also proposed one hour of individual counseling per month, 27-day take-home dosages, and updating of the treatment plan every six months during the proposed Phase 6.

**RESPONSE AND EXPLANATION OF CHANGE:** The Department agrees with the suggestion that a phase 6 is appropriate but notes that, in order to come closer to federal guidelines, phase 6 is applicable for clients after three years instead of five years as recommended in the comment.

**COMMENT:** 9 CSR 30-3.132(9)B. One commenter suggested rewording of this proposed amendment to include a provision regarding acts of violence that can result in transfer and discharge.

**RESPONSE:** The Department considers the proposed amendment to be adequate. Threats of violence or acts of bodily harm are considered infractions by the current definition and can result in discharge from the program. The Department will not change the proposed amendment.

**COMMENT:** 9 CSR 30-3.132(9). One commenter suggested that a new subsection be added to the proposed amendment regarding client relapses or failure to meet phase criteria.

**RESPONSE:** The Department agrees with the suggestion and will add (9)(C), “A client who either relapses or ceases to meet the progressive phase criteria for which they have been granted may, at the discretion of the Medical Director, be moved to a phase that the Medical Director determines is necessary to reestablish stability.”

**COMMENT:** 9 CSR 30-3.132(12)B. One commenter suggested a rewording of the rule regarding the frequency of collection of samples for drug screening, requesting that no minimum be established and screens would only be conducted based on client behavior.

**RESPONSE:** The Department disagrees that the wording needs to be changed. The Department will not change the proposed amendment.

**COMMENT:** 9 CSR 30-3.132. One commenter expressed concern that the waivers for new services were time-limited.

**RESPONSE:** The Department points out that under 9 CSR 30-3.022(1)(B)1., “The initial waiver period of one (1) year may be renewed or extended by the department annually thereafter.” No change will be made in the amendment.

COMMENT: 9 CSR 30-3.132(4)(A). One commenter suggested changing the wording of this rule so that family therapy could be provided or referred.

RESPONSE: Family Therapy is one of the services included in the wavier under 9 CSR 30-3.022(1)(A). No change will be made in the amendment.

### 9 CSR 30-3.132 Opioid Treatment Program

(1) Eligibility for Certification and Service Delivery. Prior to delivering opioid treatment services, an agency must apply for and receive provisional certification from the department.

(C) In order to be certified as an opioid treatment program, the program shall comply with applicable local, state and federal laws and regulations including those under the jurisdiction of the Food and Drug Administration and the Drug Enforcement Administration.

(2) Treatment Goals and Performance Outcomes. Opioid treatment services shall be organized to achieve key goals and performance outcomes.

(B) Performance outcomes related to these goals shall be measured in a consistent manner. Measures shall include, but are not limited to—

1. Increasing employment and productive activities. Clients should be involved in employment or other productive activities. For those persons who have been in opioid treatment for six (6) months or longer, seventy percent (70%) shall be working, attending job training or school, be a homemaker, or have a medically documented disability; and

2. Reducing or eliminating the use of illicit drugs. Random urine drug screening shall be used to measure the program's effectiveness in helping clients' progress toward this goal.

A. The following aggregate results shall be expected from random urine drug screening conducted each month—

(I) For all clients tested, seventy percent (70%) shall be free of all drugs; and

(II) For those clients tested who have been in opioid treatment for one (1) consecutive year or longer, eighty percent (80%) shall be free of opiates.

B. In calculating these performance outcomes, the following categories of clients may be exempted—

(I) Persons admitted to the program within the past ninety (90) days;

(II) Persons undergoing administrative withdrawal due to program infraction(s) or other circumstance; and

(III) Persons undergoing withdrawal against medical advice.

(4) Services. The program shall provide a range of treatment and rehabilitation services to address the therapeutic needs of persons served.

(A) Services shall include:

1. Individual counseling, group education, and counseling, family therapy, community support;

2. Medical evaluations; and

3. Use of methadone for medically supervised withdrawal from narcotics and for ongoing opioid treatment.

A. Medically supervised withdrawal means the dispensing of methadone in decreasing doses to an individual in order to alleviate adverse physiological or psychological effects incidental to withdrawal from the continuous or sustained use of narcotics and in order to bring the individual to a drug-free state within a one hundred eighty (180)-day time period.

B. Ongoing opioid treatment means the dispensing of methadone for more than one hundred eighty (180) days in the treatment of an individual for dependence on heroin or other morphine-like drug.

(B) While eventual withdrawal from the use of all drugs, including methadone, may be an appropriate treatment goal, some clients may remain in opioid treatment for relatively long periods of time.

1. Periodic consideration shall be given to withdrawing from continued opioid treatment, when appropriate to the individual's progress and goals.

2. Such consideration and decisions shall be determined by the client and the program staff as part of an individualized treatment planning process.

(5) Admission Criteria. The program shall provide treatment and rehabilitation, which includes the use of methadone, to those persons who demonstrate physiologic dependence to heroin and other morphine-like drugs. Priority for admission shall be given to women who are pregnant and to persons who are Human Immunodeficiency Virus (HIV) positive. Persons who are not residents of the state of Missouri shall comprise no more than twenty percent (20%) of the clients of the program.

(B) In order to qualify for initial admission to ongoing opioid treatment, the applicant must demonstrate physiologic dependence and continuous or episodic addiction for the one (1)-year period immediately prior to application for admission. Documentation must indicate clinical signs of dependence, past use patterns and treatment history, etc. The following exceptions may be made to the minimum admission requirements for opioid treatment:

1. The program may place a pregnant applicant on a methadone treatment regimen, regardless of age, if the applicant has had a documented dependency on heroin or other morphine-like drugs in the past and may be in direct jeopardy of returning to such dependency, with its attendant dangers during pregnancy. The applicant need not show evidence of current physiologic dependence if a program physician certifies the pregnancy and, in his/her reasonable clinical judgment, justifies opioid treatment;

2. For an applicant who is under the age of eighteen (18), the program shall document two (2) unsuccessful attempts at drug-free treatment prior to admission to ongoing opioid treatment. The program shall not admit any person under the age of sixteen (16) to a program without the prior approval of the Division of Alcohol and Drug Abuse; and

3. An applicant who has been residing in a correctional institution for one (1) month or longer may enroll in a program within fourteen (14) days before release or discharge or within six (6) months after release from such an institution without evidence of current physiologic dependence on narcotics provided that prior to institutionalization the client would have met the one (1)-year admission criteria.

(C) In order to qualify for readmission to opioid treatment, the applicant must demonstrate current physiologic dependence.

1. The program may waive this requirement if it documents prior opioid treatment of six (6) months or more and discharge within the past two (2) years.

2. At the discretion of its medical director, the program may require an applicant who has received administrative detoxification due to an infraction of program rules to wait a minimum of thirty (30) days prior to applying for readmission.

(D) The medical director may refuse the admission of an applicant and/or opioid treatment to a particular client if, in the reasonable clinical judgment of the medical director, the person would not benefit from such treatment. Prior to such a decision, appropriate staff should be consulted and the reason(s) for the decision must be documented by the medical director.

(6) Admission and Assessment Protocol. The opioid treatment program shall—

(B) Obtain the applicant's signature on a consent to treatment, ensuring that the client understands the risks and benefits of opioid treatment and the possibility of administrative detoxification for infractions of program rules;

(8) Phases of Treatment. The program shall utilize six (6) structured phases of treatment and rehabilitation to indicate client progress and to establish requirements regarding client attendance and service participation. The requirements listed below for each phase are minimum requirements and the frequency and extent of treatment and rehabilitation services shall be adjusted, based on individual client needs.

(A) Phase I consists of a minimum ninety (90)-day period in which the client attends the program for observation of opioid treatment daily or at least six (6) days a week. Take-home dosage is limited to a single dose each week.

1. During the initial ninety (90) days, the client shall participate in at least four (4) hours of counseling per month with at least two (2) of the hours being individual counseling.

2. During the initial ninety (90) days, the treatment plan shall be reviewed and updated on at least a monthly basis.

3. Prior to client moving to Phase II or receiving take-home medication, the client shall demonstrate a level of stability as evidenced by absence of alcohol and other drug abuse, regularity of program attendance, absence of significant behavior problems, absence of recent criminal activities, and employment, actively seeking employment or attending school if not retired, disabled, functioning as a homemaker, or otherwise economically stable.

(E) Phase V is designated for clients who voluntarily seek medically supervised withdrawal and abstinence from all drugs, including methadone as prescribed. A client may enter this phase at any time in the treatment and rehabilitation process.

1. During Phase V, the program may issue thirteen (13)-day take home doses at a time.

2. The counselor determines the frequency of counseling sessions with input from the client. At the onset of Phase V, the client may require an increased level of counseling and other support services.

3. The treatment plan shall be reviewed and updated at least every six (6) months during this phase.

(F) Phase VI is designated for clients who have been admitted more than three (3) years and who have successfully met progressive Phase V criteria.

1. During Phase VI, the program may issue twenty-seven (27)-day take home doses at a time.

2. The client shall participate in at least one (1) hour of counseling per month during this phase.

3. The treatment plan shall be reviewed and updated at least every six (6) months during this phase.

(9) Program Rules. In order to remain in the program and to successfully progress through the phases of treatment and rehabilitation, a client shall demonstrate progress and shall comply with program rules.

(C) A client who either relapses or ceases to meet the progressive phase criteria for which they have been granted may, at the discretion of the medical director, be moved to a phase that the medical director determines is necessary to reestablish stability.

(10) Safety and Health. The program shall establish and implement policies, procedures, and practices which ensure access to its services and which address the safety and health of its clients. The provider shall—

(A) Ensure continued opioid treatment in the event of emergency or natural disaster;

(11) Staff Training. All direct service and medical staff shall receive training relevant to service delivery in an opioid treatment setting. Each staff member shall participate in fourteen (14) clock hours of such training during a two (2)-year period.

**Title 9—DEPARTMENT OF MENTAL HEALTH**  
**Division 30—Certification Standards**  
**Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-3.134 Compulsive Gambling Treatment is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 753-755). 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:**

COMMENT: 9 CSR 30-3.134(5)(B). One commenter suggested that family members be able to participate in services with, or without, the gambler.

RESPONSE: Family members are able to receive services, regardless of the participation of the gambler. The Department will not change the proposed rule.

COMMENT: 9 CSR 30-3.134(6). One commenter was concerned that 25 hours of service authorization was inadequate for effective treatment.

RESPONSE: Services are not limited to 25 hours. Additional services are available through clinical review, when justified. The Department will not change the proposed rule.

**Title 9—DEPARTMENT OF MENTAL HEALTH**  
**Division 30—Certification Standards**  
**Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

**9 CSR 30-3.140 Residential Treatment is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 741-742). 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:**

COMMENT: 9 CSR 30-3.140. One commenter expressed concern that without additional funding, new rules would be difficult to implement.

RESPONSE: The Department understands the concern expressed in the comment and has waived those new requirements listed in 9 CSR 30-3.022 which involve additional expense to the provider. The Department will not change the proposed rule.

COMMENT: 9 CSR 30-3.140(2)(D). One commenter is concerned that programs will be unable to transfer clients to a more intense level of care, (i.e., outpatient to residential) without the Department's approval.

RESPONSE: Current standards contain utilization review as a function of the Department. This proposed standard does not represent a change from current practice. The Department will not change the proposed rule.

COMMENT: 9 CSR 30-3.140(3)(A)1. Three commenters expressed concern that expanding the minimum number of staff on

duty to two at all times in residential settings would result in a substantial cost to the providers.

RESPONSE: The requirement for two staff in residential settings is only intended to clarify the existing requirement that one staff be available in the detoxification program and one in the residential program, for a total of two staff available at all times in residential settings. This is not a change from existing standards. No change will be made in the rule.

COMMENT: 9 CSR 30-3.140(4)(A). One commenter was concerned that requiring a minimum of 50 hours of structured therapeutic activities to be provided was not fiscally viable.

RESPONSE: The Department does not require the provision of 50 hours of structured therapeutic activities weekly, only that there should be a current schedule of program activities that offers a minimum of 50 hours weekly. Those activities may or may not be delivered, depending upon the needs of the client population. The Department will not change the proposed rule.

COMMENT: 9 CSR 30-3.140(6). One commenter listed Performance Indicators as a concern, but made no specific comments regarding the proposed rule.

RESPONSE: The Department will not change the proposed rule.

COMMENT: 9 CSR 30-3.140(4), (5), (6). One commenter is concerned about the prescriptive nature of these proposed rules and believes it re-introduces specific participation requirements for clients.

RESPONSE: The Department acknowledges that these rules require programs to offer a minimum number of hours at each specific level of service. The Department believes that this is necessary to ensure fidelity to the program model and quality and consistency across programs. Client participation may be individualized based upon client needs or circumstances. The Department will not change the proposed rule.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

9 CSR 30-3.150 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 742). Changes have been made in the text of the proposed rule, so they are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:**

COMMENT: 9 CSR 30-3.150(1)(D). Four commenters indicated that the recovery maintenance level of service is not clearly distinguishable from supported recovery and questioned the need for a new level.

RESPONSE AND EXPLANATION OF CHANGE: The Department agrees and is going to remove recovery maintenance as a level of service, therefore the Department is removing reference to recovery maintenance from this rule.

COMMENT: Seven comments objected to the core rule requirement in 9 CSR 10-7.030(5), Service Delivery Process and Documentation, requiring agencies to initiate follow-up activities within 48 hours after a client misses an appointment. Another

commenter requested clarification about whether 9 CSR 30-7.030(5) replaces the Comprehensive Substance Treatment and Rehabilitation (CSTAR) rule that required follow-up within 24 hours.

RESPONSE AND EXPLANATION OF CHANGE: The Department agrees and 9 CSR 10-7.030(5) has been amended to allow provider discretion concerning follow-up activities. However, in order to maintain the fidelity of CSTAR programs, the wording contained in the core rule referenced above has been moved to 9 CSR 30-3.150 under a new section, (4).

**9 CSR 30-3.150 Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR)**

(1) Levels of Care. A CSTAR program shall provide the following levels of care on a nonresidential basis in accordance with the requirements for outpatient programs:

- (A) Primary treatment;
- (B) Intensive outpatient treatment; and
- (C) Supported recovery.

(4) Missed Appointments. If an individual fails to appear at a scheduled program activity, staff shall promptly initiate efforts to contact the person and maintain active program participation.

(A) Such efforts should be initiated within forty-eight (48) hours, unless circumstances indicate a more immediate contact should be made due to the person's symptoms and functioning or the nature of the scheduled service.

(B) Efforts to contact the person shall be documented in the individual's record.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

9 CSR 30-3.160 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 742-745). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: 9 CSR 30-3.160(2)(A), (B). During a review of the proposed rules the Department noted a typographical error, specifically that "and" should be changed to "or" at the end of section (A).

RESPONSE AND EXPLANATION OF CHANGE: The Department will make the necessary correction.

**9 CSR 30-3.160 Institutional Corrections Treatment Programs**

(2) Admission Criteria. The program shall provide treatment and rehabilitation for those persons who—

(A) Meet diagnostic criteria for a substance abuse or dependence as described in the current edition of the *Diagnostic and Statistical Manual* of the American Psychiatric Association; or

(B) Have been ordered by a court of jurisdiction or by the Board of Probation and Parole to participate in a substance abuse treatment program in an institutional setting under the auspices of the Department of Corrections.



**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

**9 CSR 30-3.190 Specialized Program for Women and Children is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 745-746). 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:**

**COMMENT:** 9 CSR 30-3.190(8). One commenter questioned how the requirement for all staff to demonstrate expertise in addressing the needs of women and children would be measured. **RESPONSE:** The Department declines to be more specific on this issue in order to allow the agency some flexibility in their employment and training practices. No change has been made in response to this comment.

**COMMENT:** 9 CSR 30-3.190(9)(A). One commenter expressed concern that one full time Registered Nurse does not adequately serve the needs of 16 bed facilities for pre- and post-partum women. They also stated additional nursing requirements would need to have a fiscal note attached.

**RESPONSE:** The Department acknowledges the multiple physical needs of the individuals served in our programs. The nursing service is not intended to meet all the physical health care needs of the clients. The nurse must arrange for external health care by performing assessments, triage and referral. The Department agrees that additional nursing staff requirements would have a fiscal note attached. The dollars are not available at this time for additional staff requirements; therefore, no change will be made to this proposed rule.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director adopts a rule as follows:

**9 CSR 30-3.192 is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2001 (26 MoReg 746-747). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:**

**COMMENT:** 9 CSR 30-3.192(5)(A). One commenter asked if staff other than the family therapist could complete a review of the adolescent's living arrangement and family situation.

**RESPONSE AND EXPLANATION OF CHANGE:** The Department agrees that the wording in this rule is not clear and has revised section (5) as follows: (5)(A) "This review shall be done by a family therapist." (5)(B) "Refusal by the family for an in-home assessment shall not constitute automatic denial of treatment

services for adolescents." The result is a revised subsection (A), a new subsection (B) and existing subsections (B), (C) and (D) were relettered as (C), (D), and (E).

**COMMENT:** 9 CSR 30-3.192(8)(B). One commenter asked if registered nurses could now complete history and physicals.

**RESPONSE AND EXPLANATION OF CHANGE:** 9 CSR 30-3.192(8)(B) states "In order to identify any medical needs that the adolescent may have, the program shall provide or arrange for a health evaluation by a registered nurse, advanced practice nurse, or physician." The Department understands that this statement could be misleading. Therefore, the rule has been rewritten to state that the program must provide or arrange for a history and physical examination performed by a physician licensed in Missouri or a nurse practitioner licensed and authorized to title and practice as an advanced practice nurse pursuant to 335.016, RSMo and who is engaged in a written collaborative practice arrangement as defined by law. Registered nurses may still conduct initial health screenings upon admission to a residential support setting, but this screening does not satisfy the requirement for a history and physical examination as defined above.

**COMMENT:** 9 CSR 30-3.192(11). Although no comment was received, the Department is changing the language of this section to reflect the limit of 16 beds in residential programs imposed by the federal Institutions for Mental Diseases (IMD) rule. This change is necessary now that all adolescent programs have been converted to the CSTAR model. Specifically, paragraph (11)(C) will open with, At a facility with thirteen through sixteen residents, and paragraph (D) will be eliminated.

**COMMENT:** 9 CSR 30-3.192(11)(E). One commenter requested clarification of the term "at all times" when used in reference to required supervision of adolescents.

**RESPONSE AND EXPLANATION OF CHANGE:** The Department notes that subsection (E) has been renumbered as (D) and will reword it as follows: "At a foster home funded by the department, a foster parent must provide or arrange for appropriate supervision of the adolescent(s) at all times."

**9 CSR 30-3.192 Specialized Program for Adolescents**

(5) Family Involvement. Each adolescent's living arrangement and family situation shall be reviewed by program staff in order to identify needs and to develop treatment goals and recovery supports for the adolescent and the family.

(A) This review shall be done by a family therapist.

(B) Refusal by the family for an in-home assessment shall not constitute automatic denial of treatment services for adolescents.

(C) The program shall actively involve family members in the treatment process, unless contraindicated for legal or clinical reasons which are documented in the client record.

(D) Staff shall orient the parent or legal guardian regarding—

1. Treatment philosophy and design;

2. Discipline and any behavioral management techniques used by the program;

3. Availability of staff to conduct home-based treatment and community support services;

4. Emergency medical procedures; and

5. Expectations about ongoing family participation.

(E) Staff shall seek family participation in treatment planning, service delivery and continuing recovery planning.

1. Services may include family participation in educational and counseling sessions.

2. Family participation in treatment planning shall be documented in the client record. In the event that the family does not participate, then staff shall document efforts to involve the family and reasons why the family did not participate.

(8) Safety and Health. The program shall maintain a safe, healthy environment which is responsive to the physical and medical needs of adolescents.

(B) The program must provide or arrange for a history and physical examination performed by a physician licensed in Missouri or a nurse practitioner licensed and authorized to title and practice as an advanced practice nurse pursuant to 335.016, RSMo and who is engaged in a written collaborative practice arrangement as defined by law. Registered nurses may still conduct initial health screenings upon admission to a residential support setting, but this screening does not satisfy the requirement for a history and physical examination as defined above.

(11) Staffing Patterns in a Residential Facility. The following minimum client to staff ratios shall be maintained at all times adolescents are present in a residential facility—

(C) At a facility with thirteen through sixteen (13–16) residents, three (3) staff members must be providing supervision of clients during program hours, with a required ratio of two (2) staff during designated client sleeping hours; and

(D) At a foster home funded by the department, a foster parent must provide or arrange for appropriate supervision of the adolescent(s) at all times.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.200 Research is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 747–748). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-3.201 Substance Abuse Traffic Offender Programs is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 758–759). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-3.202 SATOP Administration and Service Documentation is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 760–762). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-3.204 SATOP Personnel is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 762–763). 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:

COMMENT: 9 CSR 30-3.204. One commenter expressed concern that the standards require an increase in qualifications for a staff member to provide educational activities for Clinical Intervention Program (CIP) and Youth Clinical Intervention Program (YCIP). RESPONSE: The Department disagrees that there is any change in staff qualifications for the provision of educational activities. The general qualification remains that anyone the agency deems qualified by training and/or experience to provide group education may deliver CIP and YCIP educational activities. No change will be made in the amendment.

COMMENT: 9 CSR 30-3.204. One commenter asked for clarification on the definition of “Qualified Professional.” RESPONSE: “Qualified Substance Abuse Professional” (QSAP) has replaced “Qualified Professional” (QP) in all Substance Abuse Traffic Offender Program (SATOP) rules. QSAP is defined in 9 CSR 10-7.140(2)(QQ). No change will be made in the amendment as a result of this comment.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-3.206 SATOP Program Structure is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 764-767). 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:**

**COMMENT:** 9 CSR 30-3.206(5). One commenter was concerned that there is no clear provision for referring a client to a less intense level of service than what is indicated by the Driver Risk Inventory (DRI).

**RESPONSE:** The Department disagrees. The rule states in 9 CSR 30-3.206(2) that the Qualified Substance Abuse Professional makes the final determination about the appropriate level of service using a variety of objective and subjective indicators. No change will be made in the amendment.

**COMMENT:** 9 CSR 30-3.206(5)(F). One commenter was concerned about potential costs associated with a mental health evaluation. If the client does not follow through, will the agency be responsible?

**RESPONSE:** The language of the rule is permissive and states that the client "should" have any mental health needs met prior to completing any Substance Abuse Traffic Offender Program (SATOP) recommendation. There is no suggestion that the provider would be financially responsible for mental health services outside the scope of the SATOP program. No change will be made in the amendment.

**COMMENT:** 9 CSR 30-3.206(9)(A). One commenter was concerned that successful completion of a traditional 30-day residential treatment program would not, in itself, satisfy the requirement of this amendment.

**RESPONSE:** The Department agrees. The new requirement is that a prior or persistent offender be engaged in treatment services (inpatient, residential, outpatient, or any combination) for at least 90 days. No change will be made in this amendment.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-3.208 SATOP Supplemental Fee is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 768). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.210 Clients' Records is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 748). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.220 Referral Procedures is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 748). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-3.230 Required Educational Assessment and  
Community Treatment Program is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 768-772). 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:** 9 CSR 30-3.230(23)(C). One commenter was unsure as to specific documentation required in the remittance of the Required Educational Assessment and Community Treatment (REACT) supplemental fee.

**RESPONSE:** There is no change in the requirement for remitting the supplemental fee. The language in the amendment is clear. The provider is to list the client name and Social Security number of persons paying each supplemental fee. No change will be made in this amendment.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.240 Medication is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 748). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.250 Dietary Services is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 748-749). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-3.300 Prevention Programs is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 755-757). 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:

COMMENT: 9 CSR 30-3.300(5)(A), (B). One commenter expressed concern that some programs will not be able to employ staff that meet the requirements of this amendment.

RESPONSE: The Department notes that this is not a new requirement in prevention programs. However, the Department acknowledges the problems being encountered by some agencies in this area. The Department will review this issue, gather additional information, and revise the rule at a future time, if appropriate. Meanwhile, the Department will assist providers who may be out of compliance in developing action plans that will bring them into compliance. No change will be made in this amendment.

COMMENT: 9 CSR 30-3.300(9)(A)2. One commenter was concerned that this amendment would require the target population to include those individuals listed under paragraph 2.

RESPONSE: The Department disagrees that the amendment requires the target population to include the individuals listed under paragraph 2. The parties listed are for illustrative purposes only. The Department will not revise the amendment.

COMMENT: 9 CSR 30-3.300(9). One commenter suggested rewording of subsections (C) and (D) and inclusion of a new subsection (E). The commenter did not provide any rationale or justification for the suggested changes.

RESPONSE: The Department considered the comment but no changes will be made to the amendment.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.400 Social Setting Detoxification is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 749). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.410 Modified Medical Detoxification is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 749). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.420 Medical Detoxification Services is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 749). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.500 Residential Programs is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 749-750). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.510 Adolescent Program is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 750). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.600 Outpatient Programs is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 750). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.620 Information and Referral Program is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 755). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.621 Central Intake Program is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 755). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.710 Definitions is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 759). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.720 Procedures to Obtain Certification is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 759-760). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.740 Environment is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 762). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.770 Client Records is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 767). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.780 Curriculum and Training is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 767-768). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.810 Definitions is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 772). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.820** Procedures to Obtain Certification **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 772). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.830** Comprehensive Substance Treatment and Rehabilitation Program Description **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 772-773). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.840** Treatment and Rehabilitation Process **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 773). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.850** Service Provision **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 773). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.851** Specialized Program for Women and Children **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 773-774). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.852** Specialized Program for Adolescents **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 774). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.853 Adolescent Residential Support is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 774). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.860 Quality Assurance is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 774). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.870 Behavior Management is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 774-775). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.880 Client Records is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 775). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.890 Personnel, Staff Qualifications, Responsibilities and Training is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 775). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.900 Client Rights is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 775). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.910 Research is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 775-776). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.920 Governing Authority and Program Administration is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 776). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.930 Fiscal Management is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 776). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.940 Environment, Safety and Sanitation is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 776). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.950 Accessibility is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 776-777). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.960 Dietary Services is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 777). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 3—Alcohol and Drug Abuse Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-3.970 Medication Management is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 777). 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-4.010 Definitions is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 777-778). 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 have been received.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-4.020 Procedures to Obtain Certification is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 778-780). 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 have been received.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-4.030 is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 780-781). 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: Comments were received and the department is revising the amendment.

COMMENT AND EXPLANATION OF CHANGE: Even though no specific comment was received, the department has changed the title of service defined under 9 CSR 30-4.030(2)(AA) from Intensive Community Support to Intensive Community Psychiatric Rehabilitation in order to distinguish this service from a previous service no longer in use.

COMMENT: One commenter pointed out that the definitions for abuse and neglect in 9 CSR 30-4.030(2) are inconsistent with the definitions of the same terms in 9 CSR 10-5.200. The commenter suggests that the definitions be removed from the proposed amendment and that the amendment should make reference to 9 CSR 10-5.200 for these definitions.

RESPONSE AND EXPLANATION OF CHANGE: The Department agrees with this comment, and has revised the amendment as requested with respect to the definitions of physical abuse in subsection (JJ), sexual abuse in subsection (PP) and verbal abuse in subsection (RR). However the department does not have the option of referencing the definitions of Class I Neglect and Class II Neglect because these two definitions were not included in the proposed amendment. The department will revise the two definitions of neglect in a future proposed amendment.

COMMENT: One commenter suggested that the definition of a clinical social worker in 9 CSR 30-4.030(2)(HH)5. be changed in order to make the definition parallel to others defined under Mental Health Professional.

RESPONSE AND EXPLANATION OF CHANGE: The Department agrees with this comment, and has amended the language in 9 CSR 30-4.030(2)(HH)5. to reflect a clinical social worker licensed under Missouri law.

**9 CSR 30-4.030 Certification Standards Definitions**

(2) As used in 9 CSR 30-4.031-9 CSR 30-4.047, unless the context clearly indicates otherwise, the following terms shall mean:

(AA) Intensive Community Psychiatric Rehabilitation (CPR)—as defined in 9 CSR 30-4.043(2)(H);

(HH) Mental health professional—any of the following:

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

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

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

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

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

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

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

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

9. An advanced practice nurse—as set forth in section 335.011, RSMo, a nurse who has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for advanced practice nurses established by the board of nursing; and

10. A psychiatric pharmacist as defined in 9 CSR 30-4.030;  
(JJ) Physical abuse—in accordance with 9 CSR 10-5.200;  
(PP) Sexual abuse—in accordance with 9 CSR 10-5.200;  
(RR) Verbal abuse—in accordance with 9 CSR 10-5.200.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-4.031 Procedures to Obtain Certification for Centers  
is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 781-782). 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 have been received.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

9 CSR 30-4.032 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 783-784). 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: Comments were received and the department is revising the amendment.

COMMENT: Two commenters objected to the requirement in 9 CSR 30-4.032(2) that states the governing body must appoint the Community Psychiatric Rehabilitation (CPR) Director.

RESPONSE AND EXPLANATION OF CHANGE: The Department agrees with these comments, and has revised the amendment as requested.

**9 CSR 30-4.032 Administration**

(2) A CPR program director shall be appointed whose qualifications, authority and duties are defined in writing. The director shall have responsibility and authority for all operating elements of the CPR program, including all administrative and service delivery staff. If the CPR program director is not a qualified mental health professional as defined in 9 CSR 30-4.030, then the agency shall identify a clinical supervisor who is a qualified mental health professional who has responsibility for monitoring and supervising all clinical aspects of the program.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-4.033 Fiscal Management of Community Psychiatric  
Rehabilitation Programs is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 784-785). 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 have been received.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

9 CSR 30-4.034 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 785-787). Changes have been made in the text

of the proposed amendment, so it is reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:**

**COMMENT:** One commenter disagreed with the requirement in 9 CSR 30-4.034(3)(A) establishing the limit of caseload sizes in the rehabilitation level of care at 1:20, stating that high service needs in some areas of the state would result in persons being unserved if the caseload size limit is no more than 1:20.

**RESPONSE:** The Department does not agree with this comment, and believes that in order to effectively meet the needs of persons with serious mental illness, caseload sizes should not exceed 1:20 in the rehabilitation level of care. The Department declines to make any change in response to this comment.

**COMMENT:** Two commenters expressed concern with the maximum caseload size on an intensive community support team being fixed at 1:10, as required in 9 CSR 30-4.034(3)(E). One suggested that the caseload size be set at a range of 8–12 clients. The other was concerned that the language would require clients to be transferred to a different community support worker when they needed the intensive level of care, and suggested supervisors be utilized so clients could remain with their regular community support worker (CSW) during the time they were in the intensive level of care.

**RESPONSE:** The Department declines to make changes in response to these comments. The Department is still in the process of developing and implementing the intensive level of care in Community Psychiatric Rehabilitation (CPR). A low caseload size is considered essential to meeting the needs of persons in the intensive level of care, and no more than a 1:10 ratio is consistent with these types of programs nationally. The Department also disagrees that the language would require a client to be transferred to a new community support worker (CSW) upon entering the intensive level of care. The Department intends to implement a model for the intensive level of care that allows and encourages continuity of care with the current community support worker (CSW).

**COMMENT AND EXPLANATION OF CHANGE:** Even though no specific comment was received, the department has changed the title of service addressed under 9 CSR 30-4.034(3)(E) from Intensive Community Support to Intensive Community Psychiatric Rehabilitation in order to distinguish this service from a previous service no longer in use.

**COMMENT:** One commenter questioned the requirement in 9 CSR 30-4.034(5)(B) that states personnel policies and procedures shall include client abuse and neglect and procedures for investigating alleged violations. The commenter felt this was in conflict with the Department's statutory obligation to investigate all abuse and neglect complaints.

**RESPONSE:** The Department declines to make any changes in response to this comment. The requirement cited is not a new requirement, but has been part of the Community Psychiatric Rehabilitation (CPR) standards for a number of years. This language in the current rule does not require an agency to conduct their own investigation, but rather requires that policies and procedures address what client abuse and neglect is as defined by the Department, and address how the agency will be in compliance with Department requirements pertaining to allegations of abuse and neglect.

**COMMENT:** One person commenting on 9 CSR 30-4.034(10) suggested that the training requirements for Community Psychiatric Rehabilitation (CPR) staff not be increased by two (2) hours per year, and expressed concern that the thirty-six (36) hour training requirement every two (2) years did not match the twelve (12) hours per year requirement for training.

**RESPONSE:** The Department declines to make any changes in response to this comment. The requirement for thirty-six (36) hours of training every two (2) years is seen as consistent with preparing staff to effectively meet client needs. The requirement that at least twelve (12) hours of training occur each year assures that training will be spread out over the entire two-year period. The provider must assure at least twelve (12) hours of training occur each year and that at least thirty-six (36) hours of training occur every two (2) years.

**9 CSR 30-4.034 Personnel and Staff Development**

(3) The CPR provider shall ensure that an adequate number of appropriately qualified staff is available to support the functions of the program. The department shall prescribe caseload size and supervisory to staff ratios.

(E) For intensive community psychiatric rehabilitation, each team shall provide for a caseload size of no more than ten (10) clients to one (1) direct care staff member.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

9 CSR 30-4.035 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 787–789). Changes have been made in the text of the proposed amendment, so it is reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:**

**COMMENT:** Three persons commenting on 9 CSR 30-4.035(4) suggested that the Department specify the content for treatment plans, but not require that providers use the specific Individual Treatment Plan (ITP) form currently required.

**RESPONSE:** The Department does not agree with these comments, and declines to amend the language requiring use of a specific Department Individual Treatment Plan (ITP) form at this time. The Department will work together with providers to assess the need for standardized forms in light of upcoming federal requirements associated with Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines.

**COMMENT:** Three persons commenting on 9 CSR 30-4.035(5) asked that all licensed mental health professionals, not just psychologists, be allowed to sign off on treatment plans in lieu of the physician in cases where the client is not receiving medications. One commenter asked for the same thing for anyone meeting the Department's Qualified Mental Health Professional (QMHP) definition, which includes unlicensed professionals also.

**RESPONSE:** The Department disagrees with the comments regarding licensed professionals and unlicensed professionals being allowed to sign the treatment plan in lieu of the physician, and declines to make changes in the rule. In the past the Department has made several exceptions to physicians signing treatment plans. The Department believes any further exceptions will be inconsistent with the physician driven nature of the program and the expectations of state and federal Medicaid agencies.

COMMENT: Commenting on the same section, one person stated that the Council for Accreditation of Rehabilitation Facilities (CARF) treatment plan requirements overlapped Department of Mental Health (DMH) treatment plan requirements, and asked to have these requirements deemed for agencies having Council for Accreditation of Rehabilitation Facilities (CARF) accreditation.

RESPONSE: The Department has established deeming policies and practices in 9 CSR 10-7.130. The Department disagrees that requirements in this rule are entirely addressed by Council for Accreditation of Rehabilitation Facilities (CARF) standards and has chosen not to revise this rule.

COMMENT AND EXPLANATION OF CHANGE: Even though no specific comment was received, the department has changed the title of service referenced under 9 CSR 30-4.035(7) from Intensive Community Support to Intensive Community Psychiatric Rehabilitation in order to distinguish this service from a previous service no longer in use.

COMMENT: Commenting on 9 CSR 30-4.035(11), two persons asked that treatment plans not be required to be rewritten on an annual basis. They suggested reviewing and updating treatment plans every 90 days was sufficient.

RESPONSE: The Department declines to make changes based on these comments. Treatment planning is a critical process in the delivery of services to persons with mental illness. The Department feels strongly that providers should be constantly evaluating, and changing as necessary, treatment plans to reflect changing needs and responses to treatment. The Department believes that re-writing a new treatment plan annually promotes treatment teams taking a fresh look at persons with mental illness and encourages providers to make the treatment plan a working document reflecting current needs of the individual.

COMMENT AND EXPLANATION OF CHANGE: Even though no specific comment was received the department noted a typographical error in the proposed amendment under 9 CSR 30-4.035(15). This section makes reference to 9 CSR 10-7.030(6). The reference to section (6) is in error; it should be section (9). The department has revised the proposed amendment accordingly.

COMMENT: Commenting on the same section, two persons suggested that annual evaluations not be required, and that regular updates are more practical.

RESPONSE: The Department does not agree that annual evaluations should not be required in the Comprehensive Psychiatric Rehabilitation (CPR) program. This has been a fundamental requirement in this program since it was implemented, and assures that the most seriously ill individuals served in the program are assessed on a regular basis to review ongoing need and benefit from the program, establish continued eligibility for the program, and to guide service delivery to focus on changing needs. The Department declines to make changes based on these comments.

COMMENT: One commenter suggested that 9 CSR 30-4.035(18) be amended to limit recoupment to one unit of service when the treatment plan does not meet all requirements, stating that recouping all services for a documentation error was excessive.

RESPONSE: The Department declines to make any changes to this standard based on these comments. 9 CSR 30-4.035(18) states that all or part of payments are subject to recoupment when the services were not delivered under the direction of a treatment plan meeting minimum Department requirements. The standard does not mandate that payment for all services be recouped in such circumstances, but leaves the Department with some discretion as to the amount to recoup. It is the intent of the Department in this standard to establish the authority to recoup payments when a fundamental requirement of the service is not met. The Department intends to use discretion when determining the exact amount of recoupment, based on the particular deficiency.

### **9 CSR 30-4.035 Client Records of a Community Psychiatric Rehabilitation Program**

(7) The treatment plan, goals and objectives shall be completed within thirty (30) days of the client's admission to services. For clients admitted to the intensive level of community psychiatric rehabilitation, the treatment plan shall be developed upon admission to that level of care.

(15) CPR program staff shall prepare and enter a discharge summary in the client's record when the client has been discharged from the CPR program. This discharge summary shall meet all requirements in 9 CSR 10-7.030(9).

## **Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 4—Mental Health Programs**

### **ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

#### **9 CSR 30-4.036 Research by a Community Psychiatric Rehabilitation Program is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 789-790). 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 have been received.

## **Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 4—Mental Health Programs**

### **ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

#### **9 CSR 30-4.037 Client Environment in a Community Psychiatric Rehabilitation Program is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 790). No changes have been made in the proposed rescission, so it 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 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 4—Mental Health Programs**

### **ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

9 CSR 30-4.038 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 790-791). 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: One comment was received and the department is revising the amendment.

COMMENT: One commenter recommended amending the language in 9 CSR 30-4.038(2) to clarify that a client has a right to have the treatment plan explained orally and to be given a copy of the treatment plan, but not to have the plan explained in writing.

RESPONSE: The Department agrees with this comment and has amended the language in 9 CSR 30-4.038(2) accordingly.

**9 CSR 30-4.038 Client Rights for Community Psychiatric Rehabilitation Programs**

(2) The client shall have the right to have the treatment plan explained orally and to be given a copy of the treatment plan.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-4.039 Service Provision is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 791). 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 have been received.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-4.040 Quality Assurance is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 791-792). 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: One comment was received but the department is not revising the amendment.

COMMENT: One commenter stated that additional resources would need to be given to administrative agents in order to comply with the requirement in 9 CSR 30-4.040(2) that Community Psychiatric Rehabilitation (CPR) programs monitor compliance of affiliate programs and subcontractors with applicable program standards.

RESPONSE: The Department does not agree with this comment. This section continues requirements that have been in the standards for many years that hold the certified Community Psychiatric Rehabilitation (CPR) provider agency responsible for assuring compliance with program standards for any affiliates and subcontractors who deliver services that are billed by the Community Psychiatric Rehabilitation (CPR) provider and paid directly to the provider agency. The Department declines to make changes based on this comment.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-4.041 Medication Procedures at Community Psychiatric Rehabilitation Programs is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 792-793). 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 have been received.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

9 CSR 30-4.043 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 793-795). 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: Comments were received and the department is revising the amendment.

COMMENT: As a general comment, two persons stated the proposed rule did not include several issues they had hoped to see, including expanding the service menu to add individual, group, and family therapy, and an intensive Psychosocial Rehabilitation Program (PSR) service for children that would allow Families First and Day Treatment to be integrated into the Comprehensive Psychiatric Rehabilitation (CPR) program.

RESPONSE: The Department is continuing to evaluate the clinical and financial implications of adding new services to the

Comprehensive Psychiatric Rehabilitation (CPR) program, and reserves the right to propose further rule changes at a later date.

COMMENT: One commenter recommended the Department amend several sections of 9 CSR 30-4.043(2)(H) to reflect language more inclusive of children and youth with severe emotional disorders.

RESPONSE AND EXPLANATION OF CHANGE: The Department agrees and has reworded the entire subsection to include the details in a single paragraph in 9 CSR 30-4.043(2)(H).

COMMENT AND EXPLANATION OF CHANGE: Even though no specific comment was received, the department has changed the title of service defined under 9 CSR 30-4.043(2)(H) from Intensive Community Support to Intensive Community Psychiatric Rehabilitation in order to distinguish this service from a previous service no longer in use.

**9 CSR 30-4.043 Treatment Provided by Community Psychiatric Rehabilitation Programs**

(2) The CPR provider shall provide the following community psychiatric rehabilitation services to eligible clients, as prescribed by individualized treatment plans:

(H) Intensive Community Psychiatric Rehabilitation (CPR) is a level of support designed to help consumers who are experiencing an acute psychiatric condition, alleviating or eliminating the need to admit them into a psychiatric inpatient or residential setting. It is a comprehensive, time-limited, community-based service delivered to consumers who are exhibiting symptoms that interfere with individual/family life in a highly disabling manner. Intensive CPR is provided by treatment teams delivering services that will maintain the consumer within the family and significant support systems and assist consumers in meeting basic living needs and age appropriate developmental needs. This level of CPR is intended for consumers who have extended or repeated hospitalizations, crisis episodes, or who are at imminent risk of being removed from their home or current living situation to a more restrictive living situation, or who require assistance in transitioning from a highly restrictive setting to a community-based alternative, including specifically persons being discharged from inpatient psychiatric settings who require assertive outreach and engagement. A treatment team comprised of individuals required to provide the specific services identified on the Individualized Treatment Plan (ITP), delivers this level of service to consumers with serious mental illness and serious emotional disturbance who meet CPRP eligibility criteria.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-4.044 Behavior Management is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 795). No changes have been made in the proposed rescission, so it 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-4.100 Governing Authority is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 795). No changes have been made in the proposed rescission, so it 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-4.110 Client Rights is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 795-796). No changes have been made in the proposed rescission, so it 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-4.120 Environment is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 796). No changes have been made in the proposed rescission, so it 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-4.130 Fiscal Management is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 796). No changes have been made in the proposed rescission, so it 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-4.140 Personnel is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 796). No changes have been made in the proposed rescission, so it 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-4.150 Research is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 796-797). No changes have been made in the proposed rescission, so it 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 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-4.160 Client Records is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 797-798). 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: Comments were received but the department is not revising the proposed amendment.

COMMENT: Two persons commenting on 9 CSR 30-4.160(3) asked that treatment plans not be required to be rewritten on an annual basis. They suggested reviewing and updating treatment plans every 90 days was sufficient.

RESPONSE: The Department declines to make changes based on these comments. Treatment planning is a critical process in the delivery of services to persons with mental illness. The Department feels strongly that providers should be constantly evaluating, and changing as necessary, treatment plans to reflect changing needs and responses to treatment. The Department believes that rewriting a new treatment plan annually promotes treatment teams taking a fresh look at persons with mental illness and encourages providers to make the treatment plan a working document reflecting current needs of the individual.

COMMENT: Three persons commenting on 9 CSR 30-4.160(7) stated it was excessive to recoup all services for a documentation error on a treatment plan. One of these commenters suggested limiting recoupment to one unit of service in these circumstances.

RESPONSE: The Department declines to make any changes to this standard based on these comments. 9 CSR 30-4.160(7) states that all or part of payments are subject to recoupment when the services were not delivered under the direction of a treatment plan meeting minimum Department requirements. The standard does not mandate that all services be recouped in such circumstances, but leaves the Department with some discretion as to the amount to recoup. It is the intent of the Department in this standard to establish the authority to recoup payments when a fundamental requirement of the service is not met. The Department intends to use discretion when determining the exact amount of recoupment, based on the particular deficiency.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-4.170 Referral Procedures is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26



MoReg 798). No changes have been made in the proposed rescission, so it 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 9—DEPARTMENT OF MENTAL HEALTH**  
**Division 30—Certification Standards**  
**Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director rescinds a rule as follows:

**9 CSR 30-4.180 Medication is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2001 (26 MoReg 798). No changes have been made in the proposed rescission, so it 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 9—DEPARTMENT OF MENTAL HEALTH**  
**Division 30—Certification Standards**  
**Chapter 4—Mental Health Programs**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Mental Health under sections 577.001 and 630.050, RSMo 2000, the director amends a rule as follows:

**9 CSR 30-4.190 Treatment is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2001 (26 MoReg 798-799). 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 have been received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES**  
**Division 10—Air Conservation Commission**  
**Chapter 2—Air Quality Standards and Air Pollution Control Rules Specific to the Kansas City Metropolitan Area**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo 2000, the commission amends a rule as follows:

**10 CSR 10-2.210 is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 507-517). 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 Missouri Department of Natural Resources' Air Pollution Control Program received comments from three sources; Safety-Kleen Corporation, the U.S. Environmental Protection Agency (EPA) and the Missouri Air Conservation Commission (MACC). The comments focused on support of the amendment, language clarity, language addition, changes and fiscal note corrections.

COMMENT: Safety-Kleen commented that they support the concept of moving towards lower volatility materials in cold cleaning degreasing operations and phase-in rule compliance similar to what was adopted by Maryland, Illinois and most recently, the St. Louis Metropolitan Area.

RESPONSE: The department's Air Pollution Control Program appreciates Safety-Kleen's support of this amendment. No changes were made as a result of this comment.

COMMENT: Safety-Kleen requested that the intent of the exemption in part (3)(B)1.C.(X) be clarified as to whether all equipment that is used to clean spray guns is exempt or just units that use up to a five-gallon container. If the intent is to limit the exemption to units that use up to a five-gallon container, Safety-Kleen recommends changing the exemption language to allow containers that do not exceed sixteen gallons in size when kept tightly covered. Sixteen-gallon containers are used currently in remote reservoir configurations and the amount of volatile organic compound (VOC) emissions being produced is not dependent on the size of solvent container.

RESPONSE AND EXPLANATION OF CHANGE: The department's Air Pollution Control Program's intention is to exempt small quantity solvent use and control large quantity solvent use. The exemption was written for spray gun cleaners using five-gallon containers based on technical discussions with Safety-Kleen during the development of the proposed rule amendment. It was not known that sixteen-gallon containers were also being used. No technical data was provided for spray gun cleaners using sixteen-gallon containers. Therefore, the department's Air Pollution Control Program has retained the five-gallon limitation. However, the exemption language has been changed to clarify the intent of part (3)(B)1.C.(X).

COMMENT: The EPA commented that the exemption in part (3)(B)1.C.(I) should be changed to less than five gallons since smaller quantity containers are available and this change would result in control of more VOC emissions.

RESPONSE: The five gallon exemption is included to exempt small quantity users of cold cleaning solvents. The department's APCP believes that this exemption level is appropriate to avoid regulating extremely small sources of VOC emissions from cold cleaning operations. Therefore, no changes were made as a result of this comment.

COMMENT: The EPA recommends that the term—optical device—in the exemption in part (3)(B)1.C.(VII) be defined in section (2) similar to the definition for—medical device.

RESPONSE: The department's Air Pollution Control Program agrees with this comment but research did not result in finding an appropriate definition. After further discussion with the EPA, it was decided that no change would be made to the rule language at this time.

COMMENT: The EPA commented that the initial and final compliance dates are not the beginning of the ozone season. They recommended changing the compliance dates to coincide with the beginning of the ozone season.

RESPONSE: The department's Air Pollution Control Program must allow sufficient time for the affected facilities and sources to comply with the rule. To allow sufficient compliance time, no changes were made as a result of this comment.

COMMENT: The EPA recommended that subsection (4)(A) include a provision to allow the director to require additional record keeping, if necessary, to adequately demonstrate compliance. Adding this provision would make the requirements of this rule similar to the St. Louis rule requirements.

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, the department's Air Pollution Control Program has added the recommended language to subsection (4)(A). At the same time, it was noticed that there was duplication of language in subsections (4)(A) and (4)(E) concerning records that shall be made available to the director upon request and the duplicate language in subsection (4)(A) has been removed.

COMMENT: The Missouri Air Conservation Commission questioned the Private Entity Fiscal Note calculations based on the tons reduction per day figures and requested a Private Fiscal Note check be performed and any necessary revisions made.

RESPONSE AND EXPLANATION OF CHANGE: The department's APCP examined the Private Entity Fiscal Note as requested and discovered an error in the calculation. Total VOC emissions were used to calculate the total cost in the original Private Entity Fiscal Note. Estimated VOC emissions reductions should have been used instead. The result is a lowered Private Entity Fiscal Note. The Private Entity Fiscal Note has been revised to incorporate the correct calculations and costs.

COMMENT: The proposed rulemaking publication in the March 1, 2001 *Missouri Register* was missing a line of text from the public entity fiscal note that was filed.

RESPONSE AND EXPLANATION OF CHANGE: As a result, the complete public entity fiscal note that was filed with the proposed rulemaking is being re-run with the order of rulemaking.

### 10 CSR 10-2.210 Control of Emissions From Solvent Metal Cleaning

#### (3) General Provisions.

##### (B) Equipment Specifications.

##### 1. Cold cleaners.

##### A. After August 30, 2002—

(I) No owner or operator shall allow the operation of any cold cleaner using a cold cleaning solvent with a vapor pressure greater than 2.0 millimeters of Mercury (mmHg) (0.038 psi) at twenty degrees Celsius (20°C) (sixty-eight degrees Fahrenheit (68°F)) unless the cold cleaner is used for carburetor cleaning;

(II) No supplier of cold cleaning solvents shall sell or offer for sale any cold cleaning solvent with a vapor pressure greater than 2.0 mmHg (0.038 psi) at twenty degrees Celsius (20°C)(sixty-eight degrees Fahrenheit (68°F)) for use within Clay, Jackson and Platte Counties unless the cold cleaning solvent is used for carburetor cleaning;

(III) No owner or operator shall allow the operation of any cold cleaner using a cold cleaning solvent for the purpose of carburetor cleaning with a vapor pressure greater than 7.0 mmHg (0.133 psi) at twenty degrees Celsius (20°C)(sixty-eight degrees Fahrenheit (68°F)); and

(IV) No supplier of cold cleaning solvents shall sell or offer for sale any cold cleaning solvent for the purpose of carburetor cleaning with a vapor pressure greater than 7.0 mmHg (0.133 psi) at twenty degrees Celsius (20°C)(sixty-eight degrees Fahrenheit (68°F)) for use within Clay, Jackson and Platte Counties.

##### B. After August 30, 2003—

(I) No owner or operator shall operate or allow the operation of any cold cleaner using a cold cleaning solvent with a vapor pressure greater than 1.0 mmHg (0.019 psi) at twenty degrees Celsius (20°C)(sixty-eight degrees Fahrenheit (68°F)) unless the cold cleaner is used for carburetor cleaning;

(II) No supplier of cold cleaning solvents shall sell or offer for sale any cold cleaning solvent with a vapor pressure greater than 1.0 mmHg (0.019 psi) at twenty degrees Celsius (20°C)(sixty-eight degrees Fahrenheit (68°F)) for use within Clay, Jackson and Platte Counties unless the cold cleaning solvent is used for carburetor cleaning;

(III) No owner or operator shall allow the operation of any cold cleaner using a cold cleaning solvent for the purpose of carburetor cleaning with a vapor pressure greater than 5.0 mmHg (0.095 psi) at twenty degrees Celsius (20°C)(sixty-eight degrees Fahrenheit (68°F)); and

(IV) No supplier of cold cleaning solvents shall sell or offer for sale any cold cleaning solvent for the purpose of carburetor cleaning with a vapor pressure greater than 5.0 mmHg (0.095 psi) at twenty degrees Celsius (20°C) (sixty-eight degrees Fahrenheit (68°F)) for use within Clay, Jackson and Platte Counties.

#### C. Exemptions.

(I) Sales of cold cleaning solvents in quantities of five (5) gallons or less shall be exempt from the requirements of parts (3)(B)1.A.(II), (3)(B)1.A.(IV), (3)(B)1.B.(II) and (3)(B)1.B.(IV) of this rule.

(II) The cleaning of electronic components shall be exempt from the requirements of parts (3)(B)1.A.(I) and (3)(B)1.B.(I) of this rule.

(III) Solvent cleaning operations which meet the emission control requirements of 10 CSR 10-2.230, 10 CSR 10-2.290 and 10 CSR 10-2.340 shall be exempt from the requirements of parts (3)(B)1.A.(I) and (3)(B)1.B.(I) of this rule.

(IV) Cold cleaners using aqueous solvents shall be exempt from the requirements of parts (3)(B)1.A.(I), (3)(B)1.A.(III), (3)(B)1.B.(I) and (3)(B)1.B.(III) of this rule.

(V) Cold cleaners using solvents regulated under any federal National Emission Standard for Hazardous Air Pollutants shall be exempt from the requirements of parts (3)(B)1.A.(I), (3)(B)1.A.(III), (3)(B)1.B.(I) and (3)(B)1.B.(III) of this rule.

(VI) Any cold cleaner with a liquid surface area of one (1) square foot or less or a maximum capacity of one (1) gallon or less shall be exempt from the requirements of parts (3)(B)1.A.(I) and (3)(B)1.B.(I) of this rule.

(VII) The cleaning of medical and optical devices shall be exempt from the requirements of parts (3)(B)1.A.(I) and (3)(B)1.B.(I) of this rule.

(VIII) Air-tight or airless cleaning systems shall be exempt from the requirements of parts (3)(B)1.A.(I) and (3)(B)1.B.(I) of this rule if the following requirements are met.

(a) The equipment is operated in accordance with the manufacturer's specifications and operated with a door or other pressure sealing apparatus that is in place during all cleaning and drying cycles.

(b) All waste solvents are stored in properly identified and sealed containers, and managed in compliance with the Missouri Hazardous Waste Management Commission rules codified at 10 CSR 25, as applicable. All associated pressure relief devices shall not allow liquid solvents to drain out.

(c) Spills during solvent transfer shall be wiped up immediately or managed in compliance with the Missouri Hazardous Waste Commission rules codified at 10 CSR 25, as applicable, and the used wipe rags shall be stored in closed containers.

(d) A differential pressure gauge shall be installed to indicate the sealed chamber pressure.

(IX) Janitorial and institutional cleaning shall be exempt from the requirements of parts (3)(B)1.A.(I) and (3)(B)1.B.(I) of this rule.

(X) Paint spray gun and nozzle cleaning machines with the exception of remote open top spray gun cleaning machines shall be exempt from the requirements of parts (3)(B)1.A.(I) and (3)(B)1.B.(I) of this rule. Paint spray guns and nozzles only may be cleaned in solvent-based materials capable of stripping hardened paint, provided the solvent reservoir (not to exceed five (5) gallons in size) is kept tightly covered at all times except when being accessed. All remote paint spray gun cleaning machines shall be operated within the manufacturers' specifications. All remote closed top spray gun cleaning machines shall not be operated unless the cover is closed and shall be closed or covered when not in use.

D. An owner or operator of a cold cleaner may use an alternate method for reducing cold cleaning emissions if the owner or operator shows the level of emission control is equivalent to or greater than the requirements of parts (3)(B)1.A.(I), (3)(B)1.A.(III), (3)(B)1.B.(I) and (3)(B)1.B.(III) of this rule. This alternate method must be approved by the director.

E. Each cold cleaner shall have a cover which will prevent the escape of solvent vapors from the solvent bath while in the closed position or an enclosed reservoir which will limit the escape of solvent vapors from the solvent bath whenever parts are not being processed in the cleaner.

F. When one (1) or more of the following conditions exist, the design of the cover shall be such that it can be easily operated with one (1) hand such that minimal disturbing of the solvent vapors in the tank occurs. (For covers larger than ten (10) square feet, this shall be accomplished by either mechanical assistance such as spring loading or counterweighting or by power systems):

(I) The solvent volatility is greater than 0.3 psi measured at one hundred degrees Fahrenheit (100°F), such as in mineral spirits;

(II) The solvent is agitated; or

(III) The solvent is heated.

G. Each cold cleaner shall have a drainage facility which will be internal so that parts are enclosed under the cover while draining.

H. If an internal drainage facility cannot fit into the cleaning system and the solvent volatility is less than 0.6 psi measured at one hundred degrees Fahrenheit (100°F), then the cold cleaner shall have an external drainage facility which provides for the solvent to drain back into the solvent bath.

I. Solvent sprays, if used, shall be a solid fluid stream (not a fine, atomized or shower-type spray) and at a pressure which does not cause splashing above or beyond the freeboard.

J. A permanent conspicuous label summarizing the operating procedures shall be affixed to the equipment.

K. Any cold cleaner which uses a solvent that has a solvent volatility greater than 0.6 psi measured at one hundred degrees Fahrenheit (100°F) or heated above one hundred twenty degrees Fahrenheit (120°F) must use one (1) of the following control devices:

(I) A freeboard ratio of at least 0.75;

(II) Water cover (solvent must be insoluble in and heavier than water); or

(III) Other control systems with a mass balance demonstrated overall VOC emissions reduction efficiency greater than or equal to sixty-five percent (65%). These control systems must receive approval from the director prior to their use.

(4) Reporting and Record Keeping.

(A) The owner or operator of a solvent metal cleaning or degreasing operation shall keep monthly inventory records of solvent types and amounts purchased and solvent consumption. These records shall include all types and amounts of solvent containing

waste material transferred to either a contract reclamation service or to a disposal facility and all amounts distilled on the premises. The records also shall include maintenance and repair logs for both the degreaser and any associated control equipment. The director may require additional record keeping if necessary to adequately demonstrate compliance with this rule.

*REVISED PRIVATE COST: This proposed amendment will cost \$595,255 in FY2003 and \$1,354,320 in FY2004. For the years after FY2004, the total annualized aggregate cost is \$2,001,442 for the life of the rule. Note attached fiscal note for assumptions that apply.*

**FISCAL NOTE  
PUBLIC ENTITY COST**

**I. RULE NUMBER**

Title: 10- Department of Natural Resources

Division: 10- Air Conservation Commission

Chapter: 2- Air Quality Standards and Air Pollution Control Rules Specific to the Kansas City Metropolitan Area

Type of Rulemaking: Proposed Amendment

Rule Number and Name: 10 CSR 10-2.210 Control of Emissions From Solvent Metal Cleaning

**II. SUMMARY OF FISCAL IMPACT**

| Affected Agency or Political Subdivision                              | Estimated Cost of Compliance in the Aggregate |
|---|---|
| Missouri Department of Natural Resources, Kansas City Regional Office | \$1,167,098                                   |
| Kansas City Department of Health, Air Pollution Control Section       | \$1,167,098                                   |

Note: These aggregate costs are based on an estimated 30-year life of the rule.

**III. WORKSHEET**

The public entity costs are based on two additional full-time employees (FTE) required to complete inspections of both suppliers and users of cold cleaning solvents. One FTE will be located at the Missouri Department of Natural Resources' Kansas City Regional Office (KCRO) and one FTE will be located at the Kansas City Department of Health, Air Pollution Control Section.

Fiscal year 2003 salaries are for Environmental Specialist I (ES I) positions. After one year of service, positions are upgraded to Environmental Specialist II (ES II).

First Fiscal Year (2003)

Monthly Salary for ES I: \$2,097  
Annual salary for ES I: \$25,163  
Fringe benefits: 26.4% of annual salary, or \$6,643  
One time costs for office furniture, supplies, computers, etc.: \$11,874

Rule will be effective for only last ten months of fiscal year 2003:

Annual salaries:  $(\$25,163) \times (2 \text{ FTE}) \times (0.833) = \$41,922$

Annual fringe:  $(\$6,643) \times (2 \text{ FTE}) \times (0.833) = \$11,067$

Fiscal year 2004

First two months of fiscal year 2004 will have ES I position. Last ten months of fiscal year 2004 will have ES II position. Additional increase in salary will be two steps on the pay grid plus one percent cost of living increase.

Monthly salary for ES I: \$2,139

Monthly salary for ES II: \$2,595  
 Fringe for ES I: \$1,129 (2 months)  
 Fringe for ES II: \$6,850 (10 months)

Annual salary:  $[(\$2,139/\text{month}) \times (2 \text{ months}) \times (2 \text{ FTE})] + [(\$2,595/\text{month}) \times (10 \text{ months}) \times (2 \text{ FTE})] = \$60,447$

Annual fringe:  $[(\$1,129) \times (2 \text{ FTE})] + [(\$6,850) \times (2 \text{ FTE})] = \$15,958$

#### Fiscal Year 2005

Monthly salary for ES II: \$2,646  
 Annual fringe for ES II: \$8,384

Annual salary:  $(\$2,646/\text{month}) \times (12 \text{ months}) \times (2 \text{ FTE}) = \$63,516$

Annual fringe:  $(\$8,384) \times (2 \text{ FTE}) = \$16,768$

| <u>Affected Entity</u>                            | <u>Fiscal Year 2003</u> | <u>Fiscal Year 2004</u> | <u>Fiscal year 2005</u> |
|---|-------------------------|-------------------------|-------------------------|
| Missouri Department of<br>Natural Resources, KCRO |                         |                         |                         |
| -Salary   | \$20,961                | \$30,224                | \$31,758                |
| -Fringe (26.4%)                                   | \$ 5,534                | \$ 7,979                | \$ 8,384                |
| -One-time expenses*                               | \$11,874                | \$ 0                    | \$ 0                    |
| Subtotal  | \$38,369                | \$38,203                | \$40,142                |
| Kansas City Department of<br>Health               | \$38,369                | \$38,203                | \$40,142                |
| Total   | \$76,738                | \$76,406                | \$80,284                |

\* One time office expenses include office furniture, supplies, computers, etc.

The total annualized aggregate cost is \$80,284 for the life of the rule after fiscal year 2005.

#### IV. ASSUMPTIONS

1. Expansion positions are assumed to be entry level positions starting at the base fiscal year 2000 pay scale. Fiscal years beyond fiscal year 2000 were escalated based on a one percent cost of living increase.
2. Inspections are expected to occur at the cold cleaning suppliers and the emission sources. Suppliers and large industrial sources will be inspected once per year. Other sources will be inspected as frequently as possible given the large number of service and maintenance oriented sources.
3. One-time expenses include office furniture, supplies, computers, etc. and is the fiscal year 2000 one-time expense.

**FISCAL NOTE  
 PRIVATE ENTITY COST**

**I. RULE NUMBER**

Title: 10- Department of Natural Resources

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Division: 10- Air Conservation Commission

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Chapter: 2- Air Quality Standards and Air Pollution Control Rules Specific to the Kansas City Metropolitan Area

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Type of Rulemaking: Proposed Amendment

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Rule Number and Name: 10 CSR 10-2.210 Control of Emissions From Solvent Metal Cleaning

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**II. SUMMARY OF FISCAL IMPACT**

| Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule: | Classification by types of the business entities which would likely be affected: | Estimate in the aggregate as to the cost of compliance with the rule by the affected entities: |
|--|--|--|
| Approximately 1600 area sources  | Maintenance operations, service operations, solvent suppliers                    | \$44,070,077   |
| Industrial sources consisting of 13 point sources  | Manufacturers  | \$12,094,638   |

Note: These aggregate costs are based on an estimated 30-year life of the rule

**III. WORKSHEET**

The control of emissions from solvent metal cleaning will cost approximately \$810 per ton of controlled volatile organic compound (VOC) emission. The base year for this cost is 1998.

Point Sources

Total annual VOC emissions for the Kansas City Metropolitan Area from 13 point sources of cold cleaning based on 1998 emissions data are 521.47 tons.

First year of impact is fiscal year 2003.

Costs for the first year of impact are based on the 1998 cost increased by 2% per year.

Fiscal year 2003 emissions control cost per ton is  $\$810 \times (1.02)^5 = \$894$  per ton

Fiscal year 2003 emissions are 521.47 tons

During first year of impact in the Kansas City Metropolitan Area, the rule will be effective only last ten months (10/12) of fiscal year 2003 and will reduce emissions by thirty-three percent (33%).

Fiscal year 2003 emission reductions are  $521.47 \text{ tons} \times .33 = 172 \text{ tons}$

For fiscal year 2003, costs will be  $\$894/\text{ton} \times 172 \text{ tons} \times (10/12) = \$128,140$

Second year of impact is fiscal year 2004.

During second fiscal year of impact, the rule will further reduce emissions by an additional thirty-three percent (33%) for a total emissions reduction of sixty-seven percent (67%) from the base year and costs will increase by 2%.

Fiscal year 2004 control cost per ton is  $\$894/\text{ton} \times 1.02 = \$912$  per ton

Fiscal year 2004 emission reductions are  $[(521.47 \times .33 \times (2/12))] + [(521.47 \times .67 \times (10/12))] = 320$  tons

For fiscal year 2004, costs will be  $\$912/\text{ton} \times 320 \text{ tons} = \$291,840$

Third year of impact is fiscal year 2005.

During third fiscal year of impact, the rule will remain at 67% emissions reduction and the costs will increase by 2%.

Fiscal year 2005 control cost per ton is  $\$912/\text{ton} \times 1.02 = \$930$  per ton

Fiscal year 2005 emission reductions are  $521.47 \text{ tons} \times .67 = 349$  tons

For fiscal year 2005, costs will be  $\$930/\text{ton} \times 349 \text{ tons} = \$324,570$

#### Area Sources

Total 1999 daily VOC emissions from area sources located in the Kansas City Metropolitan Area are estimated to be 12,177 pounds per day based on the 1999 Base Year Emissions Inventory for the Kansas City Metropolitan Area ozone nonattainment area.

Total annual emissions from these sources are (sources are assumed to operate six days per week and fifty two weeks per year):

$(6.09 \text{ tons/day}) \times (6 \text{ days/week}) \times (52 \text{ weeks/year}) = 1,900.1 \text{ tons of VOC/year}$

First year of impact is fiscal year 2003.

Costs for the first year of impact are based on the 1998 cost increased by 2% per year.

Fiscal year 2003 emissions control cost per ton is  $\$810 \times (1.02)^5 = \$894$  per ton

Fiscal year 2003 emissions are 1,900.1 tons

During first year of impact in the Kansas City Metropolitan Area, the rule will be effective only last ten months (10/12) of fiscal year 2003 and will reduce emissions by thirty-three percent (33%).

Fiscal year 2003 emissions reductions are  $1,900.1 \text{ tons} \times .33 = 627$  tons

For fiscal year 2003, costs will be  $\$894/\text{ton} \times 627 \text{ tons} \times (10/12) = \$467,115$

Second year of impact is fiscal year 2004.

During second fiscal year of impact, the rule will further reduce emissions by an additional thirty-three percent (33%) for a total emissions reduction of sixty-seven percent (67%) from the base year and costs will increase by 2%.

Fiscal year 2004 control cost per ton is  $\$894/\text{ton} \times 1.02 = \$912$  per ton

Fiscal year 2004 emission reductions are  $[1,900.1 \times .33 \times (2/12)] + [1,900.1 \times .67 \times (10/12)] = 1,165$  tons

For fiscal year 2004, costs will be  $\$912/\text{ton} \times 1,165 \text{ tons} = \$1,062,480$

Third year of impact is fiscal year 2005.

During third fiscal year of impact, the rule will remain at 67% emissions reduction and the costs will increase by 2%.

Fiscal year 2005 control cost per ton is  $\$912/\text{ton} \times 1.02 = \$930$  per ton

Fiscal year 2005 emission reductions are  $1,900.1 \times .67 = 1,273$  tons

For fiscal year 2005, costs will be  $\$930/\text{ton} \times 1,273 \text{ tons} = \$1,183,890$

Summary of Aggregate Annual Costs

| <u>Affected Category</u>                    | <u>Fiscal Year 2003</u><br>(10 Months) | <u>Fiscal Year 2004</u> | <u>Fiscal Year 2005</u> |
|---|--|-------------------------|-------------------------|
| Kansas City Metropolitan Area Point Sources | \$128,140                              | \$291,840               | \$324,570               |
| <u>Area Sources</u>                         | <u>\$467,115</u>                       | <u>\$1,062,480</u>      | <u>\$1,183,890</u>      |
| Total                                       | \$595,255                              | \$1,354,320             | \$1,508,460             |

For the years after fiscal year 2005, the annualized aggregate cost is approximately \$2,001,442 for the life of the rule.

**IV. ASSUMPTIONS**

1. The cost figure of \$810 per ton of VOC reduced from cold cleaning operations is a conservative estimate based on studies done in other states. This cost figure represents the high end of the spectrum of possible costs. Costs are the result of additional training for personnel operating cold cleaners and a slight increase in the cost per unit for lower vapor pressure cold cleaning solvents. Additionally, cost savings from the increased life span of the low vapor pressure cold cleaning solvents due to their inherent ability to evaporate at a slower rate than other cold cleaning solvents with higher vapor pressures. This cost saving could not be estimated and was not included in this fiscal note.
2. The VOC emissions from cold cleaning operations associated with area sources are estimated in the 1999 Base Year Inventory for the Kansas City Metropolitan Area ozone nonattainment area. The emissions estimates are based on an emissions factor of 87 pounds of VOC per employee per year. Total number of employees is for only those businesses that participate in activities associated with cold cleaning.
3. Because these processes are batch type that would not experience the same growth that would be seen with industrial sources and the emissions are dominated by area source emissions for which little actual emissions data exists, the emissions growth rate is assumed to be zero.
4. The number of area source entities is based on 1997 Standard Industrial Classification and 1998 North American Industry Classification System (NAICS) Census Data.
5. The number of point source entities is based on 1998 NAICS Census Data.
6. Total annual VOC emissions from point sources for the Kansas City Metropolitan Area are based on 1998 emissions data.
7. Cost calculations are based on a two percent (2%) annual cost increase.



**Title 10—DEPARTMENT OF NATURAL RESOURCES**  
**Division 25—Hazardous Waste Management**  
**Commission**  
**Chapter 1—Organization**

**ORDER OF RULEMAKING**

By the authority vested in the Hazardous Waste Management Commission under section 260.370, RSMo 2000, the commission amends a rule as follows:

**10 CSR 25-1.010 Organization is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 518). 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 HEARING TESTIMONY: At the public hearing before the Hazardous Waste Management Commission on April 12, 2001, the department testified that the proposed amendment was necessary to accurately reflect the authorization status of the Missouri Hazardous Waste Program. The rule contains references to the dates on which the department has been authorized by the United States Environmental Protection Agency to implement the Resource Conservation and Recovery Act in the state of Missouri. New dates need to be added to reference the most recent dates on which the department has been authorized.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES**  
**Division 25—Hazardous Waste Management**  
**Commission**  
**Chapter 3—Hazardous Waste Management System:**  
**General**

**ORDER OF RULEMAKING**

By the authority vested in the Hazardous Waste Management Commission under section 260.370, RSMo 2000, the commission amends a rule as follows:

**10 CSR 25-3.260 Definitions, Modifications to Incorporations, and Confidential Business Information is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 518-520). 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 HEARING TESTIMONY: During the public hearing before the Missouri Hazardous Waste Management Commission on April 12, 2001, the department testified that the proposed amendment will incorporate by reference 40 CFR Part 260 of the July 1, 2000 edition of the *Code of Federal Regulations* to include changes to Part 260 between July 1, 1997 and July 1, 2000.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES**  
**Division 25—Hazardous Waste Management**  
**Commission**  
**Chapter 4—Methods for Identifying Hazardous Waste**

**ORDER OF RULEMAKING**

By the authority vested in the Hazardous Waste Management Commission under section 260.370, RSMo 2000, the commission amends a rule as follows:

**10 CSR 25-4.261 Methods of Identifying Hazardous Waste is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 521-523). 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 HEARING TESTIMONY: During the public hearing before the Missouri Hazardous Waste Management Commission on April 12, 2001, the department testified that the proposed amendment will incorporate by reference 40 CFR Part 261 of the July 1, 2000 edition of the *Code of Federal Regulations* to include changes to Part 261 between July 1, 1997 and July 1, 2000.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES**  
**Division 25—Hazardous Waste Management**  
**Commission**  
**Chapter 5—Rules Applicable to Generators of**  
**Hazardous Waste**

**ORDER OF RULEMAKING**

By the authority vested in the Hazardous Waste Management Commission under section 260.370, RSMo 2000, the commission amends a rule as follows:

**10 CSR 25-5.262 Standards Applicable to Generators of Hazardous Waste is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 523-529). 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 HEARING TESTIMONY: During the public hearing before the Missouri Hazardous Waste Management Commission on April 12, 2001, the department testified that the proposed amendment will incorporate by reference 40 CFR Part 262 of the July 1, 2000 edition of the *Code of Federal Regulations* to include changes to Part 262 between July 1, 1997 and July 1, 2000. The department further testified that the proposed amendment is necessary to implement changes to Chapter 260 of the Hazardous Waste Management Law pertaining to registration requirements for hazardous waste generators. These changes were a portion of Senate Bill 577, passed by the 2000 Missouri General Assembly.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES**  
**Division 25—Hazardous Waste Management**  
**Commission**  
**Chapter 7—Rules Applicable to Owners/Operators of**  
**Hazardous Waste Facilities**

**ORDER OF RULEMAKING**

By the authority vested in the Hazardous Waste Management Commission under section 260.370, RSMo 2000, the commission amends a rule as follows:

**10 CSR 25-7.264** Standards for Owners and Operators of Hazardous Waste Treatment, Storage and Disposal Facilities **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 530-531). 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 HEARING TESTIMONY: During the public hearing before the Missouri Hazardous Waste Management Commission on April 12, 2001, the department testified that the proposed amendment will incorporate by reference 40 CFR Part 264 of the July 1, 2000 edition of the *Code of Federal Regulations* to include changes to Part 264 between July 1, 1997 and July 1, 2000.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES**  
**Division 25—Hazardous Waste Management**  
**Commission**  
**Chapter 7—Rules Applicable to Owners/Operators of**  
**Hazardous Waste Facilities**

**ORDER OF RULEMAKING**

By the authority vested in the Hazardous Waste Management Commission under section 260.370, RSMo 2000, the commission amends a rule as follows:

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

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 531-532). 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 to the *Code of State Regulations*.

SUMMARY OF HEARING TESTIMONY: During the public hearing before the Missouri Hazardous Waste Management Commission on April 12, 2001, the department testified that the proposed amendment will incorporate by reference 40 CFR Part 265 of the July 1, 2000 edition of the *Code of Federal Regulations* to include changes to Part 265 between July 1, 1997 and July 1, 2000.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES**  
**Division 25—Hazardous Waste Management**  
**Commission**  
**Chapter 7—Rules Applicable to Owners/Operators of**  
**Hazardous Waste Facilities**

**ORDER OF RULEMAKING**

By the authority vested in the Hazardous Waste Management Commission under section 260.370, RSMo 2000, the commission amends a rule as follows:

**10 CSR 25-7.266** Standards for the Management of Specific Hazardous Wastes and Specific Types of Hazardous Waste Management Facilities **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 532-533). 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 to the *Code of State Regulations*.

SUMMARY OF HEARING TESTIMONY: During the public hearing before the Missouri Hazardous Waste Management Commission on April 12, 2001, the department testified that the proposed amendment will incorporate by reference 40 CFR Part 266 of the July 1, 2000 edition of the *Code of Federal Regulations* to include changes to Part 266 between July 1, 1997 and July 1, 2000.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES**  
**Division 25—Hazardous Waste Management**  
**Commission**  
**Chapter 7—Rules Applicable to Owners/Operators of**  
**Hazardous Waste Facilities**

**ORDER OF RULEMAKING**

By the authority vested in the Hazardous Waste Management Commission under section 260.370, RSMo 2000, the commission amends a rule as follows:

10 CSR 25-7.268 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 533-535). One change has been made in the text of the proposed amendment, so the relevant section is reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF HEARING TESTIMONY: During the public hearing before the Missouri Hazardous Waste Management Commission on April 12, 2001, the department testified that the proposed amendment will incorporate by reference 40 CFR Part 268 of the July 1, 2000 edition of the *Code of Federal Regulations* to include changes to Part 268 between July 1, 1997 and July 1, 2000.

SUMMARY OF COMMENTS: One comment was received from the University of Missouri Environmental Health and Safety. The commenter pointed out a typographic error in 10 CSR 25-7.268(2)(C)3. of the proposed amendment (26 MoReg 534). The commenter noted that the referenced waste code is MP21 rather than MH02, according to 10 CSR 25-4.261(2)(D)3.

RESPONSE AND EXPLANATION OF CHANGE: As noted in the comment, the waste code MP21 is incorrect. The waste code was changed to MH02 in the most recent rulemaking. Therefore, the reference noted in the comment should be amended to reflect the correct waste code. The appropriate change to the text is included in the order of rulemaking.

#### **10 CSR 25-7.268 Land Disposal Restrictions**

(2) Persons who generate or transport hazardous waste and owners/operators of hazardous waste treatment, storage and disposal facilities shall comply with this section in addition to the regulations in 40 CFR part 268. (Comment: This section has been organized so that all Missouri additions, changes or deletions to any subpart of the federal regulations are noted within the corresponding subsection of this section. For example, the changes to 40 CFR part 268 subpart A are found in subsection (2)(A) of this rule.)

(C) Prohibitions on Land Disposal. This subsection sets forth modifications to 40 CFR part 268 subpart C incorporated by reference in section (1) of this rule.

1. The waste specific prohibitions in 40 CFR 268.31 apply to the hazardous wastes identified by EPA hazardous waste numbers F020, F023 and F027 as amended in 10 CSR 25-4.261(2)(D)1.A.-C.

2. The waste specific prohibitions in 40 CFR 268.31 apply to the EPA hazardous waste numbers F020, F021, F022, F023, F026 and F027 as amended in 10 CSR 25-4.261(2)(D)2.

3. The hazardous waste identified by the Missouri hazardous waste number MH02 in 10 CSR 25-4.261(2)(D)3. may be disposed in a landfill or surface impoundment only if that unit is in compliance with the requirements specified in 40 CFR 268.5(h)(2) as incorporated in section (1) of this rule and all other applicable requirements of 10 CSR 25-7.264(1) incorporating by reference 40 CFR part 264 and 10 CSR 25-7.265(1) incorporating by reference 40 CFR part 265.

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

##### **Chapter 7—Rules Applicable to Owners/Operators of Hazardous Waste Facilities**

#### **ORDER OF RULEMAKING**

By the authority vested in the Hazardous Waste Management Commission under section 260.370, RSMo 2000, the commission amends a rule as follows:

**10 CSR 25-7.270** Missouri Administered Permit Programs: The Hazardous Waste Permit Program **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 535-538). 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 HEARING TESTIMONY: During the public hearing before the Missouri Hazardous Waste Management Commission on April 12, 2001, the department testified that the proposed amendment will incorporate by reference 40 CFR Part 270 of the July 1, 2000 edition of the *Code of Federal Regulations* to include changes to Part 270 between July 1, 1997 and July 1, 2000. The department further testified that there was one modification to the incorporation by reference of 40 CFR part 270, specifically 40 CFR 270.42(j) is not incorporated by reference. No other modifications were proposed.

SUMMARY OF COMMENTS: No comments were received.

#### **Title 10—DEPARTMENT OF NATURAL RESOURCES Division 25—Hazardous Waste Management Commission Chapter 8—Public Participation and General Procedural Requirements**

#### **ORDER OF RULEMAKING**

By the authority vested in the Hazardous Waste Management Commission under section 260.370, RSMo 2000, the commission amends a rule as follows:

**10 CSR 25-8.124** Procedures for Decision Making **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 538-541). 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 HEARING TESTIMONY: During the public hearing before the Missouri Hazardous Waste Management Commission on April 12, 2001, the department testified that the proposed amendment is necessary to make two minor typographical corrections.

SUMMARY OF COMMENTS: No comments were received.

#### **Title 10—DEPARTMENT OF NATURAL RESOURCES Division 25—Hazardous Waste Management Commission Chapter 9—Resource Recovery**

#### **ORDER OF RULEMAKING**

By the authority vested in the Hazardous Waste Management Commission under section 260.370, RSMo 2000, the commission amends a rule as follows:

**10 CSR 25-9.020** Hazardous Waste Resource Recovery Processes **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 541-544). 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 HEARING TESTIMONY: During the public hearing before the Missouri Hazardous Waste Management Commission on April 12, 2001, the department testified that the proposed amendment is necessary to reflect some of the changes in the Hazardous Waste Fee Bill, Senate Bill 577 passed by the 2000 Missouri General Assembly. The proposed amendment reflects the department's ability to bill the applicant for applicable engineering and geologic review costs.

SUMMARY OF COMMENTS: No comments were received.

#### **Title 10—DEPARTMENT OF NATURAL RESOURCES Division 25—Hazardous Waste Management Commission Chapter 10—Abandoned or Uncontrolled Hazardous Waste Disposal Sites**

#### **ORDER OF RULEMAKING**

By the authority vested in the Hazardous Waste Management Commission under section 260.370, RSMo 2000, the commission amends a rule as follows:

**10 CSR 25-10.010** Abandoned or Uncontrolled Hazardous Waste Disposal Sites **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 545-547). 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 HEARING TESTIMONY: During the public hearing before the Missouri Hazardous Waste Management Commission on April 12, 2001, the department testified that the proposed amendment is intended to modify the process by which site owners are notified of their site classification prior to publication of the Annual Report. The regulation currently requires notification by certified mail, though certified mail is not necessary to preserve the right to appeal the site classification. Eliminating the requirement to use certified mail will get rid of an unnecessary strain on staff time and resources. The department further testified that the amendment is necessary to codify the minimum requirements of a consent agreement so that the requirements for such an agreement are clearly stated in the regulations.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES**  
**Division 25—Hazardous Waste Management**  
**Commission**  
**Chapter 11—Used Oil**

**ORDER OF RULEMAKING**

By the authority vested in the Hazardous Waste Management Commission under section 260.370, RSMo 2000, the commission amends a rule as follows:

**10 CSR 25-11.279** Recycled Used Oil Management Standards **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 547-548). 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 HEARING TESTIMONY: During the public hearing before the Missouri Hazardous Waste Management Commission on April 12, 2001, the department testified that the proposed amendment will incorporate by reference 40 CFR Part 279 of the July 1, 2000 edition of the *Code of Federal Regulations* to include changes to Part 279 between July 1, 1997 and July 1, 2000.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES**  
**Division 25—Hazardous Waste Management**  
**Commission**  
**Chapter 12—Hazardous Waste Fees and Taxes**

**ORDER OF RULEMAKING**

By the authority vested in the Hazardous Waste Management Commission under section 260.370, RSMo 2000, the commission amends a rule as follows:

**10 CSR 25-12.010** Fees and Taxes **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 548-553). 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 HEARING TESTIMONY: During the public hearing before the Missouri Hazardous Waste Management Commission on April 12, 2001, the department testified that the proposed amendment proposed several changes as a direct result of the Hazardous Waste Fee Bill, Senate Bill 577 passed by the 2000 Missouri General Assembly and that the amendment is necessary to fully implement the provisions of the bill.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES**  
**Division 25—Hazardous Waste Management**  
**Commission**  
**Chapter 13—Polychlorinated Biphenyls**

**ORDER OF RULEMAKING**

By the authority vested in the Hazardous Waste Management Commission under section 260.370, RSMo 2000, the commission amends a rule as follows:

**10 CSR 25-13.010** Polychlorinated Biphenyls **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 554-559). 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 HEARING TESTIMONY: During the public hearing before the Missouri Hazardous Waste Management Commission on April 12, 2001, the department testified that the proposed amendment will incorporate by reference 40 CFR Part 761 of the July 1, 2000 edition of the *Code of Federal Regulations* to include changes to Part 761 between July 1, 1997 and July 1, 2000.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES**  
**Division 25—Hazardous Waste Management**  
**Commission**  
**Chapter 15—Hazardous Substance Environmental Remediation (Voluntary Cleanup Program)**

**ORDER OF RULEMAKING**

By the authority vested in the Hazardous Waste Management Commission under section 260.370, RSMo 2000, the commission amends a rule as follows:

**10 CSR 25-15.010** Hazardous Substance Environmental Remediation (Voluntary Cleanup Program) **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 559-560). 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 HEARING TESTIMONY:** During the public hearing before the Missouri Hazardous Waste Management Commission on April 12, 2001, the department testified that the proposed amendment will remove a form mistakenly included in publication of the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES**  
**Division 25—Hazardous Waste Management**  
**Commission**  
**Chapter 16—Universal Waste**

**ORDER OF RULEMAKING**

By the authority vested in the Hazardous Waste Management Commission under section 260.370, RSMo 2000, the commission amends a rule as follows:

**10 CSR 25-16.273** Standards for Universal Waste Management **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2001 (26 MoReg 560-563). 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 HEARING TESTIMONY:** During the public hearing before the Missouri Hazardous Waste Management Commission on April 12, 2001, the department testified that the proposed amendment will incorporate by reference 40 CFR Part 273 of the July 1, 2000 edition of the *Code of Federal Regulations* to include changes to Part 273 between July 1, 1997 and July 1, 2000. The incorporation is necessary to adopt the federal listing of fluorescent lamps as a universal waste.

**SUMMARY OF COMMENTS:** No comments were received.

**Title 12—DEPARTMENT OF REVENUE**  
**Division 10—Director of Revenue**  
**Chapter 3—State Sales Tax**

**ORDER OF RULEMAKING**

By the authority vested in the director of revenue under section 144.270, RSMo 2000, the director rescinds a rule as follows:

**12 CSR 10-3.280** Sale of Agricultural Products by the Producer **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1060). 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 12—DEPARTMENT OF REVENUE**  
**Division 10—Director of Revenue**  
**Chapter 3—State Sales Tax**

**ORDER OF RULEMAKING**

By the authority vested in the director of revenue under section 144.270, RSMo 2000, the director rescinds a rule as follows:

**12 CSR 10-3.882** Accrual Basis Reporting **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1060). 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 13—DEPARTMENT OF SOCIAL SERVICES**  
**Division 30—Child Support Enforcement**  
**Chapter 2—Performance Measures**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Division of Child Support Enforcement under section 454.400, RSMo 2000, the division amends a rule as follows:

**13 CSR 30-2.010** Prosecuting Attorneys' Performance Standards **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2000 (26 MoReg 1060). 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 30—Child Support Enforcement**  
**Chapter 10—Fees**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Division of Child Support Enforcement under section 454.400, RSMo 2000, the division withdraws a rule as follows:

**13 CSR 30-10.010** Annual Fee **is withdrawn.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on June 1, 2001 (26 MoReg 1173-1176). This proposed rule is withdrawn.

**SUMMARY OF COMMENTS:** The department received written and oral comments from the public to this rule. Based upon these comments, the division has decided to withdraw this rule.  
**RESPONSE:** Therefore, the department is withdrawing this rule.

**Title 13—DEPARTMENT OF SOCIAL SERVICES**  
**Division 70—Division of Medical Services**  
**Chapter 4—Conditions of Recipient Participation,**  
**Rights and Responsibilities**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Division of Medical Services under sections 208.040, 208.201 and 660.017, RSMo 2000, the director hereby amends a rule as follows:

**13 CSR 70-4.090 Uninsured Parents' Health Insurance Program is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 1, 2001 (26 MoReg 936-939). 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 16—RETIREMENT SYSTEMS**  
**Division 10—The Public School Retirement System of**  
**Missouri**  
**Chapter 3—Funds of Retirement System**

**ORDER OF RULEMAKING**

By the authority vested in the board of trustees under section 169.020, RSMo 2000, the board of trustees hereby amends a rule as follows:

**16 CSR 10-3.010 Payment of Funds to the Retirement System is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1060-1061). 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 19—DEPARTMENT OF HEALTH**  
**Division 10—Office of the Director**  
**Chapter 33—Hospital and Ambulatory Surgical Center**  
**Data Disclosure**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Department of Health under section 192.667, RSMo 2000, the department hereby amends a rule as follows:

19 CSR 10-33.010 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1061-1080). The proposed amendment, with changes, is reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: Comments were received from several hospitals regarding the external cause of injury reporting requirements.

COMMENT: Several hospitals contacted the Department seeking clarification on the wording of the description for the External Cause of Injury field.

RESPONSE AND EXPLANATION OF CHANGE: We concur that the language of the description of the External Cause of Injury field (relative position 145-149) needs to be clarified. Exhibit B is amended to read:

The ICD-9-CM code for the external cause of injury, poisoning or adverse effect. If more than one E-code, enter the first E-code, according to coding guidelines.

Although an E-code may be used with any diagnosis in the range 001-V82.9, it must be present when a diagnosis code is in the range 800.00-999.99

**19 CSR 10-33.010 Reporting Patient Abstract Data by Hospitals and Ambulatory Surgical Centers**

**EXHIBIT B**  
**Patient Abstract System**  
**A-Record**  
**(Master Record)**

| <b>Field Name</b>              | <b>Relative Position</b> | <b>Field Length</b> | <b>Format</b> | <b>Justify</b> | <b>Description</b>   |
|--------------------------------|--------------------------|---------------------|---------------|----------------|--|
| Record type                    | 1                        | 1                   | A             | L              | Constant "A"   |
| Provider identifier            | 2-11                     | 10                  | A/N           | L              | This field shall contain the National Provider Identifier (NPI), when assigned. Prior to NPI assignment, enter the Medicare provider number (or state assigned number).  |
| Unique encounter identifier    | 12-31                    | 20                  | A/N           | L              | Unique identifier within facility (hospital or ASC) for each discharge record or patient encounter.  |
| Type of encounter              | 32                       | 1                   | N             | L              | Type of encounter record<br>1 = Inpatient;<br>2 = Outpatient.  |
| Place of service               | 33                       | 1                   | N             | L              | <u>For hospital inpatients</u><br>1 = Acute medical/surgical unit (non PPS exempt);<br>2 = Psychiatric unit or facility;<br>3 = Medical rehabilitation unit or facility;<br>4 = Alternate level of care (SNF/ICF/Other LTC/Hospice/Sub Acute/Swing bed);<br>5 = Alcohol rehabilitation unit or facility;<br>6 = Drug rehabilitation unit or facility;<br>7 = Other.<br><u>For hospital outpatients</u><br>1 = Emergency room;<br>2 = Outpatient surgery;<br>3 = Observation only;<br>4 = Other.<br><u>For ASC patients</u><br>2 = Outpatient surgery |
| Patient name                   | 34-63                    | 30                  | A/N           | L              | Not to be reported for patients receiving treatment for alcohol or drug abuse.<br>Last name, first name and middle initial of the patient.<br>Use a comma to separate last and first names. No space should be left between a prefix and a name as in MacBeth.<br>Titles (for example, Sir, Msgr., Dr.) should not be recorded.<br>Record hyphenated names with the hyphen, as in Smith-Jones, Rebecca.<br>To record suffix, write the last name, leave a space and write the suffix, then write the first name as in Snyder III, Harold.            |
| Patient Social Security Number | 64-72                    | 9                   | N             | R              | Not to be reported for patients receiving treatment for alcohol or drug abuse.<br>If patient refuses, code as 999999999.   |
| Patient birthdate              | 73-80                    | 8                   | N             | R              | MMDDYYYY   |
| Patient sex                    | 81                       | 1                   | A             | L              | Patient sex at time of admission or start of care:<br>M = Male;<br>F = Female;<br>U = Unknown/indeterminate.   |
| Patient ethnicity              | 82                       | 1                   | N             | L              | 1 = Hispanic or Latino<br>2 = Neither Hispanic nor Latino  |

| Field Name         | Relative Position | Field Length | Format | Justify | Description   |
|--------------------|-------------------|--------------|--------|---------|---|
| Patient race       | 83                | 1            | N      | L       | 1 = White;<br>2 = Black or African American;<br>3 = American Indian/Alaska Native;<br>4 = Asian;<br>5 = Native Hawaiian/Pacific Islander;<br>6 = Some other race<br>7 = Multi-racial (two or more races)<br>9 = Unknown or patient refused  |
| State of residence | 84-85             | 2            | N      | R       | FIPS codes (homeless = 97; non-U.S. citizen = 98)   |
| Zip code           | 86-90             | 5            | N      | R       | First five digits (homeless = 99997; non-U.S. citizen = 99998)  |
| County code        | 91-93             | 3            | N      | R       | Required for Missouri residents. Use FIPS codes (homeless = 997; non-U.S. citizen = 998)  |
| Census tract       | 94-100            | 7            | A/N    | L       | Census Tract code: 7 characters, formatted XXXX.XX (where X is a digit 0-9)<br>If census tract is not available, provide patient address information on the C-Record.   |
| Admission date     | 101-108           | 8            | N      | R       | MMDDYYYY  |
| Admission hour     | 109-110           | 2            | N      | R       | Required for inpatient records only<br>00 = 12:00-12:59 Midnight;<br>01 = 1:00-1:59<br>02 = 2:00-2:59<br>03 = 3:00-3:59<br>04 = 4:00-4:59<br>05 = 5:00-5:59<br>06 = 6:00-6:59<br>07 = 7:00-7:59<br>08 = 8:00-8:59<br>09 = 9:00-9:59<br>10 = 10:00-10:59<br>11 = 11:00-11:59<br>12 = 12:00-12:59 Noon;<br>13 = 1:00-1:59<br>14 = 2:00-2:59<br>15 = 3:00-3:59<br>16 = 4:00-4:59<br>17 = 5:00-5:59<br>18 = 6:00-6:59<br>19 = 7:00-7:59<br>20 = 8:00-8:59<br>21 = 9:00-9:59<br>22 = 10:00-10:59<br>23 = 11:00-11:59<br>99 = Unknown |
| Type of admission  | 111               | 1            | N      | L       | Required for inpatient records only<br>1= Emergency—The patient requires immediate intervention as a result of severe, life threatening or potentially disabling conditions;<br>2= Urgent/Elective—(UB-92 codes 2 and 3);<br>4= Newborn—Use of this code requires special source of admission codes for newborns.   |



| Field Name                   | Relative Position | Field Length | Format | Justify | Description   |
|------------------------------|-------------------|--------------|--------|---------|---|
| Source of admission/referral | 112               | 1            | N      | L       | <p><u>Code Structure for Adult/Pediatric Patients:</u></p> <p>1 = Direct admission or referral (UB-92 codes, 1, 2 and 3). The patient was admitted to this facility or referred for services upon the recommendation of a physician, or the facility's clinic or outpatient department. For emergency room patients, includes self-referral;</p> <p>2 = Transfer from other hospital (UB-92 code 4). The patient was transferred for services to this facility or referred from an acute-care facility;</p> <p>3 = Transfer from long-term care facility (UB-92 codes to 5 and 6). The patient was transferred from or referred for services by an SNF or other long-term facility.</p> <p>4 = Emergency room admission or referral (UB-92 code 7). The patient was admitted to this facility or referred for outpatient services through the emergency room.</p> <p>8 = Other (UB-92 code 8);</p> <p>9 = Unknown/Information not available</p> <p><u>Code Structure for Newborns:</u></p> <p>1 = Normal birth—A baby delivered without complications;</p> <p>2 = Premature birth—A baby delivered with time or weight factors, or both, qualifying it for premature status;</p> <p>3 = Sick baby—A baby delivered with medical complications other than those related to premature status;</p> <p>4 = Extramural birth—A newborn born in a nonsterile environment;</p> <p>9 = Information not available.</p> |
| Discharge date               | 113-120           | 8            | N      | R       | MMDDYYYY  |
| Discharge hour               | 121-122           | 2            | N      | R       | <p>Required for inpatient records only</p> <p>00 = 12:00–12:59 Midnight;</p> <p>01 = 1:00–1:59</p> <p>02 = 2:00–2:59</p> <p>03 = 3:00–3:59</p> <p>04 = 4:00–4:59</p> <p>05 = 5:00–5:59</p> <p>06 = 6:00–6:59</p> <p>07 = 7:00–7:59</p> <p>08 = 8:00–8:59</p> <p>09 = 9:00–9:59</p> <p>10 = 10:00–10:59</p> <p>11 = 11:00–11:59</p> <p>12 = 12:00–12:59 Noon;</p> <p>13 = 1:00–1:59</p> <p>14 = 2:00–2:59</p> <p>15 = 3:00–3:59</p> <p>16 = 4:00–4:59</p> <p>17 = 5:00–5:59</p> <p>18 = 6:00–6:59</p> <p>19 = 7:00–7:59</p> <p>20 = 8:00–8:59</p> <p>21 = 9:00–9:59</p> <p>22 = 10:00–10:59</p> <p>23 = 11:00–11:59</p> <p>99 = Unknown.</p>   |
| Observation units            | 123-125           | 3            | N      | R       | The number of hours spent by a patient held for observation   |

| Field Name                                      | Relative Position | Field Length              | Format   | Justify | Description   |
|---|-------------------|---------------------------|----------|---------|---|
| Disposition of patient                          | 126-127           | 2                         | N        | R       | Designation of the circumstances associated with the patient's discharge.<br>01 = Discharged to home or self-care (routine discharge);<br>02 = Discharged/transferred to another short-term general hospital for inpatient care;<br>03 = Discharged/transferred to skilled nursing facility (SNF);<br>04 = Discharged/transferred to an intermediate care facility (ICF);<br>05 = Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution;<br>06 = Discharged/transferred to home under care of organized home health service organization;<br>07 = Left against medical advice or discontinued care;<br>08 = Discharged/transferred to home under care of a Home IV provider;<br>09 = Admitted as an inpatient to this hospital;<br>20 = Expired |
| Medical/Health record number                    | 128-144           | 17                        | A/N      | L       | Number assigned to the patient's medical/health record by the provider  |
| E-Code<br>External cause of injury              | 145-149           | 5                         | A/N      | L       | The ICD-9-CM code for the external cause of injury, poisoning or adverse effect. If more than one E-code, enter the first E-code, according to coding guidelines.<br><br>Although an E-code may be used with any diagnosis in the range 001-V82.9, it must be present when a diagnosis code is in the range 800.00-999.99   |
| Place of injury code                            | 150-154           | 5                         | A/N      | L       | The ICD-9-CM code for the place of injury reported in the External cause of injury field. Use when External Cause of Injury E-code is E850-E869 or E880-E928. Only codes in range E849.0-E849.9 are valid.  |
| Principal diagnosis code                        | 155-159           | 5                         | A/N      | L       | ICD-9-CM code. (Note: An E-code is invalid as a principal diagnosis.)   |
| Other diagnosis codes                           | 160-199           | 40 (8 X 5)                | A/N      | L       | ICD-9-CM code. Include any additional E-codes not reported in the E-code or Place of injury fields.   |
| Procedure coding method used                    | 200               | 1                         | N        | L       | 4 = CPT-4<br>5 = HCPCS<br>9 = ICD-9-CM  |
| Principal procedure code/date<br>Code<br>Date   | 201-215           | 15<br>(7)<br>(8)          | A/N<br>N | L       | ICD-9-CM code or CPT-4 code<br>MMDDYYYY   |
| Other procedure codes and dates<br>Code<br>Date | 216-290           | 75 (5 X 15)<br>(7)<br>(8) | A/N<br>N | L       | <u>All significant procedures are to be reported</u><br>First 7 positions of each 15 position field:<br>The ICD-9-CM code or CPT-4 code for the secondary procedure<br>Next 8 positions of each 15 position field:<br>MMDDYYYY  |

| <b>Field Name</b>                | <b>Relative Position</b> | <b>Field Length</b> | <b>Format</b> | <b>Justify</b> | <b>Description</b>   |
|----------------------------------|--------------------------|---------------------|---------------|----------------|--|
| Total charges                    | 291-297                  | 7                   | N             | R              | Total charges (those associated with revenue code 001) rounded to the nearest dollar   |
| Expected sources of payment      | 298-306                  | 9 (3 X 3)           | N             | L              | Payment sources expected to pay for the hospitalization or the ambulatory service being recorded, with the primary payer listed first:<br><br>001 = Medicare, not managed care;<br>002 = Medicaid, not managed care;<br>003 = Other government, not managed care;<br>005 = Workers' Compensation, not managed care;<br>006 = Self pay;<br>007 = All commercial payers, not managed care;<br>008 = No charge;<br>010 = Other, not managed care;<br>101 = Medicare managed care;<br>102 = Medicaid managed care;<br>103 = Other government managed care;<br>105 = Workers' Compensation managed care;<br>107 = All commercial payers managed care;<br>110 = Other managed care;<br>999 = Unknown |
| Attending physician ID           | 307-316                  | 10                  | A/N           | L              | This field shall contain the National Provider Identifier (NPI), when assigned, of the physician who has primary responsibility for the patient's medical care and treatment. Prior to NPI assignment, enter the Unique Physician Identification Number (UPIN), or if no UPIN, enter the Missouri license number. All entries must be left justified.  |
| Principal procedure physician ID | 317-326                  | 10                  | A/N           | L              | This field shall contain the National Provider Identifier (NPI), when assigned, of the physician who performed the principal procedure. Prior to NPI assignment, enter the Unique Physician Identification Number (UPIN), or if no UPIN, enter the Missouri license number. All entries must be left justified.  |

**B-Record  
 (Continuation Record)**

**To be used when there are more diagnoses and/or procedures than will fit on the A-Record**

| Field Name                              | Relative Position | Field Length       | Format | Justify | Description   |
|---|-------------------|--------------------|--------|---------|---|
| Record type                             | 1                 | 1                  | A      | L       | Constant "B"  |
| Provider identifier                     | 2-11              | 10                 | A/N    | L       | This field shall contain the National Provider Identifier (NPI), when assigned. Prior to NPI assignment, enter the Medicare provider number (or state assigned number). |
| Unique encounter identifier             | 12-31             | 20                 | A/N    | L       | Unique identifier within facility (hospital or ASC) for each discharge record or patient encounter.   |
| Other diagnosis codes                   | 32-101            | 70 (14X5)          | A/N    | L       | ICD-9-CM code   |
| Additional procedures<br>Procedure code | 102-311           | 210 (14X15)<br>(7) | A/N    | L       | First 7 positions of each 13 position field: The ICD-9-CM code(s) or CPT-4 code(s) for the other procedures   |
| Procedure date                          |                   | (8)                | N      | R       | Next 6 positions of each 13 position field: MMDDYYYY  |
| Filler                                  | 312-326           | 15                 |        |         | Spaces  |

**C-Record  
 (Continuation Record)**

**To be used when census tract information is not available**

| Field Name                  | Relative Position | Field Length | Format | Justify | Description   |
|-----------------------------|-------------------|--------------|--------|---------|---|
| Record type                 | 1                 | 1            | A      | L       | Constant "C"  |
| Provider identifier         | 2-11              | 10           | A/N    | L       | This field shall contain the National Provider Identifier (NPI), when assigned. Prior to NPI assignment, enter the Medicare provider number (or state assigned number). |
| Unique encounter identifier | 12-31             | 20           | A/N    | L       | Unique identifier within facility (hospital or ASC) for each discharge record or patient encounter.   |
| Residence Address Line 1    | 32-61             | 30           | A/N    | L       | Free form address line  |
| Residence Address Line 2    | 62-91             | 30           | A/N    | L       | Free form address line  |
| City                        | 92-107            | 16           | A/N    | L       | Name of city or town of residence   |
| Zip code                    | 108-112           | 5            | N      | R       | First five digits of zip code   |
| Filler                      | 113-326           | 214          |        |         | Spaces  |

**Title 19—DEPARTMENT OF HEALTH  
Division 10—Office of the Director  
Chapter 33—Hospital and Ambulatory Surgical Center  
Data Disclosure**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Department of Health under section 192.667, RSMo 2000, the department hereby amends a rule as follows:

**19 CSR 10-33.020** Reporting Charge for Leading Diagnoses and Procedures by Hospitals and Ambulatory Surgical Centers **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1081-1087). 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 19—DEPARTMENT OF HEALTH  
Division 10—Office of the Director  
Chapter 33—Hospital and Ambulatory Surgical Center  
Data Disclosure**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Department of Health under section 192.667, RSMo 2000, the department hereby amends a rule as follows:

**19 CSR 10-33.030** Reporting Financial Data by Hospitals **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 15, 2001 (26 MoReg 1087-1092). 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.

This 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 11—Wildlife Code: Special Regulations for  
Department Areas**

**IN ADDITION**

The proposed rule for 3 CSR 10-11.182, which was published in the *Missouri Register* on June 1, 2001 (26 MoReg 1144-1146), inadvertently had one department area out of alphabetical order in section (2). The final order of rulemaking for this rule was published in the *Missouri Register* on August 15, 2001 (26 MoReg 1577) without the typographical correction being published. The rule appeared correctly in the August 31, 2001 update to the *Code of State Regulations*. For clarification, the corrected subsections are reprinted below.

**3 CSR 10-11.182 Deer Hunting**

(2) Deer may be hunted, under statewide seasons and limits, only by archery methods on the following department areas:

- (PPP) Monegaw Prairie Conservation Area
- (QQQ) Mo-No-I Prairie Conservation Area
- (RRR) Mon-Shon Prairie Conservation Area
- (SSS) Montrose Conservation Area
- (TTT) Mound View Access
- (UUU) Nodaway Valley Conservation Area

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 100—Division of Credit Unions**

**ACTIONS TAKEN ON APPLICATIONS FOR NEW  
GROUPS OR GEOGRAPHIC AREAS**

Pursuant to section 370.081(4), RSMo 2000, the director of the Missouri Division of Credit Unions is required to cause notice to be published that the director has either granted or rejected applications from the following credit unions to add new groups or geographic areas to their membership and state the reasons for taking these actions.

The following applications have been granted. These credit unions have met the criteria applied to determine if additional groups may be included in the membership of an existing credit union and have the immediate ability to serve the proposed new groups or geographic areas. The proposed new groups or geographic areas meet the requirements established pursuant to 370.080(2), RSMo 2000.

| Credit Union  | Proposed New Group or Geographic Area   |
|---|---|
| First Missouri Credit Union<br>1690 LeMay Ferry Road<br>St. Louis, MO 63125 | Anyone living or working in zip codes<br>63010, 63111, 63116, 63123 and 63128 |

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 100—Division of Credit Unions**

**ACTIONS TAKEN ON APPLICATIONS FOR NEW  
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Pursuant to section 370.081(4), RSMo 2000, the director of the Missouri Division of Credit Unions is required to cause notice to be published that the director has either granted or rejected applications from the following credit unions to add new groups or geographic areas to their membership and state the reasons for taking these actions.

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| Credit Union  | Proposed New Group or Geographic Area                   |
|---|---|
| Lake City Credit Union<br>2112 S. 291 Hwy Suite J<br>Independence, MO 64057 | Missouri zip codes 64014, 64015, 64016,<br>64056, 64058 |

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

**APPLICATION REVIEW SCHEDULE**

DATE FILED:  
APPLICATION PROJECT NO. &  
NAME/COST & DESCRIPTION/  
CITY & COUNTY

The Missouri Health Facilities Review Committee has initiated review of the applications listed below. Decisions are tentatively scheduled for the July 30, 2001, Certificate of Need meeting. These applications are available for public inspection at the address shown below:

**06/05/01**

**#3077 HS:** Saint Louis University Hospital  
St. Louis (St. Louis City)  
\$2,636,272, Add second magnetic resonance  
imaging (MRI) unit

**07/03/01**

**#3117 NP:** Green Park Nursing Home  
St. Louis (St. Louis County)  
\$130,000, Long-term care bed expansion through  
the purchase of 20 skilled nursing facility beds  
from Northgate Park Nursing Home,  
St. Louis (St. Louis County)

**07/06/01**

**#3145 HS:** Lake Regional Health System  
Osage Beach (Camden County)  
\$4,600,000, Establish 22-bed stepdown unit

**07/12/01**

**#3146 HS:** Children's Mercy Hospital  
Kansas City (Jackson County)  
\$20,495,200, Expand facility

**#3147 HS:** I-70 Medical Center  
Sweet Springs (Saline County)  
\$7,621,044, Establish 15-bed critical access hospital

**#3149 HS:** Truman Medical Center  
Kansas City (Jackson County)  
\$7,925,698, Modernize radiology department

**07/13/01**

**#3154 HS:** Barnes-Jewish Hospital  
St. Louis (St. Louis City)  
\$3,353,709, Replace and expand MRI service

**#3148 HS:** St. John's Mercy Medical Center  
St. Louis (St. Louis County)  
\$2,800,883, Replace and expand MRI service

**#3153 HS:** Barnes-Jewish West County Hospital  
St. Louis (St. Louis County)  
\$6,013,000, Relocate and expand  
outpatient surgery

**#3150 HS:** St. John's Regional Health Center  
Springfield (Greene County)  
\$93,392,926, Modernize facility

**#3152 HS:** Missouri Baptist Medical Center  
St. Louis (St. Louis County)  
\$4,484,154, Relocate and expand GI service

**#3151 HS:** Heartland Health  
St. Joseph (Buchanan County)  
\$11,510,000, Replace 230-bed SNF with 96-bed SNF

**#3155 HS:** Hannibal Regional Hospital  
Hannibal (Marion County)  
\$4,306,066, Establish radiation oncology center

Any person wishing to request a public hearing for the purpose of commenting on any of these applications must submit a written request to this effect, which must be received by August 13, 2001. All written requests and comments should be sent to:

Chairman  
Missouri Health Facilities Review Committee  
c/o Certificate of Need Program  
915 G Leslie Boulevard  
Jefferson City, MO 65101

For additional information contact  
Donna Schuessler, 573-751-6403.

**OFFICE OF ADMINISTRATION  
Division of Purchasing**

**BID OPENINGS**

Sealed Bids in one (1) copy will be received by the Division of Purchasing, Room 580, Truman Building, PO Box 809, Jefferson City, MO 65102, telephone (573) 751-2387 at 2:00 p.m. on dates specified below for various agencies throughout Missouri. Bids are available to download via our homepage: [www.moolb.state.mo.us](http://www.moolb.state.mo.us). Prospective bidders may receive specifications upon request.

B1Z02035 Meats-October 9/4/01;  
B1Z02036 Grocery-2<sup>nd</sup> Qtr. October-December 9/5/01;  
B1E02047 Aluminum Sheeting 9/6/01;  
B1E02058 Kitchen Equipment 9/6/01;  
B3E02024 Courier Services 9/10/01;  
B1E02059 Vehicle: Sport Utility 9/11/01;  
B2Z02009 Computer Based Training Courseware Software 9/11/01;  
B3E02028 Elevator Maintenance Services 9/11/01;  
B3E02029 Security Guard Services 9/11/01;  
B1E02057 Equipment: Hydraulic Bender 9/12/01;  
B2Z01066 Fixed Asset Inventory Management/Bar Code Software 9/12/01;  
B3Z01240 Personal Care Assessment Services 9/14/01;  
B3Z02003 Medicaid Managed Care-Western Region 9/17/01;  
B3Z02009 Conference Services; Columbia, Jefferson City, & Lake Ozark 9/20/01;  
B2Z02021 Medicaid Fraud Detection System 10/2/01.

It is the intent of the state of Missouri, Division of Purchasing to purchase the following as a single feasible source without competitive bids. If suppliers exist other than the one identified, contact (573) 751-2387 immediately.

TMS Remittance Processor Software Maintenance, supplied by J & B Software.

James Miluski, CPPO,  
Director of Purchasing



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—24 (1999), 25 (2000) and 26 (2001). 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 and RUC indicates a rule under consideration.

| Rule Number                       | Agency  | Emergency                       | Proposed       | Order          | In Addition                    |
|-----------------------------------|---|---------------------------------|----------------|----------------|--------------------------------|
| <b>OFFICE OF ADMINISTRATION</b>   |   |                                 |                |                |                                |
| 1 CSR 10                          | State Officials' Salary Compensation Schedule ..... |                                 |                |                | 24 MoReg 2535<br>25 MoReg 2478 |
| <b>DEPARTMENT OF AGRICULTURE</b>  |   |                                 |                |                |                                |
| 2 CSR 10-5.005                    | Market Development .....                            | 24 MoReg 2269                   |                |                |                                |
| 2 CSR 10-5.010                    | Market Development .....                            | 26 MoReg 1305R<br>26 MoReg 1305 |                |                |                                |
| 2 CSR 70-13.030                   | Plant Industries .....                              |                                 | 26 MoReg 905   |                |                                |
| 2 CSR 80-5.010                    | State Milk Board .....                              |                                 | 26 MoReg 909   | 26 MoReg 1572  |                                |
| 2 CSR 90-21.060                   | Weights and Measures .....                          |                                 | 25 MoReg 2788  | 26 MoReg 865   |                                |
| 2 CSR 90-40.010                   | Weights and Measures .....                          |                                 | 26 MoReg 1129R |                |                                |
| 2 CSR 90-50.010                   | Weights and Measures .....                          |                                 | 26 MoReg 1129R |                |                                |
| 2 CSR 100-10.010                  | Weights and Measures .....                          |                                 | This Issue     |                |                                |
| <b>DEPARTMENT OF CONSERVATION</b> |   |                                 |                |                |                                |
| 3 CSR 10-4.113                    | Conservation Commission .....                       |                                 | 26 MoReg 1130  | 26 MoReg 1572  |                                |
| 3 CSR 10-4.115                    | Conservation Commission .....                       |                                 | 26 MoReg 1130R | 26 MoReg 1572R |                                |
| 3 CSR 10-4.116                    | Conservation Commission .....                       |                                 | 26 MoReg 1131R | 26 MoReg 1572R |                                |
| 3 CSR 10-5.205                    | Conservation Commission .....                       |                                 | 26 MoReg 1132  | 26 MoReg 1573  |                                |
| 3 CSR 10-5.215                    | Conservation Commission .....                       |                                 | 26 MoReg 1132  | 26 MoReg 1573  |                                |
| 3 CSR 10-5.216                    | Conservation Commission .....                       |                                 | 26 MoReg 1132  | 26 MoReg 1573  |                                |
| 3 CSR 10-5.310                    | Conservation Commission .....                       |                                 | 26 MoReg 1133  | 26 MoReg 1573  |                                |
| 3 CSR 10-5.315                    | Conservation Commission .....                       |                                 | 26 MoReg 1133  | 26 MoReg 1573  |                                |
| 3 CSR 10-5.320                    | Conservation Commission .....                       |                                 | 26 MoReg 1133  | 26 MoReg 1573  |                                |
| 3 CSR 10-6.405                    | Conservation Commission .....                       |                                 | 26 MoReg 1134  | 26 MoReg 1574  |                                |
| 3 CSR 10-6.410                    | Conservation Commission .....                       |                                 | 26 MoReg 1134  | 26 MoReg 1574  |                                |
| 3 CSR 10-6.505                    | Conservation Commission .....                       |                                 | 26 MoReg 1135  | 26 MoReg 1574  |                                |
| 3 CSR 10-6.525                    | Conservation Commission .....                       |                                 | 26 MoReg 1135  | 26 MoReg 1574  |                                |
| 3 CSR 10-7.435                    | Conservation Commission .....                       |                                 | N.A.           | 26 MoReg 1338  |                                |
| 3 CSR 10-7.440                    | Conservation Commission .....                       |                                 | N.A.           | 26 MoReg 1341  |                                |
| 3 CSR 10-9.110                    | Conservation Commission .....                       |                                 | 26 MoReg 1308  |                |                                |
| 3 CSR 10-9.575                    | Conservation Commission .....                       |                                 | 26 MoReg 1136  | 26 MoReg 1574  |                                |
| 3 CSR 10-9.625                    | Conservation Commission .....                       |                                 | 26 MoReg 1136  | 26 MoReg 1574  |                                |
| 3 CSR 10-10.744                   | Conservation Commission .....                       |                                 | 26 MoReg 1136  | 26 MoReg 1575  |                                |
| 3 CSR 10-11.105                   | Conservation Commission .....                       |                                 | 26 MoReg 1137  | 26 MoReg 1575  |                                |
| 3 CSR 10-11.110                   | Conservation Commission .....                       |                                 | 26 MoReg 1137  | 26 MoReg 1575  |                                |
| 3 CSR 10-11.115                   | Conservation Commission .....                       |                                 | 26 MoReg 1137  | 26 MoReg 1575  |                                |
| 3 CSR 10-11.120                   | Conservation Commission .....                       |                                 | 26 MoReg 1138  | 26 MoReg 1575  |                                |
| 3 CSR 10-11.130                   | Conservation Commission .....                       |                                 | 26 MoReg 1138  | 26 MoReg 1575  |                                |
| 3 CSR 10-11.135                   | Conservation Commission .....                       |                                 | 26 MoReg 1139  | 26 MoReg 1576  |                                |
| 3 CSR 10-11.140                   | Conservation Commission .....                       |                                 | 26 MoReg 1139  | 26 MoReg 1576  |                                |
| 3 CSR 10-11.145                   | Conservation Commission .....                       |                                 | 26 MoReg 1139  | 26 MoReg 1576  |                                |
| 3 CSR 10-11.150                   | Conservation Commission .....                       |                                 | 26 MoReg 1140  | 26 MoReg 1576  |                                |
| 3 CSR 10-11.155                   | Conservation Commission .....                       |                                 | 26 MoReg 1140  | 26 MoReg 1576  |                                |
| 3 CSR 10-11.160                   | Conservation Commission .....                       |                                 | 26 MoReg 1140  | 26 MoReg 1576  |                                |
| 3 CSR 10-11.165                   | Conservation Commission .....                       |                                 | 26 MoReg 1141  | 26 MoReg 1577  |                                |
| 3 CSR 10-11.180                   | Conservation Commission .....                       |                                 | 26 MoReg 1141  | 26 MoReg 1577  |                                |
| 3 CSR 10-11.182                   | Conservation Commission .....                       |                                 | 26 MoReg 1144  | 26 MoReg 1577  | ... This Issue                 |
| 3 CSR 10-11.183                   | Conservation Commission .....                       |                                 | 26 MoReg 1146  | 26 MoReg 1577  |                                |
| 3 CSR 10-11.186                   | Conservation Commission .....                       |                                 | 26 MoReg 1146  | 26 MoReg 1577  |                                |
| 3 CSR 10-11.187                   | Conservation Commission .....                       |                                 | 26 MoReg 1147  | 26 MoReg 1577  |                                |
| 3 CSR 10-11.200                   | Conservation Commission .....                       |                                 | 26 MoReg 1147  | 26 MoReg 1578  |                                |
| 3 CSR 10-11.205                   | Conservation Commission .....                       |                                 | 26 MoReg 1148  | 26 MoReg 1578  |                                |
| 3 CSR 10-11.210                   | Conservation Commission .....                       |                                 | 26 MoReg 1149  | 26 MoReg 1578  |                                |
| 3 CSR 10-11.215                   | Conservation Commission .....                       |                                 | 26 MoReg 1150  | 26 MoReg 1578  |                                |
| 3 CSR 10-11.805                   | Conservation Commission .....                       |                                 | 26 MoReg 1150R | 26 MoReg 1578R |                                |
| 3 CSR 10-12.101                   | Conservation Commission .....                       |                                 | 26 MoReg 1151  | 26 MoReg 1578  |                                |
| 3 CSR 10-12.105                   | Conservation Commission .....                       |                                 | 26 MoReg 1151  | 26 MoReg 1579  |                                |
| 3 CSR 10-12.109                   | Conservation Commission .....                       |                                 | 26 MoReg 1308  |                |                                |
| 3 CSR 10-12.110                   | Conservation Commission .....                       |                                 | 26 MoReg 1151  | 26 MoReg 1579  |                                |
| 3 CSR 10-12.115                   | Conservation Commission .....                       |                                 | 26 MoReg 1152  | 26 MoReg 1579  |                                |
| 3 CSR 10-12.125                   | Conservation Commission .....                       |                                 | 26 MoReg 1153  | 26 MoReg 1579  |                                |
| 3 CSR 10-12.130                   | Conservation Commission .....                       |                                 | 26 MoReg 1154  | 26 MoReg 1579  |                                |
| 3 CSR 10-12.135                   | Conservation Commission .....                       |                                 | 26 MoReg 1154  | 26 MoReg 1579  |                                |
| 3 CSR 10-12.140                   | Conservation Commission .....                       |                                 | 26 MoReg 1154  | 26 MoReg 1580  |                                |
| 3 CSR 10-12.145                   | Conservation Commission .....                       |                                 | 26 MoReg 1156  | 26 MoReg 1580  |                                |
| 3 CSR 10-12.150                   | Conservation Commission .....                       |                                 | 26 MoReg 1156  | 26 MoReg 1580  |                                |
| 3 CSR 10-20.805                   | Conservation Commission .....                       |                                 | 26 MoReg 1157  | 26 MoReg 1580  |                                |

| Rule Number                               | Agency  | Emergency     | Proposed                        | Order                | In Addition   |
|---|---|---------------|---------------------------------|----------------------|---|
| <b>DEPARTMENT OF ECONOMIC DEVELOPMENT</b> |   |               |                                 |                      |   |
| 4 CSR 10-2.160                            | Missouri State Board of Accountancy   | 26 MoReg 1501 |                                 |                      |   |
| 4 CSR 15-1.010                            | Acupuncturist Advisory Committee  |               | This Issue                      |                      |   |
| 4 CSR 15-1.020                            | Acupuncturist Advisory Committee  |               | This Issue                      |                      |   |
| 4 CSR 15-1.030                            | Acupuncturist Advisory Committee  |               | This Issue                      |                      |   |
| 4 CSR 15-2.010                            | Acupuncturist Advisory Committee  |               | This Issue                      |                      |   |
| 4 CSR 15-2.020                            | Acupuncturist Advisory Committee  |               | This Issue                      |                      |   |
| 4 CSR 15-3.010                            | Acupuncturist Advisory Committee  |               | This Issue                      |                      |   |
| 4 CSR 15-3.020                            | Acupuncturist Advisory Committee  |               | This Issue                      |                      |   |
| 4 CSR 15-4.010                            | Acupuncturist Advisory Committee  |               | This Issue                      |                      |   |
| 4 CSR 15-4.020                            | Acupuncturist Advisory Committee  |               | This Issue                      |                      |   |
| 4 CSR 30-8.020                            | Missouri Board for Architects, Professional Engineers and Professional Land Surveyors |               | 26 MoReg 1406R<br>26 MoReg 1406 |                      |   |
| 4 CSR 30-11.010                           | Missouri Board for Architects, Professional Engineers and Professional Land Surveyors |               | 26 MoReg 1409R<br>26 MoReg 1409 |                      |   |
| 4 CSR 30-11.020                           | Missouri Board for Architects, Professional Engineers and Professional Land Surveyors |               | 26 MoReg 1410                   |                      |   |
| 4 CSR 90-8.010                            | State Board of Cosmetology  |               | 26 MoReg 697R<br>26 MoReg 697   | 1474R<br>1474        |   |
| 4 CSR 100                                 | Division of Credit Unions   |               |                                 |                      | 26 MoReg 1476<br>26 MoReg 1542<br>26 MoReg 1598<br>This Issue |
| 4 CSR 100 2.060                           | Division of Credit Unions   |               | 26 MoReg 1159                   |                      | This Issue  |
| 4 CSR 110-2.170                           | Missouri Dental Board   |               | 26 MoReg 1414R<br>26 MoReg 1414 |                      |   |
| 4 CSR 110-2.180                           | Missouri Dental Board   |               | 26 MoReg 1423R<br>26 MoReg 1423 |                      |   |
| 4 CSR 120-2.100                           | State Board of Embalmers and Funeral Directors  |               | 26 MoReg 1007                   |                      | This Issue  |
| 4 CSR 140-2.070                           | Division of Finance   |               | 26 MoReg 328                    | 26 MoReg             | 1341  |
| 4 CSR 140-2.138                           | Division of Finance   |               | 26 MoReg 328                    | 26 MoReg             | 1342  |
| 4 CSR 140-6.085                           | Division of Finance   |               | 26 MoReg 329                    | 26 MoReg             | 1342  |
| 4 CSR 145-1.040                           | Missouri Board of Geologist Registration  |               | 26 MoReg 1011                   |                      | This Issue  |
| 4 CSR 150-2.050                           | State Board of Registration for the Healing Arts                                      |               | 26 MoReg 1014                   |                      | This Issue  |
| 4 CSR 150-2.080                           | State Board of Registration for the Healing Arts                                      |               | 26 MoReg 1014                   |                      | This Issue  |
| 4 CSR 150-2.125                           | State Board of Registration for the Healing Arts                                      |               | 26 MoReg 1020                   |                      | This Issue  |
| 4 CSR 150-2.165                           | State Board of Registration for the Healing Arts                                      |               | 26 MoReg 1021                   |                      | This Issue  |
| 4 CSR 150-6.010                           | State Board of Registration for the Healing Arts                                      |               |                                 |                      | This Issue  |
| 4 CSR 150-8.060                           | State Board of Registration for the Healing Arts                                      |               | 26 MoReg 1023                   |                      | This Issue  |
| 4 CSR 165-1.020                           | Board of Examiners for Hearing Instrument Specialists                                 |               |                                 |                      | This Issue  |
| 4 CSR 165-2.050                           | Board of Examiners for Hearing Instrument Specialists                                 |               |                                 |                      | This Issue  |
| 4 CSR 165-2.060                           | Board of Examiners for Hearing Instrument Specialists                                 |               |                                 |                      | This Issue  |
| 4 CSR 205-4.010                           | Missouri Board of Occupational Therapy  |               | 26 MoReg 859                    | 26 MoReg             | 1539  |
| 4 CSR 205-4.020                           | Missouri Board of Occupational Therapy  |               | 26 MoReg 859                    | 26 MoReg             | 1539  |
| 4 CSR 220-2.010                           | State Board of Pharmacy   |               |                                 |                      | This Issue  |
| 4 CSR 220-2.032                           | State Board of Pharmacy   |               | 26 MoReg 698                    | 26 MoReg             | 1539  |
| 4 CSR 220-2.085                           | State Board of Pharmacy   |               | 26 MoReg 1025                   |                      |   |
| 4 CSR 220-4.010                           | State Board of Pharmacy   |               | 26 MoReg 698                    | 26 MoReg             | 1539  |
| 4 CSR 220-5.020                           | State Board of Pharmacy   |               | 26 MoReg 1025                   |                      |   |
| 4 CSR 231-2.010                           | Division of Professional Registration   |               | 26 MoReg 699                    | 26 MoReg             | 1474  |
| 4 CSR 233-1.040                           | State Committee of Marital and Family Therapists                                      |               | 26 MoReg 1309                   |                      |   |
| 4 CSR 233-2.010                           | State Committee of Marital and Family Therapists                                      |               | 26 MoReg 1309                   |                      |   |
| 4 CSR 233-2.020                           | State Committee of Marital and Family Therapists                                      |               | 26 MoReg 1310                   |                      |   |
| 4 CSR 233-2.021                           | State Committee of Marital and Family Therapists                                      |               | 26 MoReg 1311                   |                      |   |
| 4 CSR 233-2.040                           | State Committee of Marital and Family Therapists                                      |               | 26 MoReg 1312                   |                      |   |
| 4 CSR 235-1.020                           | State Committee of Psychologists  |               | 26 MoReg 700                    | 26 MoReg             | 1474  |
| 4 CSR 235-2.060                           | State Committee of Psychologists  |               | 26 MoReg 700R<br>26 MoReg 700   | 26 MoReg<br>26 MoReg | 1475R<br>1475   |
| 4 CSR 240-10.020                          | Public Service Commission   |               |                                 |                      | This Issue  |
| 4 CSR 240-21.010                          | Public Service Commission   |               | 26 MoReg 1312                   |                      |   |
| 4 CSR 240-32.130                          | Public Service Commission   |               | 26 MoReg 330                    | 26 MoReg             | 1342  |
| 4 CSR 240-32.140                          | Public Service Commission   |               | 26 MoReg 331                    | 26 MoReg             | 1342  |
| 4 CSR 240-32.150                          | Public Service Commission   |               | 26 MoReg 331                    | 26 MoReg             | 1343  |
| 4 CSR 240-32.160                          | Public Service Commission   |               | 26 MoReg 331                    | 26 MoReg             | 1344  |
| 4 CSR 240-32.170                          | Public Service Commission   |               | 26 MoReg 332                    | 26 MoReg             | 1345  |
| 4 CSR 240-35.010                          | Public Service Commission   |               |                                 |                      | This Issue  |
| 4 CSR 240-35.020                          | Public Service Commission   |               |                                 |                      | This Issue  |
| 4 CSR 240-35.030                          | Public Service Commission   |               |                                 |                      | This Issue  |
| 4 CSR 240-51.010                          | Public Service Commission   |               | 26 MoReg 1317                   |                      |   |
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| 4 CSR 240-120.065                         | Public Service Commission   |               | 26 MoReg 1434                   |                      |   |
| 4 CSR 240-120.100                         | Public Service Commission   |               | 26 MoReg 1160                   |                      |   |
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| 4 CSR 240-121.020                         | Public Service Commission   |               | 26 MoReg 1161                   |                      |   |
| 4 CSR 240-121.040                         | Public Service Commission   |               | 26 MoReg 1161                   |                      |   |
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| 4 CSR 240-121.055                         | Public Service Commission   |               | 26 MoReg 1434                   |                      |   |
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| 4 CSR 240-121.090                         | Public Service Commission   |               | 26 MoReg 1162                   |                      |   |
| 4 CSR 240-122.010                         | Public Service Commission   |               | 26 MoReg 1435R                  |                      |   |
| 4 CSR 240-122.020                         | Public Service Commission   |               | 26 MoReg 1435R                  |                      |   |

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| 4 CSR 240-122.040 | Public Service Commission           |           | 26 MoReg 1435R |       |                |
| 4 CSR 240-122.050 | Public Service Commission           |           | 26 MoReg 1436R |       |                |
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| 4 CSR 255-2.030   | Missouri Board for Respiratory Care |           | 26 MoReg 493   | ..... | 26 MoReg 1346  |
| 4 CSR 255-2.050   | Missouri Board for Respiratory Care |           | 26 MoReg 494   | ..... | 26 MoReg 1346  |
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| 4 CSR 255-4.010   | Missouri Board for Respiratory Care |           | 26 MoReg 501R  | ..... | 26 MoReg 1347R |
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| 5 CSR 50-345.020  | Division of School Improvement         |  | 26 MoReg 1320 |       |               |
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To be sure that you do not miss any issues of your *Missouri Register* subscription, please notify us at least four weeks before you move to your new address.

## 1. Present address

Attach address label from a recent issue, or print name and address exactly as shown on the label.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

## 2. Fill in new address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

09/04/01

**Matt Blunt**  
Secretary of State  
PO Box 1767  
Jefferson City, MO 65102

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