

**Title 5—DEPARTMENT OF ELEMENTARY AND  
SECONDARY EDUCATION  
Division 90—Vocational Rehabilitation  
Chapter 4—General Administrative Policies**

**PROPOSED AMENDMENT**

**5 CSR 90-4.120 Minimum Standards for Service Providers.**

The board is proposing to amend subsection (1)(B).

*PURPOSE: This amendment corrects a reference to an amended administrative rule.*

(1) A service provider is an individual or organization which provides services to applicants or eligible individuals.

(B) An educational service provider must comply with the provisions found in *[5 CSR 30-4.020]* **5 CSR 60-900.050**.

*AUTHORITY: sections 161.092, 178.600, 178.610, 178.620, RSMo [1994] 2000. Original rule filed Dec. 17, 1999, effective Aug. 30, 2000. Amended: Filed Dec. 7, 2000.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Elementary and Secondary Education, Attention: Mr. Ronald W. Vessell, Assistant Commissioner, Division of Vocational Rehabilitation, 3024 Dupont Circle, Jefferson City, MO 65109. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 5—DEPARTMENT OF ELEMENTARY AND  
SECONDARY EDUCATION  
Division 90—Vocational Rehabilitation  
Chapter 5—Vocational Rehabilitation Services**

**PROPOSED AMENDMENT**

**5 CSR 90-5.400 Services.** The State Board of Education is amending the rule by adding paragraph (1)(A)3.

*PURPOSE: This amendment expands the number of eligible individuals with disabilities who may receive tuition or required fees towards training.*

(1) Vocational rehabilitation services as defined in the federal act and/or applicable regulations may be provided to individuals.

(A) Financial Need.

1. The following vocational rehabilitation services as defined in the federal act and/or applicable regulations may be provided to individuals based upon financial need:

A. Physical and/or mental restoration, including but not limited to hospitalization, medical treatment, surgery, dentistry, and prosthesis;

B. Training, including tuition, fees, books, supplies, training materials and other services associated with training;

C. Maintenance;

D. Transportation;

E. Placement tools, including initial stock and supplies associated with placement;

F. Rehabilitation technology service, including assistive technology devices and services to assist the individual to achieve an employment outcome;

G. Home modification or remodeling;

H. Vehicle modification;

I. Services to family members to assist the individual to achieve an employment outcome;

J. Personal attendant services;

K. Note-taking services, not involving sign language interpretation; and/or

L. Other goods and services not listed above to assist the individual to achieve an employment outcome.

2. Financial need is based upon the individual's adjusted gross income level of the most recent tax records less unreimbursed disability related expenses as approved by the Division of Vocational Rehabilitation (DVR) and compared to one hundred eighty-five percent (185%) of the U.S. Department of Health and Human Services poverty level for Missouri and the Consumer Price Index as updated on an annual basis.

3. **Individuals who are below three hundred percent (300%) of the U.S. Department of Health and Human Services poverty level for Missouri and the Consumer Price Index as updated on an annual basis, and do not receive any services based upon financial need as listed in this subsection, may receive an annual fixed amount as determined by DVR, to be applied toward tuition costs or required fees for training services. This amount may be authorized by DVR for a twelve (12) month period of time on an annual basis, beginning on the date of services listed on the Individualized Plan for Employment (IPE).**

*AUTHORITY: sections 161.092, 178.600, 178.610 and 178.620, RSMo [1994] 2000. Original rule filed Dec. 17, 1999, effective Aug. 30, 2000. Amended: Filed Dec. 7, 2000.*

*PUBLIC COST: This proposed amendment is estimated to cost the Missouri Department of Elementary and Secondary Education \$127,800 in Fiscal Year 2002, with the cost reoccurring annually thereafter over the life of the rule. A fiscal note containing a detailed estimated cost of compliance has been filed with the Secretary of State.*

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Elementary and Secondary Education, Attention: Mr. Ronald W. Vessell, Assistant Commissioner, Division of Vocational Rehabilitation, 3024 Dupont Circle, Jefferson City, MO 65109. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**FISCAL NOTE  
PUBLIC ENTITY COST**

**I. RULE NUMBER**

Title: 5 - Department of Elementary and Secondary Education  
Division: 90 -- Vocational Rehabilitation  
Chapter: 5 – Vocational Rehabilitation Services  
Type of Rulemaking: Proposed Amendment  
Rule Number and Name: 5 CSR 90-5.400 Services

**II. SUMMARY OF FISCAL IMPACT**

<b>Affected Agency or Political Subdivision</b>	<b>Estimated Cost of Compliance in the Aggregate</b>
Dept. of Elementary and Secondary Education	\$127,800 per year for the life of the rule

**III. WORKSHEET**

For this amendment, an estimated 1,200 more individuals will be provided tuition and required fees at an average of \$500 per person per fiscal year. The cost of this will be \$600,000 per fiscal year. The state portion is figured by multiplying 21.3% times \$600,000. Therefore, the estimated cost is \$127,800 per year.

**IV. ASSUMPTIONS**

**Title 5—DEPARTMENT OF ELEMENTARY AND  
SECONDARY EDUCATION**  
**Division 90—Vocational Rehabilitation**  
**Chapter 5—Vocational Rehabilitation Services**

**PROPOSED AMENDMENT**

**5 CSR 90-5.440 Training.** The State Board of Education is proposing to amend sections (1), (2) and paragraph (1)(A)2.

*PURPOSE: This amendment corrects a reference to an amended administrative rule.*

(1) The following training services as defined in the federal act and/or applicable regulations, and *15 CSR 30-4.020/ 5 CSR 60-900.050* may be provided to eligible individuals based upon financial need:

(A) College, vocational, or proprietary training at an accredited institution may be provided to assist eligible individuals in reaching objectives that are within the scope of their functional limitations, interests, aptitudes and abilities.

1. Eligible individuals must be enrolled in and satisfactorily complete courses that constitute a normal course load for full-time students unless circumstances as approved by the Division of Vocational Rehabilitation (DVR), indicate a need for a reduced course load.

2. Colleges, universities, vocational or proprietary schools must comply with the provisions found in *15 CSR 30-4.020/ 5 CSR 60-900.050*.

3. For eligible individuals enrolled in private or proprietary degree colleges in Missouri, the cost of the education is based upon the nearest Missouri tax supported two (2) or four (4) year college appropriate for the eligible individual to reach their vocational objective. This includes all primary rehabilitation services (e.g. tuition and fees) and secondary rehabilitation services (e.g. maintenance, transportation, books and supplies) which are determined to be necessary for the eligible individual to attend college. The following are exceptions:

A. The specific job objective which the individual is seeking is not available at the nearest Missouri tax supported two (2) or four (4) year college; and/or

B. The nearest Missouri tax supported two (2) or four (4) year college does not provide appropriate services for the individual's disability-related needs.

4. Division of Vocational Rehabilitation's maximum rate of authorization for out-of-state college tuition is based upon the lesser of the hourly rate at the University of Missouri-Columbia (updated annually) or the hourly rate of the particular out-of-state college. This amount may be applied to any of the eligible individual's educational cost(s). For out-of-state colleges any grants, aid, loans, and/or work-study awarded will be used to reduce the individual's participation in the educational costs.

5. Any change in vocational goals involving college, vocational, or proprietary training must be agreed to and signed by the individual and approved by DVR.

6. The eligible individual is responsible for the cost of the tuition and/or required textbooks when courses are dropped, withdrawn and/or retaken due to poor grades, unless the eligible individual's reason for withdrawing, dropping and/or failing a course is disability-related or a credit or refund has been obtained.

7. The individual and/or parents must complete DVR's Financial Application. The individual and/or parents must apply for all applicable federal grants and campus financial aid. If an individual is awarded any grant(s) and attends an in-state college, the grant(s) will be used to reduce DVR's participation in the educational costs.

A. If an individual attends a Missouri public, private or proprietary degree program, all federal grants and aid must be used to reduce agency participation in the educational costs.

B. If the individual participates in a work-study program or obtains student loans, money received from either may be used for educational costs not covered by DVR.

C. If an individual attends an out-of-state college or university, all federal grants and aid may be used to pay for educational costs which exceed DVR's level of funding.

8. The eligible individual is responsible for the cost of tuition, books and supplies for elective courses that do not apply to the eligible individual's degree or program.

9. The eligible individual must acquire and maintain at least a minimum grade point average of 2.0 (based on a four (4) point scale) or a 3.0 (based on a five (5) point scale).

10. The eligible individual shall provide a grade report after each semester, quarter, trimester, etc., that documents hours taken, hours completed, grades for each course and grade point average;

(2) The following training services as defined in the federal act and/or applicable regulations, and *15 CSR 30-4.020/ 5 CSR 60-900.050* may be provided to eligible individuals regardless of financial need:

*AUTHORITY: sections 161.092, 178.600, 178.610 and 178.620, RSMo [1994] 2000. Original rule filed Dec. 17, 1999, effective Aug. 30, 2000. Amended: Filed Dec. 7, 2000.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Elementary and Secondary Education, Attention: Mr. Ronald W. Vessell, Assistant Commissioner, Division of Vocational Rehabilitation, 3024 Dupont Circle, Jefferson City, MO 65109. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 13—DEPARTMENT OF SOCIAL SERVICES**  
**Division 15—Division of Aging**  
**Chapter 15—Residential Care Facilities I and II**

**PROPOSED RULE**

**13 CSR 15-15.045 Standards and Requirements for Residential Care Facilities II Which Provide Services to Residents with Alzheimer's Disease or Other Dementia**

*PURPOSE: This rule establishes the additional standards for those residential care facilities II which admit or continue to care for residents who are physically capable but mentally incapable of negotiating a pathway to safety due to Alzheimer's disease or other dementia.*

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

*EDITOR'S NOTE: All rules relating to long-term care facilities licensed by the Division of Aging are followed by a Roman Numeral notation which refers to the class (either Class I, II or III) of standard as designated in section 198.085.1, RSMo.*

(1) Definitions. For the purposes of this rule, the following definitions shall apply:

(A) Activities of daily living (ADLs) mean a resident's ability to eat, bathe, toilet, dress, transfer and ambulate.

(B) Chemical restraint means a psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms.

(C) Convenience means any action taken by the facility to control resident behavior or maintain residents with a lesser amount of effort by the facility and not in the resident's best interests.

(D) Discipline means any action taken by the facility for the purpose of punishing or penalizing residents.

(E) Individual service plan means the planning document which outlines and describes the services to be provided and the outcomes expected in order to meet the resident's needs.

(F) Licensed professional means any of the following:

1. Physician, as defined in and licensed under the provisions of Chapter 334, RSMo;

2. Nurse, as defined in and licensed under the provisions of Chapter 335, RSMo;

3. Psychologist, as defined in and licensed under the provisions of Chapter 337, RSMo;

4. Professional counselor, as defined in and licensed under the provisions of Chapter 337, RSMo; and

5. Clinical social worker, as defined in and licensed under the provisions of Chapter 337, RSMo.

(G) Physical restraint means any physically applied method, or mechanical device which the resident cannot easily remove, that restricts the free movement or normal functioning of any portion of the resident's body, or the resident's normal access to common areas and his or her personal spaces.

(H) Resident, only for the purpose of this rule, means an individual who is mentally incapable of negotiating a pathway to safety due to Alzheimer's disease or other dementia, who is admitted to or continues to be cared for in the facility under the provisions of this rule.

(I) Significant change means any change in the resident's physical, emotional or psychosocial condition or behavior that would require an adjustment or modification in the resident's treatment or services.

(2) General Requirements.

(A) A residential care facility II which admits or continues to care for persons who have been diagnosed with Alzheimer's disease or other dementia who are physically capable but mentally incapable of negotiating a pathway to safety with the use of assistive devices or aids when necessary, shall not care for such residents unless:

1. The resident has been diagnosed with Alzheimer's disease or other dementia by a physician licensed to practice medicine; and

2. The facility is able to provide appropriate services for and meet the needs of the resident. I/II

(B) A residential care facility II may admit or continue to care for residents who have been diagnosed with Alzheimer's disease or other dementia if the residents are physically capable but mentally incapable of negotiating a pathway to safety with the use of assistive devices or aids when necessary, providing the facility is in substantial compliance with the provisions of Chapter 198, RSMo and all regulations under which the facility is licensed by the Division of Aging. I/II

(C) A residential care facility II which admits or continues to care for persons who have been diagnosed with Alzheimer's disease or other dementia who are physically capable but mentally

incapable of negotiating a pathway to safety with the use of assistive devices or aids when necessary, shall comply with the provisions of the Alzheimer's Special Care Disclosure Act pursuant to sections 198.500 to 198.515, RSMo. The facility shall complete, and submit to the Division of Aging, an Alzheimer's Special Care Services Disclosure form (MO Form 886-3548), which is incorporated by reference in this rule. II

(D) A residential care facility II which admits or continues to care for persons who have been diagnosed with Alzheimer's disease or other dementia who are physically capable but mentally incapable of negotiating a pathway to safety with the use of assistive devices or aids when necessary, shall not admit, retain or continue to care for any resident who is mentally incapable of negotiating a pathway to safety with the use of assistive devices or aids who:

1. Has exhibited behaviors which indicate that the resident is a danger to self or others;

2. Is at constant risk of elopement and, despite repeated interventions which have not altered the resident's behavior, continues to be a danger to self;

3. Requires physical or chemical restraint as defined in this rule;

4. Requires skilled nursing services as defined in section 198.006(17), RSMo for which the facility is not licensed or able to provide;

5. Requires more than one person to simultaneously provide physical assistance to the resident with any activity of daily living, with the exception of bathing; or

6. Is bed-bound or chair-bound and is unable to ambulate due to a debilitating or chronic condition. I/II

(3) Physical Design and Fire Safety Requirements.

(A) The facility shall be equipped with a complete sprinkler system installed and maintained in accordance with the 1996 edition of the National Fire Protection Association (NFPA) 13, *Standard for the Installation of Sprinkler Systems*, or the 1996 edition of NFPA 13R, *Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height*, which are incorporated by reference in this rule. I/II

(B) The facility shall be equipped with a complete electrically supervised fire alarm system in accordance with the provisions of the 1997 *Life Safety Code for Existing Health Care Occupancy*, incorporated by reference in this rule. The system shall include smoke detectors located no more than thirty feet (30') apart in corridors with no point in the corridor located more than fifteen feet (15') from a smoke detector. The fire alarm system shall be equipped to automatically transmit an alarm to the fire department. I/II

(C) Each floor used for resident bedrooms shall be divided into at least two (2) smoke sections by one (1)-hour rated smoke stop partitions. No smoke section shall exceed one hundred fifty feet (150') in length. If, however, neither the length nor width of a floor exceeds seventy-five feet (75'), no smoke stop partitions are required. Openings in smoke stop partitions shall be protected by one and three-fourths inches (1 3/4")-thick solid core wood doors or metal doors with an equivalent fire rating. The doors shall be equipped with closers and magnetic hold-open devices. Any duct passing through this smoke wall shall be equipped with automatic resetting smoke dampers that are activated by the fire alarm system. Smoke partitions shall extend from outside wall-to-outside wall and from floor-to-floor or floor-to-roof deck. II

(D) In a multilevel facility, residents who are mentally incapable of negotiating a pathway to safety shall be housed only on a ground floor. The ground floor shall be any floor that has at least one exit at grade. All other required exits shall be at grade, or with no more than two steps to grade, or with a ramp to grade. The ramp shall have a maximum slope of one to twelve (1:12) leading to grade. II

(E) When a resident resides among the entire general population of the facility, the facility shall take necessary measures to provide such residents with the opportunity to explore the facility and, if appropriate, its grounds. When a resident resides within a designated, separated area that is secured by limited access, the facility shall take necessary measures to provide such residents with the opportunity to explore the separated area and, if appropriate, its grounds. If enclosed or fenced courtyards are provided, residents shall have reasonable access to such courtyards. Enclosed or fenced courtyards that are accessible through a required exit door shall be large enough to provide an area of refuge for fire safety at least thirty feet (30') from the building. Enclosed or fenced courtyards that are accessible through a door other than a required exit shall have no size requirements. II

(F) The facility shall provide freedom of movement for the residents to common areas and to their personal spaces. The facility shall not lock residents out of or inside their rooms. Key operated locks shall not be permitted on resident room doors. I/II

(G) Every facility shall use a personal electronic monitoring device for any resident whose physician recommends the use of such device. II

(H) The facility may provide a designated, separated area where residents, who are mentally incapable of negotiating a pathway to safety, reside and receive services and which is secured by limited access if the following conditions are met:

1. Dining rooms, living rooms, activity rooms, and other such common areas shall be provided within the designated, separated area. The total area for common areas within the designated, separated area shall be equal to at least forty (40) square feet per resident; II/III

2. Doors separating the designated, separated area from the remainder of the facility or building shall not be equipped with locks that require a key to open; I/II

3. If locking devices are used on exit doors egressing the facility or on doors accessing the designated, separated area, delayed egress magnetic locks shall be used. These delayed egress devices shall comply with the following:

A. The lock must unlock when the fire alarm is activated;

B. The lock must unlock when the power fails;

C. The lock must unlock within thirty (30) seconds after the release device has been pushed for at least three (3) seconds, and an alarm must sound adjacent to the door;

D. The lock must be manually reset and cannot automatically reset; and

E. A sign shall be posted on the door that reads: PUSH UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 30 SECONDS. I/II

4. The delayed egress magnetic locks may also be released by a key pad located adjacent to the door for routine use by staff. I/II

#### (4) Staffing Requirements.

(A) The facility shall be staffed twenty-four (24) hours a day by the adequate number and type of personnel necessary for the proper care of residents and upkeep of the facility in accordance with the staffing requirements found in 13 CSR 15-15.042. In meeting such staffing requirements, every resident who is mentally incapable of negotiating a pathway to safety shall count as three (3) residents. I/II

(B) All on-duty staff of the facility shall, at all times, be awake, dressed in on-duty work attire, and prepared to assist residents in case of emergency. I/II

#### (5) Assessments and Individual Service Plans.

(A) Prior to admitting or continuing to care for a resident diagnosed with Alzheimer's disease or other dementia, a family member or legal representative of the resident, in consultation with the resident's primary physician, shall meet with a facility representative to determine if the facility can meet the needs of the resident.

The facility shall document the decisions regarding admission or continued placement in the facility through written verification by the family member, physician and the facility representative. II

(B) After consultation, if the facility admits or continues to care for the resident, a Minimum Data Set (MDS) assessment shall be completed on an MDS form provided by the Division of Aging to assess the needs of each resident who is mentally incapable of negotiating a pathway to safety. II/III

(C) Each resident shall be assessed by a licensed professional, as defined in subsection (1)(F) of this rule, by use of the MDS:

1. Within ten (10) days of admission; and

2. Every one hundred eighty (180) days thereafter; or

3. Whenever a significant change occurs in the resident's condition as defined in subsection (1)(I) of this rule. I/II

(D) Based on the MDS assessment, an interdisciplinary team shall develop an individual service plan for each resident who is mentally incapable of negotiating a pathway to safety. Whenever possible and appropriate, the resident, family members or other individuals instrumental in identifying the needs of, or providing treatment or services to, the resident shall be involved in the development or revision of the individual service plan. Every individual service plan shall be signed by each person participating in its development. II/III

(E) An individual service plan shall be completed and implemented within twenty (20) days after the completion of an MDS assessment of a resident. I/II

(F) An individual service plan shall describe the resident's needs and preferences, the specific methods and services to meet those needs, desired outcomes or interventions, and the names of the staff, service provider, and if applicable, family members who are primarily responsible for implementing the individual service plan. At a minimum, the individual service plan for each resident shall identify:

1. The resident's capabilities, strengths, potential, preferences and customary behaviors;

2. The resident's behavioral, medical and social needs based on the assessment;

3. The services provided to meet the needs of the resident;

4. The expected outcomes of the services provided; and

5. Staff or other persons responsible for providing the services to meet the needs of the resident. II/III

(G) The facility shall make each resident's individual service plan available for use to all persons providing services to that resident. II/III

#### (6) Staff Training and Orientation.

(A) All facility personnel who provide direct care to residents who are mentally incapable of negotiating a pathway to safety shall receive at least twenty-four (24) hours of training within the first thirty (30) days of employment.

1. At least twelve (12) hours of the twenty-four (24) hours of training shall be classroom instructions; and

2. Six (6) classroom instruction hours and two (2) on-the-job training hours shall be related to the special needs, care and safety of residents with dementia. II

(B) If residents who are mentally incapable of negotiating a pathway to safety reside among the entire general population of the facility, all facility personnel, regardless of whether such personnel provide direct care to residents who cannot negotiate a pathway to safety, shall receive on a quarterly basis at least four (4) hours of in-service training, with at least two (2) such hours relating to the care and safety of residents who are mentally incapable of negotiating a pathway to safety. If residents who are mentally incapable of negotiating a pathway to safety reside within a designated, separated area that is secured by limited access, all personnel who have or could have contact with residents residing in the designated, separated area which is secured by limited access, shall receive on a quarterly basis at least four (4) hours of in-service

training, with at least two (2) such hours relating to the care and safety of residents who are mentally incapable of negotiating a pathway to safety. II

(C) Any training related to the special needs, treatment and safety of residents with dementia shall include, but not be limited to, the following:

1. An overview of Alzheimer's disease and other dementia;
2. Communication techniques which are effective in enhancing and maintaining communication skills for residents with dementia;
3. Components of or techniques for creating a safe, secure and socially oriented environment for residents with dementia;
4. Provision of structure, stability and a sense of routine for residents based on their needs;
5. Effective management of different or difficult behaviors; and
6. Issues involving families and care givers. II/III

(D) The initial twenty-four (24) hours of training required within the first thirty (30) days of employment shall include, at a minimum, all of the components in subsection (6)(C) of this rule. II

(E) The in-service training to be provided on a quarterly basis shall include at least four (4) hours of in-service training, with at least two (2) such hours relating to the care and safety of residents who are mentally incapable of negotiating a pathway to safety. Each component listed in subsection (6)(C) of this rule must be included over the course of each twelve (12)-month period. II

(F) All in-service or orientation training relating to the special needs, care and safety of residents who are mentally incapable of negotiating a pathway to safety shall be conducted, presented or provided by a training instructor who is qualified by education, experience or knowledge in the care of individuals with Alzheimer's disease or other dementia. II/III

(7) Programs and Services for Residents Who are Mentally Incapable of Negotiating a Pathway to Safety.

(A) Each facility shall make available and implement self-care, productive and leisure activity programs for persons with dementia which maximize and encourage the resident's optimal functional ability. The facility shall provide activities that are appropriate to the resident's individual needs, preferences, background and culture. Individual or group activity programs may consist of the following:

1. Gross motor activities, such as exercise, dancing, gardening, cooking and chores;
2. Self-care activities, such as dressing, grooming and personal hygiene;
3. Social and leisure activities, such as games, music and reminiscing;
4. Sensory enhancement activities, such as auditory, olfactory, visual and tactile stimulation;
5. Outdoor activities, such as walking and field trips;
6. Creative arts; or
7. Other social, leisure or therapeutic activities that encourage mental and physical stimulation or enhance the resident's well-being. II/III

(B) The facility shall develop and implement written policies and procedures which address, at a minimum:

1. The facility's admission, transfer and discharge criteria taking into account the individual's needs and the facility's ability to meet those needs;
2. The basic services provided or offered to residents with Alzheimer's disease or other dementia;
3. The procedures and actions to be taken in the event of resident elopement;
4. The development and implementation of individual service plans;

5. The assignment of staff to residents based on the resident's needs which minimize resident confusion and maintain familiarity with environment;

6. Staff orientation and in-service training relating to the special needs, care and safety of residents with dementia;

7. Fire drill and emergency evacuation procedures for residents who are mentally incapable of negotiating a pathway to safety; and

8. The protection of the rights, privacy and safety of residents and the prevention of financial exploitation of residents. II/III

*AUTHORITY: section 198.073, RSMo 2000. Emergency rule filed Dec. 14, 2000, effective Jan. 2, 2001, expires June 30, 2001. Original rule filed Dec. 14, 2000.*

*PUBLIC COST: This proposed rule will cost participating county/nursing home district residential care facilities II \$12,012 in FY-02, and \$5,208 in FY-03 and annually thereafter for the life of the rule. A detailed fiscal note containing the estimated cost of compliance has been filed with the secretary of state.*

*PRIVATE COST: This proposed rule will cost participating private entities \$98,208 in FY-02, \$249,942 in FY-03, \$446,490 in FY-04, and \$290,400 annually thereafter for the life of the rule. This proposed rule will cost participating private entities with Safe Units \$768,350 in FY-02, and \$124,080 thereafter for the life of the rule. The annual impact will include some costs to small businesses. A detailed fiscal note containing the estimated cost of compliance has been filed with the secretary of state.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with Richard C. Dunn, Director, Division of Aging, 615 Howerton Court, P.O. Box 1337, Jefferson City, MO 65102-1337. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**FISCAL NOTE  
PUBLIC ENTITY COST**

**I. RULE NUMBER**

**Title:** 13 - Department of Social Services  
**Division:** 15 - Division of Aging  
**Chapter:** 15 - Residential Care Facilities I and II  
**Type of Rulemaking:** Proposed Rule  
**Rule Number and Name:** 13 CSR 15-15.045—Standards and Requirements for Residential Care Facilities II Which Provide Services to Residents with Alzheimer’s Disease or Other Dementia.

**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:
2	County/Nursing Home District Residential Care Facilities II	FY-02 - \$12,012
2	County/Nursing Home District Residential Care Facilities II	FY-03 - \$5,208*

\*Annually for the life of the rule

**III. WORKSHEET**

- Staff Training:** Eleven (11) full-time employees of one (1) LPN @ \$11/hr., four (4) Med. Aides @ \$6.25/hr., three (3) CNAs @ \$10/hr., three (3) non-direct care staff @ \$5.35/hr., and five (5) part-time employees of one (1) RN @ \$18/hr., three (3) Med. Aides @ \$6.25/hr., and one (1) CNA @ \$10/hr. Total direct care wages/hr. = \$112.75; total staff wages/hr. = \$129.00/hr. Twenty percent (20%) staff turnover rate @ avg hr rate = Three (3) staff @ \$8/hr.= \$24/hr.  
 24 hrs. Orientation x \$112.75 = \$2,706 (first year only); 24 hrs. Orientation x \$24 = \$576 (ongoing); 16 hrs. In-service training x \$129/hr. = \$2,064. Total training costs/RCF II for first year: \$2,706 + \$576 + \$2,064 = \$5,346. Ongoing training costs/RCF II: \$576 + \$2,064 = \$2,640.
- Fire Safety Requirements:** One and three-fourths inches solid core doors @ \$300/door. Non-locking door knobs @ \$20/resident room door. Average cost per affected RCF II = \$660

**IV. ASSUMPTIONS**

1. All rules in 13 CSR 15 are integrally related. All Chapter 15 rules should be considered collectively to obtain a complete assessment of the costs related to Residential Care Facilities (RCFs).

2. There are 14 Nursing Home Districts with approximately 30 RCF IIs. For the purposes of completing this fiscal note, it is assumed that the average RCF II has 27 residents with 11 full-time staff and 5 part-time staff. Three of the 11 staff do not provide direct care. The turnover rate among staff is assumed to be 20%.
3. Assumes that all employees, both full-time and part-time, attend required orientation and training.
4. In the first year (FY-02) it is assumed that two RCF IIs shall decide to admit or continue to care for residents who are physically capable but mentally incapable of negotiating a pathway to safety with the use of assistive devices or aids due to Alzheimer's disease or other dementia. It is assumed that this number will remain constant for the life of the rule, as this rule does not require RCFs to participate.
5. Assumes that each participating RCF II will have three (3) residents with Alzheimer's disease or other dementia who cannot mentally negotiate a pathway to safety.
6. Assumes that both of the participating facilities will need to meet the additional fire safety standards. In FY-02 it will cost the (2) RCF IIs \$1,320 for doors and hardware.
7. This rule is mandated by section 198.073, RSMo (Supp. 1999); therefore, the life of the rule cannot be determined by the Division of Aging.
8. As this rule is substantially based on the statutory requirements of Chapter 198, RSMo (Supp. 1999), a takings analysis is not required under section 536.017, RSMo (Supp. 1999). However, a takings analysis has occurred and a determination made that the proposed rule does not constitute a taking of real property under relevant state and federal laws.
9. Any other costs not identified within this fiscal note are unforeseen and unquantifiable.



**FISCAL NOTE  
PRIVATE ENTITY COST**

**I. RULE NUMBER**

**Title:** 13 - Department of Social Services  
**Division:** 15 - Division of Aging  
**Chapter:** 15 - Residential Care Facilities I and II  
**Type of Rulemaking:** Proposed Rule  
**Rule Number and Name:** 13 CSR 15-15.045—Standards and Requirements for Residential Care Facilities II Which Provide Services to Residents with Alzheimer’s Disease or Other Dementia.

**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:
18	Residential Care Facilities II	FY-02 - \$98,208
55	Residential Care Facilities II	FY-03 - \$249,942
110	Residential Care Facilities II	FY-04 - \$446,490
110	Residential Care Facilities II	FY-05 - \$290,400*
55	RCF IIs with Safe Units	FY-03 - \$768,350
55	RCF IIs with Safe Units	FY-04 - \$124,080*

\*Annually for the life of the rule

**III. WORKSHEET**

- Staff Training:** Eleven (11) full-time employees of one (1) LPN @ \$11/hr., four (4) Med. Aides @ \$6.25/hr., three (3) CNAs @ \$10/hr., three (3) non-direct care staff @ \$5.35/hr., and five (5) part-time employees of one (1) RN @ \$18/hr., three (3) Med. Aides @ \$6.25/hr., and one (1) CNA @ \$10/hr. Total direct care wages/hr. = \$112.75; total staff wages/hr. = \$129.00/hr. Twenty percent (20%) staff turnover rate @ avg hr rate = Three (3) staff @ \$8/hr. = \$24/hr.  
24 hrs. Orientation x \$112.75 = \$2,706 (first year only); 24 hrs. Orientation x \$24 = \$576 (ongoing); 16 hrs. In-service training x \$129/hr. = \$2,064. Total training costs/RCF II for first year: \$2,706 + \$576 + \$2,064 = \$5,346. Ongoing training costs/RCF II: \$576 + \$2,064 = \$2,640.
- Staff Training for RCF II Safe Unit:** For six (6) residents/Safe Unit - one (1) LPN; two (2) Med. Aides; two (2) CNAs; and three (3) part-time Med. Aides. Unit hourly wage = \$62.25 x 24 hrs training = \$1,494 (first year only); turnover rate of 20% = one x \$8/hr x 24 hrs. = \$192; in-service training for all staff = \$2,064.  
FY-02: \$1,494 + \$192 + \$2,064 = \$3,750; FY-03: \$192 + \$2,064 = \$2,256

- Fire Safety Requirements: One and three-fourths inches solid core doors @ \$300/door.  
Non-locking door knobs @ \$20/resident room door. Average cost per affected RCF II = \$660
- For RCF II with Safe Unit - Delayed egress locking systems @ \$2,000/door; Additional square feet (15 ft @ \$82/sq ft = \$1,230/resident x 6 residents = \$7,380  
FY-02 cost for six (6) resident Safe Unit = \$3,750 (training) + \$600 (doors) + \$240 (door knobs) + \$2,000 (delayed egress door) + \$7,380 = \$13,970/RCF II x 55 RCF II = \$768,350 FY-03 cost for ongoing and in-service training = \$2,256/RCF II x 55 RCF II = \$124,080

#### IV. ASSUMPTIONS

1. All rules in 13 CSR 15 are integrally related. All Chapter 15 rules should be considered collectively to obtain a complete assessment of the costs related to Residential Care Facilities (RCFs).
2. There are 356 RCF IIs with 15,556 beds and 9,966 residents. The occupancy rate is 56%. For the purposes of completing this fiscal note, it is assumed that the average RCF II has 27 residents with 11 full-time staff and 5 part-time staff. Three of the 11 staff do not provide direct care. The turnover rate among staff is assumed to be 20%.
3. Assumes that all employees, both full-time and part-time, attend required orientation and training.
4. In the first year (FY-01) it is assumed that five percent (5%) of the RCF IIs (18 RCF IIs) shall decide to admit or continue to care for residents who are physically capable but mentally incapable of negotiating a pathway to safety with the use of assistive devices or aids due to Alzheimer's disease or other dementia. In FY-03 the number of RCF IIs will increase by 37 facilities to 55 facilities (15%). In FY-04 the number of RCF IIs will increase by 55 facilities to 110 facilities (30%). It is assumed that the 30% rate will remain constant for the life of the rule, as this rule does not require RCFs to participate.
5. Assumes that each participating RCF II will have three (3) residents with Alzheimer's disease or other dementia who cannot mentally negotiate a pathway to safety.
6. Assumes that twenty percent (20%) of participating facilities will need to meet the additional fire safety standards. In FY-02 it will cost three (3) RCF IIs \$1,980 for doors and hardware; in FY-03 it will cost seven (7) RCF IIs \$4,620 in doors and hardware; and in FY-04 it will cost eleven (11) RCF IIs \$7,260 for doors and hardware.
7. This rule is mandated by section 198.073, RSMo (Supp. 1999); therefore, the life of the rule cannot be determined by the Division of Aging.
8. As this rule is substantially based on the statutory requirements of Chapter 198, RSMo (Supp. 1999), a takings analysis is not required under section 536.017, RSMo (Supp. 1999). However, a takings analysis has occurred and a determination made that the proposed rule does not constitute a taking of real property under relevant state and federal laws.
9. Any other costs not identified within this fiscal note are unforeseen and unquantifiable.



Missouri Department of Social Services/Division of Aging  
Missouri Department of Health/Division of Health Standards and Licensure  
Alzheimer's Special Care Services Disclosure

**PURPOSE**

Long-term care facilities which provide or offer to provide care for persons with Alzheimer's disease by means of a special care unit or program are mandated by section 198.510, RSMo, to disclose information to the Division of Aging about those elements of their program which distinguishes the unit or program as being especially suitable for persons with Alzheimer's or other dementias. This disclosure form, along with a document or brochure containing information on selecting an Alzheimer's special care program, must be submitted to the Division of Aging as part of the licensure application. Facilities are also required to disclose the same information to residents, their next of kin, designee or guardian at the time of admission.

**IDENTIFYING INFORMATION** (PLEASE TYPE OR PRINT)

Facility Name

Address

Phone

Type of License

Unit Capacity

Person in Charge of Program Oversight

**PROGRAM PHILOSOPHY**

Briefly describe the philosophy of the Special Care Program.

**ADMISSION & DISCHARGE INFORMATION**

Items in the checklist below are characteristics of some Special Care Programs and do not necessarily represent regulatory requirements.

A. - Check the following admissions criteria and procedures that apply to the Special Care Program:

Medical Confirmation of Alzheimer's or Related Dementia

Pre-admission Family Interview

Pre-admission Observation

Tour of the Special Care Program, Explanation of Unique Features

Additional Admission Criteria (include any other diagnostic or functional capacity requirements; ability to ambulate..etc.):

B. - Check the following discharge and/or transfer criteria and that apply to residents in the program:

- No Longer Ambulatory
- Specialized Nursing Procedures Required
- Unable to Feed Self
- Unable to Benefit from Therapeutic Programming
- Additional Criteria: \_\_\_\_\_

C. - Describe any specialized services available to assist with transfer and discharge planning for special program participants:

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**■ ASSESSMENT ■**

A. - Describe how the process for evaluating Special Care Program participants and developing a plan of care may differ from procedures followed elsewhere in the facility.

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B. - Explain how the facility ensures that staff carry out the plan of care for Special Care Program participants and how the plan of care changes in response to the participant's condition.

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**STAFF TRAINING**

A. - Do staff who work with the Special Care Program receive specialized training not provided to staff in the rest of the facility?  YES  NO

B. - If so, indicate how many hours annually of specialized training by type of staff:

RNs & L.P.Ns: \_\_\_\_\_  
Hours Per Year

C.N.As: \_\_\_\_\_  
Hours Per Year

Support: \_\_\_\_\_  
Hours Per Year

Volunteers: \_\_\_\_\_  
Hours Per Year

C. -List the topics of this specialized training provided to staff in the Special Care Unit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL ENVIRONMENT & RESIDENT SAFETY**

Items in the checklist below are characteristics of some Special Care Programs and do not necessarily represent regulatory requirements.

Indicate any of the program's physical design & security features designed to safeguard individuals with Alzheimer's and dementia and enhance their lives:

Door Alarms

Wander Guard

Enclosed Courtyard

Door Locks

Lockout Elevators

Other Features:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESIDENT ACTIVITIES**

List the types and frequency of activities offered by the Special Care Program which are different than those offered in the rest of the facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**■ FAMILY INVOLVEMENT ■**

Items in the checklist below are characteristics of some Special Care Programs and do not necessarily represent regulatory requirements.

Indicate those features available to family members of residents in the program:

- |  |   |
|--|---|
| <input type="radio"/> Alzheimer's Family Support Group | <input type="radio"/> Support Staff Assigned to Work with Family Members      |
| <input type="radio"/> Respite Care                     | <input type="radio"/> Educational Materials on Alzheimer's & Other Dementia's |

Other Features:

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**■ PROGRAM COSTS ■**

A. - How does the cost for participants in the Special Care Program differ from the cost for other residents in the facility?

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B. - If there is an additional cost for participants in the Special Care Program, what additional services are provided?

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C. - Please indicate any other optional services available only to Special Care Program participants at an additional cost:

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D. - Does the facility have designated Medicaid beds available in the Special Care Program?  YES  NO

**Title 13—DEPARTMENT OF SOCIAL SERVICES**  
**Division 40—Division of Family Services**  
**Chapter 31—Child Abuse**

**PROPOSED RESCISSION**

**13 CSR 40-31.050 Child Fatality Review Process.** This rule applied to the State Technical Assistance Team and the Child Fatality Review Panels fulfilling their responsibility in identifying and preventing child fatalities in this state.

*PURPOSE: This rule is proposed for rescission because the Division of Family Services is no longer responsible for overseeing the State Technical Assistance Team and the Child Fatality Review Process. The director of the Department of Social Services has transferred the State Technical Assistance Team to the Division of Legal Services along with responsibility for the child fatality review process. An emergency rule and accompanying proposed rule containing the revised procedures relating to this area appear in this edition of the Missouri Register.*

*AUTHORITY: section 207.020, RSMo 1986. Original rule filed June 15, 1989, effective Jan. 1, 1990. Emergency rescission and emergency rule filed Dec. 20, 1991, effective Jan. 1, 1992, expired April 29, 1992. Emergency rescission and emergency rule filed April 16, 1992, effective April 26, 1992, expired Aug. 23, 1992. Rescinded and readopted: Filed Jan. 3, 1992, effective Aug. 6, 1992. Emergency rescission filed Dec. 19, 2000, effective Jan. 1, 2001, expires June 29, 2001. Rescinded: Filed Dec. 19, 2000.*

*PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than \$500 in the aggregate.*

*PRIVATE COST: This proposed rescission will not cost private entities more than \$500 in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Director, Division of Family Services, 615 Howerton Court, P.O. Box 88, Jefferson City, MO 65103-0088. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 13—DEPARTMENT OF SOCIAL SERVICES**  
**Division 40—Division of Family Services**  
**Chapter 32—Child Care**

**PROPOSED RULE**

**13 CSR 40-32.020 Processing of Applications for State and Federal Funds for Providing Child Care Services**

*PURPOSE: The purpose of this rule is to implement the provisions of section 210.025, RSMo 2000 relating to conducting background checks of persons applying for state or federal funds for providing child care services in the home.*

(1) General. To qualify for receipt of state or federal funds for providing child care services in the home either by direct payment or through reimbursement to a child care beneficiary, an applicant, pursuant to section 210.025, RSMo, or a recipient, pursuant to section 210.027, RSMo, and any person over the age of eighteen (18) who is living in the applicant's home shall be required to submit to background checks as prescribed below. A person over the age of eighteen (18) is a person who has attained his or her eighteenth birthday. These required background checks include the following:

(A) A criminal background check pursuant to section 43.540, RSMo;

(B) A check of the child abuse central registry established pursuant to section 210.145, RSMo; and

(C) A check of licensure suspensions and revocations pursuant to section 210.221 or 210.496, RSMo.

(2) Processing of Applications.

(A) Upon receipt of an application for state or federal funds for providing child care services in the home, pursuant to section 210.025, RSMo, or upon review of a recipient, pursuant to 210.027, RSMo, which review shall occur at least annually, the Division of Family Services shall:

1. Determine if a probable cause (or reason to suspect) finding of child abuse or neglect involving the applicant, pursuant to section 210.025, RSMo, or the recipient, pursuant to section 210.027, RSMo, or any person over the age of eighteen (18) who is living in the applicant's home has been recorded pursuant to section 210.221 or 210.145, RSMo;

2. Determine if the applicant, pursuant to section 210.025, RSMo, or the recipient, pursuant to section 210.027, RSMo, or any person over the age of eighteen (18) who is living in the applicant's home has been refused licensure or has experienced licensure suspension or revocation pursuant to section 210.221 or 210.496, RSMo; and

3. Request a criminal background check pursuant to section 43.540, RSMo, of the applicant, pursuant to section 210.025, RSMo, or a recipient, pursuant to section 210.027, RSMo, and any person over the age of eighteen (18) who is living in the applicant's home.

(B) Except as otherwise provided in section (3) below, upon completion of the background checks required in subsection (2)(A) above, an applicant, pursuant to section 210.025, RSMo, or a recipient, pursuant to section 210.027, RSMo, shall be denied state or federal funds for providing child care if such applicant, pursuant to section 210.025, RSMo, or a recipient, pursuant to section 210.027, RSMo, or any person over the age of eighteen (18) who is living in the applicant's home:

1. Has had a probable cause (or reason to suspect) finding of child abuse or neglect pursuant to section 210.145, RSMo;

2. Has been refused licensure or has experienced licensure suspension or revocation pursuant to section 210.496, RSMo; or

3. Has plead guilty or *nolo contendere* to or been found guilty of:

A. Any felony for an offense against the person as defined in Chapter 565, RSMo, or any other offense (misdemeanor or felony) against the person involving the endangerment of a child as prescribed by law;

B. Any misdemeanor or felony for a sexual offense as defined by Chapter 566, RSMo;

C. Any misdemeanor or felony for an offense against the family as defined in Chapter 568, RSMo, with the exception of the sale of fireworks to a child under the age of eighteen (18);

D. Any misdemeanor or felony for pornography or related offense as defined by Chapter 573, RSMo; or

E. Any similar crime in any federal, state, municipal or other court of similar jurisdiction of which the director has knowledge or any offenses or reports which will disqualify an applicant from receiving state or federal funds, including the following:

(I) Murder, in any degree, which is considered a felony in the jurisdiction in which it was filed; or

(II) Manslaughter, in any degree, which is considered a felony in the jurisdiction in which it was filed; or

(III) Assault, in any degree, which is considered a felony in the jurisdiction in which it was filed; or

(IV) Assault, in any degree, involving a child victim which is considered a misdemeanor or a felony in the jurisdiction in which it is filed; or

(V) Kidnapping, in any degree, which is considered a felony (or, if involving the endangerment of a child, either a misdemeanor or felony) in the jurisdiction in which it was filed; or

(VI) Felonious restraint or false imprisonment, in any degree, which is considered a felony (or, if involving the endangerment of a child, either a misdemeanor or felony) in the jurisdiction in which it was filed; or

(VII) Interference with child custodial rights, in any degree, which is considered a felony (or, if involving the endangerment of a child, either a misdemeanor or felony) in the jurisdiction in which it was filed; or

(VIII) Elder abuse, in any degree, which is considered a felony in the jurisdiction in which it was filed; or

(IX) Adult abuse or stalking, in any degree, which is considered a felony in the jurisdiction in which it was filed; or

(X) Any form of rape, in any degree, which is considered a felony or a misdemeanor in the jurisdiction in which it was filed; or

(XI) Any form of sodomy, in any degree, which is considered a felony or a misdemeanor in the jurisdiction in which it was filed; or

(XII) Any form of prostitution, in any degree, which is considered a felony or a misdemeanor in the jurisdiction in which it was filed; or

(XIII) Any form of child molestation, in any degree, which is considered a felony or a misdemeanor in the jurisdiction in which it was filed; or

(XIV) Any form of bigamy, in any degree, which is considered a felony or a misdemeanor in the jurisdiction in which it was filed; or

(XV) Any form of child abandonment, in any degree, which is considered a felony or a misdemeanor in the jurisdiction in which it was filed; or

(XVI) Any form of criminal nonsupport of a child, in any degree, which is considered a felony or a misdemeanor in the jurisdiction in which it was filed; or

(XVII) Any form of child endangerment, in any degree, which is considered a felony or a misdemeanor in the jurisdiction in which it was filed; or

(XVIII) Any form of child abuse, in any degree, which is considered a felony or a misdemeanor in the jurisdiction in which it was filed; or

(XIX) Any form of robbery, in any degree, which is considered a felony or a misdemeanor in the jurisdiction in which it was filed; or

(XX) Any form of arson, in any degree, which is considered a felony or a misdemeanor in the jurisdiction in which it was filed; or

(XXI) Any form of armed criminal action, in any degree, which is considered a felony or a misdemeanor in the jurisdiction in which it was filed; or

(XXII) Any form of unlawful possession, unlawful use, or unlawful transfer of a firearm, in any degree, which is considered a felony or a misdemeanor in the jurisdiction in which it was filed; or

(XXIII) Any form of unlawful promotion, unlawful possession, or unlawful furnishing of obscene or pornographic materials, including, but not limited to, child pornography, in any degree, which is considered a felony or a misdemeanor in the jurisdiction in which it was filed; or

(XXIV) Any form of unlawful possession, sale, transfer or trafficking (or any similar term in the jurisdiction in which the offense occurred) of a controlled substance, in any degree, which is considered a felony or a misdemeanor in the jurisdiction in which it was filed; or

(XXV) Any adjudication of guilt, any plea of guilty, or any plea of *nolo contendere* in a municipal court for conduct which

if prosecuted in a court of general jurisdiction would be an offense described in part (2)(B)3.E.(I) through (XXIV) above.

(C) Any costs associated with such checks shall be paid by the applicant, pursuant to section 210.025, RSMo, or a recipient, pursuant to section 210.027, RSMo.

(D) Identity of the name of the applicant, pursuant to section 210.025, RSMo; or a recipient, pursuant to section 210.027, RSMo; or any person over the age of eighteen (18) who is living in the home of the applicant, pursuant to section 210.025, RSMo, or a recipient, pursuant to section 210.027, RSMo, and either such person's Social Security number or date of birth to the name and either the Social Security number or date of birth of the perpetrator of an incident of child abuse or neglect, or person who was subject to licensure suspension or revocation pursuant to section 210.496, RSMo, or defendant in a criminal offense shall be sufficient to find that the applicant, pursuant to section 210.025, RSMo; or a recipient, pursuant to section 210.027, RSMo; or person over the age of eighteen (18) who is living in the home of the applicant is the same person who was found to have perpetrated the child abuse or neglect, or who was subject to licensure suspension or revocation pursuant to section 210.496, RSMo, or who committed the criminal offense. The applicant, pursuant to section 210.025, RSMo, or a recipient, pursuant to section 210.027, RSMo, may present evidence to rebut this presumption. However, the presumption survives the presentation of such evidence and may be sufficient to find that the applicant, pursuant to section 210.025, RSMo, or a recipient, pursuant to section 210.027, RSMo, or person over the age of eighteen (18) who is living in the home of the applicant, pursuant to section 210.025, RSMo, or a recipient, pursuant to section 210.027, RSMo, is the same person who was found to have perpetrated the child abuse or neglect, or who was subject to licensure suspension or revocation pursuant to section 210.496, RSMo, or who committed the criminal offense despite the presentation of contrary evidence.

(3) Extenuating or Mitigating Circumstances. Upon completion of background checks required by this rule, the division shall give an applicant, pursuant to section 210.025, RSMo, or a recipient, pursuant to section 210.027, RSMo, an opportunity to offer any extenuating or mitigating circumstances concerning adverse information found relating to findings of child abuse or neglect, licensure refusal or suspension, or criminal background checks against the applicant, pursuant to section 210.025, RSMo, or a recipient, pursuant to section 210.027, RSMo, or any person over the age of eighteen (18) who is living in the applicant's home. Such extenuation or mitigation may include, but is not limited to, the extent of the individual's participation in the abuse, neglect or offense; the length of time since the last incident of abuse, neglect or offense; the age of the person at the time of the abuse, neglect or offense; and remedial measures taken by the individual such as counseling, training, or therapy. In addition, the division may consider all information relating to any allegations of abuse or neglect including reports of investigation, if available. However, the fact that the report of investigation of an incident of abuse or neglect is no longer available, will not prevent the division from considering such a finding of abuse or neglect. Such a finding shall be considered along with any information the applicant wishes to present regarding the incident and any extenuating or mitigating information. Such extenuating or mitigating circumstances may be considered by the division in its determination whether to permit such applicant to receive state or federal funds for providing child care in the home.

(4) Family Care Safety Registry.

(A) The Family Care Safety Registry will contain criminal background information on only felony criminal offenses pursuant to Chapters 198, 334, 560, 565, 568, 569, 573, 575, and 578, RSMo (section 210.909.1(4), RSMo). Providers of in-home child care



services are not eligible to receive state or federal funds if they or members of their household over the age of eighteen (18) have criminal records involving Chapters 565 (felonies or any offense involving the endangerment of a child), 566 (misdemeanors or felonies), 568 (misdemeanors or felonies), 573 (misdemeanors or felonies), any offense which would disqualify the applicant or recipient from receiving state or federal funds, or of any similar crimes in any federal, state or municipal court.

(B) Because in-home child care providers are ineligible to receive state or federal funds for a different range of criminal offenses (for example, certain misdemeanors and similar crimes in any federal, state or municipal court) than would be included in the Family Care Safety Registry, applicants for direct payment or reimbursement of in-home child care services and members of their household over the age of eighteen (18) will be required to sign a request for criminal background check by the Missouri State Highway Patrol. The costs associated with this check shall be paid by the applicant, pursuant to section 210.025, RSMo, or a recipient, pursuant to section 210.027, RSMo.

(5) Evidence. In determining whether there has been a finding of probable cause to suspect (or reason to suspect) that child abuse or neglect has been committed by an applicant, pursuant to section 210.025, RSMo, or a recipient, pursuant to section 210.027, RSMo, or a person over the age of eighteen (18) living in the applicant's home, the following shall be considered in evidence in making such determination:

(A) The letter, or a copy of the letter, from the Division of Family Services to the subject stating that there was probable cause to suspect (or reason to suspect) that the subject had committed child abuse or neglect;

(B) The letter, or a copy of the letter, from the Child Abuse and Neglect Review Board to the subject affirming the decision of the Division of Family Services which found that there was probable cause to suspect (or reason to suspect) that the subject had committed child abuse or neglect;

(C) A computer printout documenting either that the Division of Family Services made a probable cause (or reason to suspect) finding that child abuse or neglect occurred or that the Child Abuse and Neglect Review Board affirmed such finding which is otherwise authenticated pursuant to Chapter 490, RSMo, or with regard to which authentication is waived; or

(D) Any order, judgment or decree of a court of competent jurisdiction which found that the subject committed child abuse or neglect.

(E) The fact that any documentation regarding a finding of abuse or neglect, including but not limited to the report of investigation, cannot be found or has been destroyed shall not prevent that finding of abuse (otherwise documented in written or electronic form) from being considered by the division.

(6) Child Abuse or Neglect Findings. For purposes of disqualification, probable cause findings to suspect that child abuse or neglect occurred and reason to suspect findings that child abuse or neglect occurred shall be considered synonymous.

(7) All providers of child care services in the home pursuant to this rule shall be at least eighteen (18) years old, i.e., such providers must have attained their eighteenth birthday.

(8) If there are no local ordinances or regulations regarding smoke detectors which apply to the location where the provider will be providing child care services in the home, providers must install and maintain smoke detectors as follows:

(A) Structures Included. Smoke detectors shall be provided in all structures occupied by children in connection with child care services in the home.

(B) Location.

1. A detector shall be mounted on the ceiling or wall at a point centrally located in a corridor or other area giving access to rooms used for providing child care services in the home unless the manufacturer's instructions provide otherwise, then in accordance with those instructions.

2. All detectors shall be located in accordance with approved manufacturer's instructions. When actuated, the detectors shall provide an alarm in the structure or room.

(C) Duties.

1. It shall be the duty of the provider of child care services in the home regulated by this section to provide an operable smoke alarm system.

2. It shall be the duty of the provider of child care services in the home regulated by this section to maintain the smoke alarm system.

(9) All providers of child care services in the home regulated by this section shall be tested at least annually for tuberculosis. Initially providers of child care services in the home shall have a screening test (e.g., skin test). Any provider testing positive in the screening test shall submit, within one week of notice of the positive screening test, to additional, specific medical tests to verify the positive screening test and to determine if the provider is medically diagnosed with an active case of tuberculosis. If the provider is medically diagnosed with an active case of tuberculosis, the provider shall be ineligible to receive state or federal funds for the provision of child care services in the home while the medical diagnosis of an active case of tuberculosis remains.

(10) All providers, of child care services in the home, regulated by this section who do not have immediate access to a telephone shall notify the parents of the child(ren) of the lack of immediate access to a telephone and shall notify the parents of the child(ren) how the parents may contact the provider.

(11) Appeal. Any applicant, pursuant to section 210.025, RSMo, or a recipient, pursuant to section 210.027, RSMo, who has been denied state or federal funds for providing child care services in the home may appeal such denial decisions in accordance with the provisions of section 208.080, RSMo.

*AUTHORITY: section 210.025, RSMo 2000. Emergency rule filed Dec. 19, 2000, effective Jan. 1, 2001, expires June 29, 2001. Original rule filed Dec. 19, 2000.*

*PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than \$500 in the aggregate.*

*PRIVATE COST: This proposed rule will not cost private entities more than \$500 in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Division of Family Services, Denise Cross, P.O. Box 88, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 45—Division of Legal Services  
Chapter 2—State Technical Assistance Team**

**PROPOSED RULE**

**13 CSR 45-2.010 Organization and Operation**

*PURPOSE: This rule describes the general organization and function of the State Technical Assistance Team including its responsibilities in providing technical assistance to Child Fatality*

*Review Program (CFRP) panels in investigating and prosecuting cases involving child abuse, child neglect, child sexual abuse, child exploitation or child fatality review. This rule also establishes and describes the functions of local (county) CFRP panels, as well as the state CFRP panel in this child protective services process.*

(1) General Provisions and Authority. This rule is promulgated under the rulemaking authority granted to the Department of Social Services (DSS) pursuant to section 660.017, RSMo. Pursuant to Article IV, Section 37 of the *Missouri Constitution*, the director of the Department of Social Services is charged with promoting improved health and other social services to the citizens of the state as provided by law. Section 660.010.2, RSMo authorizes the DSS director to coordinate the state's programs devoted to those who are unable to provide for themselves and for victims of social disadvantage. Section 660.012.2 RSMo also entrusts the DSS director with the duty to use the resources allocated to the department to provide comprehensive programs and leadership in order to improve services and economical operations. To that end, the DSS director has determined that the transfer of the State Technical Assistance Team (STAT) from the Division of Family Services (DFS) to the Division of Legal Services (DLS) improves the efficiency and economical operations of resources and maximizes services to the citizens of this state. This rule recognizes that the transfer of STAT from DFS to DLS has been accomplished and such rule also provides a mechanism for the promulgation of procedures setting forth the function, general organization and operation of the State Technical Assistance Team. As a unit of the Division of Legal Services, STAT is responsible for performing its duties related to child fatality review pursuant to sections 210.192 to 210.196, RSMo and its duties related to providing assistance to multidisciplinary teams and law enforcement agencies in investigating and prosecuting cases involving child abuse, child neglect, child sexual abuse, child exploitation or child fatality as prescribed in sections 660.520 to 660.527, RSMo. In performing its CFRP mission, STAT is responsible for providing training, expertise and assistance to county CFRP panels for the review of child fatalities including establishing procedures for the preparation and submission of a Final Report by CFRP panels as reflected in subsection (4)(K) of this rule.

(2) Definitions.

(A) Child abuse means any physical injury or emotional abuse inflicted on a child other than by accidental means by another person, except that discipline, including spanking, administered in a reasonable manner, shall not be construed to be abuse.

(B) Child exploitation means allowing, permitting or encouraging a child, under the age of eighteen years, to engage in prostitution or sexual conduct, as defined by state law, by a person responsible for the child's welfare or any other person involved in the act, and allowing, permitting, encouraging or engaging in the obscene or pornographic photographing, filming or depicting of a child, under the age of eighteen years, or the possession of such items, as those acts are defined by state law, by a person responsible for the child's welfare or any other person involved in the act.

(C) Child fatality means the death of a child under the age of eighteen years as a result of any natural, intentional or unintentional act.

(D) Child neglect means the failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical or any other care necessary for the child's well-being.

(E) Child sexual abuse means to engage in sexual intercourse or deviate sexual intercourse with a child or any touching of a child with the genitals, or any touching of the genitals, or anus of the child by another person, when the child is a person under the age of seventeen years.

(3) State Technical Assistance Team.

(A) The State Technical Assistance Team shall assist in the investigation of child abuse, child neglect, child sexual abuse, child exploitation or child fatality cases upon the request of:

1. A local law enforcement agency;
2. Prosecuting attorney;
3. Division of Family Services staff;
4. A representative of the family courts;
5. Medical examiner;
6. Coroner; or
7. Juvenile officer.

(B) Upon being requested to assist in an investigation, the State Technical Assistance Team shall notify all parties specified in subsection (3)(A) of STAT's involvement in the investigation via U.S. Postal Service.

(C) Where STAT's assistance has been requested by a local law enforcement agency, STAT investigators, certified as peace officers by the director of the Department of Public Safety pursuant to Chapter 590, RSMo shall be deemed to be peace officers within the jurisdiction of the requesting law enforcement agency, while acting at the request of the law enforcement agency. The power of arrest of a STAT investigator, acting as a peace officer, shall be limited to offenses involving child abuse, child neglect, child sexual abuse, child exploitation or child fatality.

(D) STAT shall assist county multidisciplinary teams in the development and implementation of protocols for the investigation and prosecution of child abuse, child neglect, child sexual abuse, child exploitation or child fatality cases.

(E) All reports and records made and maintained by the STAT or local law enforcement relating to criminal investigations conducted pursuant to this section, including arrests, shall be available in the same manner as law enforcement records, as set forth in sections 610.100 to 610.200, RSMo, and to the individuals identified in subdivision (13) of subsection 2 of section 210.150, RSMo.

(F) An individual identified in subdivision (13) of subsection 2 of section 210.150, RSMo, is a person who is a tenure-track or full-time research faculty member at an accredited institution of higher education engaged in scholarly research and who has the permission of the director of the Department of Social Services. Prior to the release of any identifying information the director of the DSS shall require the researcher to present a plan for maintaining the confidentiality of the identifying information. The researcher shall be prohibited from releasing the identifying information of individual cases.

(G) All other records shall be available in the same manner as provided in section 210.150, RSMo. Nothing in this section shall preclude the release of findings or information about cases which resulted in a child fatality or near fatality. Such release is at the sole discretion of the director of the Department of Social Services, based upon the review of the potential harm to other children with the immediate family.

(4) Local (County) Child Fatality Review Program (CFRP) Panels.

(A) The prosecuting attorney or circuit attorney shall convene a local CFRP panel in each of the state's one hundred fourteen counties and St. Louis City to review suspicious child deaths.

(B) The Department of Social Services (DSS) shall convene a state CFRP panel appointed by the director of DSS to identify systemic problems and submit findings and recommendations on ways to prevent further child deaths.

(C) The local CFRP panel will review all deaths of children less than eighteen years of age at the time of their death where one or more of the following factors are present:

1. Sudden, unexplained death of a child under age one year;
2. Unexplained/undetermined manner;
3. DFS reports on decedent or other persons in the residence;
4. Decedent in DFS custody;
5. Possible inadequate supervision of the decedent;
6. Possible malnutrition or delay in seeking medical care;

7. Possible suicide;
8. Possible inflicted injury;
9. Firearm injury;
10. Injury not witnessed by person in charge of child at time of injury;
11. Confinement;
12. Suspicious/criminal activity;
13. Drowning;
14. Suffocation or strangulation;
15. Poison/chemical/drug ingestion;
16. Severe unexplained injury;
17. Pedestrian/bicycle/driveway injury;
18. Drug/alcohol-related vehicular injury;
19. Suspected sexual assault;
20. Fire injury;
21. Autopsy by certified child death pathologist;
22. Panel discretion; or
23. Other suspicious findings (injuries such as electrocution, crush or fall).

(D) The local CFRP panel at least shall review the following information on all suspicious deaths:

1. Findings from interviews, history or death-scene investigation;
2. Physical evidence at the scene of injury, death, or both;
3. Findings from physical and medical examinations;
4. Findings from autopsy, radiological examination and laboratory evaluation;
5. Reports of investigation/evaluation; and
6. Relevant past history/agency involvement.

(E) The director of DSS shall appoint regional coordinators to serve as resources to local CFRP panels. The regional coordinators will provide the following services:

1. Consultation and technical assistance;
2. Training; and
3. Reviewing forms and provide recommendations on procedures developed by local panels.

(F) Initially, all panel members will be appointed by the prosecuting attorney. Subsequent appointments will be made by the chairperson. All members who represent a governmental agency defined as mandatory in this section will serve as long as they hold the position which made them eligible for appointment to the local CFRP panel. All other members shall serve a term which is defined in the procedures developed by the local panel. The local procedures also shall define the selection and removal processes for non-core members. The chairperson shall be elected by the review panel. The chairperson and all other members may be reappointed for consecutive terms. The local CFRP panel shall include, but not be limited to, the following core members:

1. The prosecuting or circuit attorney;
2. Medical examiner/coroner;
3. A law enforcement officer;
4. A representative of the DFS;
5. A provider of public health services;
6. A representative of the juvenile court; and
7. A representative of emergency medical services.

(G) If the county of residence, illness/injury/event or death are different, the CFRP panel in the county where the illness/injury/event occurred shall review the death.

1. The activated review panel may communicate with the chairperson of the CFRP panel in the county of residence and death, if different, to request necessary information.

2. The review panel in the county of death, residence, or both, may choose to review the death.

3. The Coroner/Medical Examiner Data Report (Data Form 1), which is hereby incorporated by reference as part of this rule, must be completed on all children ages birth through seventeen (0-17) who die in Missouri, regardless of state of residence.

4. Children injured out of state, who die in Missouri, may be reviewed at the sole discretion of the county panel, regardless of state of residence.

(H) The panel members will hold all information obtained in the course of a review in the strictest confidence and will not discuss or disclose any information regarding any case, except as permitted by applicable statutes.

(I) DLS will not reimburse or compensate a county CFRP panel for expenses associated with review panel business. Expenses may be reimbursed consistent with state travel rules and limitations for required participation of DLS panel members in training. DFS will be responsible for payment of expenses, subject to state travel rules and limitations, and compensation for its employees who are members of a review panel.

(J) The following process will be followed by the county CFRP panels:

1. Any police officer, sheriff, law enforcement officer or official, physician, coroner/medical examiner, funeral director, hospital personnel or any person having knowledge that a person less than eighteen years of age has died, shall notify the coroner or medical examiner immediately in the county of injury.

A. If the coroner or medical examiner in the county of death or residence is notified of a death, s/he shall notify the coroner or medical examiner immediately in the county of illness/injury/event, if different.

B. If the coroner or medical examiner in the county of illness/injury/event determines that the death of the person under age eighteen does not exhibit any suspicious circumstances as described in this section, the panel chairperson will be responsible for cosigning Data Form 1, which is incorporated by reference as part of this rule, and shall forward the form within forty-eight hours to the DSS, STAT. If the chairperson disagrees with the coroner or medical examiner regarding the nature of the death and desires a review, the review panel can be activated.

C. The coroner or medical examiner in the county of illness/injury/event shall notify a certified child death pathologist to determine the need for an autopsy. If there is disagreement, the certified child death pathologist shall make the determination, unless the CFRP panel, within twelve (12) hours, decides against the certified child death pathologist;

D. If the coroner or medical examiner determines that the child died from natural causes while under medical care, such coroner or medical examiner shall notify DFS (Central Registry Unit, "Child Abuse/Neglect Hotline"—800-392-3738). In all other cases, the medical examiner or coroner shall immediately notify DFS of the child's death, as required by section 58.452, RSMo.

2. The coroner or medical examiner in the county of illness/injury/event shall notify the chairperson of the CFRP panel immediately if the death is suspicious;

3. Upon notification, the chairperson will activate the review panel within twenty-four hours to review the death.

A. Each member of the panel shall share information and records available to that panel member.

B. Each review panel shall operate the review based on procedures developed by the panel and based on guidelines and protocols developed by the DSS;

4. The review panel shall determine, at a minimum:

A. The place where the injury/illness causing a death occurred;

B. The manner and circumstances of the death;

C. Actions taken by the agencies/persons involved with the child and his/her family;

D. The identification of any siblings or other children in the home of the deceased child and whether they require protection; and

E. The identification of local systemic issues or policies which enhance or detract from efforts to assist in the investigation, treatment or prevention of fatalities; and

5. The chairperson of the local CFRP panel will complete Data Form 2, which is incorporated by reference as part of this rule, and forward it through to the DSS, STAT, for linkage with death certificates. This form must be sent within sixty (60) days of the date of death.

(K) Final Report.

1. In all cases reviewed by a CFRP panel, the CFRP shall, after completing the review, prepare a Final Report which shall consist of a summary of prevention conclusions and recommendations. The Final Report shall be submitted on a form referred to as the Child Fatality Review Panel Final Report (or Final Report), which is incorporated by reference as part of this rule. Pursuant to section 210.192.3, RSMo 2000 the Final Report issued by the panel is a public record and may be obtained by submitting a written request to the following address: State Technical Assistance Team, Division of Legal Services, 2724 Merchants Drive, Jefferson City, MO 65109.

2. The CFRP panel's Final Report will be forwarded directly to the State Technical Assistance Team, prevention coordinator, within ten (10) days of the CFRP panel review, except in cases where criminal charges are being considered or pending. In those cases, the final report of the panel will be due within ten (10) days after a criminal indictment or information is filed in the case or the local panel chair is notified of the prosecutor's decision not to file charges.

3. The prevention coordinator will be a direct liaison with all CFRP panels, maintaining a prevention resource repository, and providing guidance and facilitation in the implementation of appropriate prevention strategies and responses.

4. Separate from data collected, the prevention coordinator will track the effectiveness of various prevention responses to specific risks, and will make this information available to the state CFRP panel and appropriate supporting agencies.

(5) State Child Fatality Review Panel.

(A) The state CFRP panel shall be composed of a minimum of seven members. All members will be appointed by the director of the DSS.

1. Members mandated by this rule to be members of this panel may serve as long as they hold the position which made them eligible for appointment.

2. The DSS shall establish procedures which define the terms for all members, reasons for the removal of members from the panel and how members will be appointed in the future.

3. The chairperson and all members may be reappointed for consecutive terms.

(B) The director of DSS shall appoint the following persons to serve on the state CFRP panel:

1. A prosecuting attorney or circuit attorney;
2. A coroner or medical examiner;
3. A law enforcement officer or official;
4. A representative from DFS;
5. A provider of public health care services;
6. A representative from the Department of Health;
7. A representative of the juvenile court; and
8. A representative of emergency medical services.

(C) Other members of the state CFRP panel may include persons from the following agencies/groups:

1. Division of Youth Services;
2. Attorney General;
3. Missouri Juvenile Justice Association;
4. A physician experienced in examining and treating abused/neglected children;
5. Department of Mental Health;
6. Department of Public Safety;
7. Department of Elementary and Secondary Education;
8. Department of Corrections; and
9. Any other professionals or citizens with special interest in child abuse and neglect.

(D) The state CFRP panel will meet at least biannually. DLS may reimburse the members who are not division employees for reasonable expenses, consistent with state travel rules and limitations for expenses associated with review panel business held outside their county of residence, but will not provide for any other compensation. DFS will be responsible for the reimbursement of expenses, subject to state travel rules and limitations, and compensation for its employees on the panel.

(E) The state CFRP panel shall review and discuss all relevant materials submitted by the local panels and the state implementation team. The purpose of the review will be to:

1. Review the findings of the county CFRP panels to determine the frequency and cause of child fatalities throughout the state;
2. Identify the appropriateness and comprehensiveness of current statutes, policies and procedures relevant to the management of fatal abuse/neglect cases;
3. Review data collected by the DSS, STAT to determine the accuracy of identification of fatally abused and neglected children;
4. Review reports on the status of the operations of the county CFRP panels; and
5. Recommend prevention strategies after reviewing statewide trends and actions suggested by local panels.

(F) The panel members will hold all information obtained in the course of a review in the strictest confidence and will not discuss or disclose any information regarding any case, except as permitted by applicable statutes.

(G) DSS and the state CFRP panel annually shall evaluate the following factors related to the work of the local CFRP panels:

1. Number of reviews;
2. Geographic area of reviews;
3. Results of reviews; and
4. Necessary amendments to the rules.

(H) The state CFRP panel shall submit findings and recommendations to the director of DSS, the governor, the speaker of the house of representatives, the president *pro tempore* of the senate, and the children's services commission, juvenile officers and chairperson of the local CFRP panels. At a minimum, the findings shall address the following issues:

1. The number of child fatality cases reviewed by county panels;
2. Nonidentifying characteristics for perpetrators;
3. Nonidentifying characteristics for deceased children;
4. The number of fatalities by cause(s) of death and whether death was attributable to child abuse/neglect;
5. Effectiveness of local panels; and
6. Systemic issues which need to be addressed through changes in policy, procedures or statute.

*AUTHORITY: sections 210.192-210.196, 660.017, 660.520-660.527, RSMo 2000. Emergency rule filed Dec. 19, 2000, effective Jan. 1, 2001, expires June 29, 2001. Original rule filed Dec. 19, 2000.*

*PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than \$500 in the aggregate.*

*PRIVATE COST: This proposed rule will not cost private entities more than \$500 in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Division of Legal Services, State Technical Assistance Team, 2724 Merchants Drive, Jefferson City, MO 65109. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.*



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF LEGAL SERVICES  
**CORONER/MEDICAL EXAMINER DATA REPORT**  
TO BE COMPLETED FOR ALL CHILD DEATHS <18 YEARS OF AGE

STATE USE ONLY		DATA FORM <b>1</b>
DEATH CERT. NO.	BIRTH CERT. NO.	
CFRP CASE NO.	DECEDENT DCN	
<input type="checkbox"/> MEDICAID		CAN INCIDENT NO.
DEATH CERTIFICATE MANNER OF DEATH		
a. <input type="checkbox"/> NATURAL	d. <input type="checkbox"/> HOMICIDE	
b. <input type="checkbox"/> ACCIDENT	e. <input type="checkbox"/> UNDETERMINED	
c. <input type="checkbox"/> SUICIDE	f. <input type="checkbox"/> PENDING	

**INSTRUCTIONS**

Notify Child Abuse/Neglect Hotline (800-392-3738) of all deaths of children <18 years of age. If county of illness/injury/event is different from county of death, complete form with all known information before forwarding to coroner or medical examiner of county of illness/injury/event. Notify the panel chairperson of the death. Complete the form with all known information and forward to the panel chairperson for signature.

**A. IDENTIFICATION INFORMATION**

1. a.  Illness/injury/event is in Missouri. Complete all sections of Form 1.  
b.  Illness/injury/event occurred out-of-state, but death occurred in Missouri. Complete Section A only.

2. COUNTY OF RESIDENCE STATE USE ONLY    3. COUNTY OF ILLNESS/INJURY/EVENT STATE USE ONLY    4. COUNTY OF DEATH STATE USE ONLY

5. DECEDENT'S NAME (FIRST, MI, LAST)    6. DATE OF BIRTH (MM/DD/YY)    7. DATE OF DEATH (MM/DD/YY)

8. SEX    9. RACE    10. IS DECEDENT OF HISPANIC ORIGIN?

a.  MALE    a.  WHITE    c.  ASIAN/PACIFIC ISLANDER    e.  UNKNOWN    a.  YES    b.  NO

b.  FEMALE    b.  BLACK    d.  AMERICAN INDIAN/ALASKAN NATIVE

11. MOTHER'S NAME (FIRST, MAIDEN, LAST)    12. MOTHER'S DATE OF BIRTH

**B. INDICATIONS FOR REVIEW — (ALL DEATHS)**

1. Mark all that apply to this fatality. If one or more indicators are applicable, RSMo. 210.192 requires that the case **shall be referred** to the panel.

a.  Sudden, unexplained death, age <1 year    m.  Drowning  
b.  Unexplained/undetermined manner    n.  Suffocation or strangulation  
c.  DFS reports on decedent or other persons in the residence    o.  Poison/chemical/drug ingestion  
d.  Decedent in DFS custody    p.  Severe unexplained injury  
e.  Possible inadequate supervision    q.  Pedestrian/bicycle/driveway injury  
f.  Possible malnutrition or delay in seeking medical care    r.  Motor vehicle injury  
g.  Possible suicide    s.  Suspected sexual assault  
h.  Possible inflicted injury    t.  Fire injury  
i.  Firearm injury    u.  Autopsy by certified child death pathologist  
j.  Injury not witnessed by person in charge at time of injury    v.  Panel discretion  
k.  Confinement    w.  Other suspicious findings (injuries such as electrocution, crush or fall)  
l.  Suspicious/criminal activity

2. Referral to Panel (Mark one)

a.  One or more of the indicators marked above apply in this fatality. The case **shall be referred** to the review panel.  
b.  None of the indicators listed apply in this fatality. The case is not referred to the panel.

**C. CHILD ABUSE/NEGLECT HOTLINE (800-392-3738)**

Notify Child Abuse/Neglect Hotline of all deaths of children <18 years of age.

1. Were there prior reports to the Child Abuse/Neglect Hotline? a.  Yes    b.  No  
If yes, mark all that apply:

1.  Involving child    3.  Involving caretaker (other than family)  
2.  Involving anyone else in family    4.  Total number of DFS reports \_\_\_\_\_

2. Current notification to Child Abuse/Neglect Hotline was accepted as:

a.  Information only    b.  Report for investigation

3. Person reporting death to the hotline? \_\_\_\_\_

**D. SOCIAL INFORMATION**

1. For all persons living in the residence of the decedent, indicate their relationship to the decedent, their age range, and who is head of household. (Select only one head of household)

Use corresponding letter for appropriate age range:

A = 0-5 yrs.      B = 6-9 yrs.      C = 10-14 yrs.      D = 15-18 yrs.      E = 19-40 yrs.      F = >40 yrs.

	Age Range	Head of Household		Age Range	Head of Household
a. <input type="checkbox"/> Natural father	_____	<input type="checkbox"/>	i. <input type="checkbox"/> Other relative	_____	<input type="checkbox"/>
b. <input type="checkbox"/> Natural mother	_____	<input type="checkbox"/>	j. <input type="checkbox"/> Other relative	_____	<input type="checkbox"/>
c. <input type="checkbox"/> Adoptive father	_____	<input type="checkbox"/>	k. <input type="checkbox"/> Mother's paramour	_____	<input type="checkbox"/>
d. <input type="checkbox"/> Adoptive mother	_____	<input type="checkbox"/>	l. <input type="checkbox"/> Father's paramour	_____	<input type="checkbox"/>
e. <input type="checkbox"/> Stepfather	_____	<input type="checkbox"/>	m. <input type="checkbox"/> Other non-relative	_____	<input type="checkbox"/>
f. <input type="checkbox"/> Stepmother	_____	<input type="checkbox"/>	n. <input type="checkbox"/> Another child	_____	<input type="checkbox"/>
g. <input type="checkbox"/> Foster father	_____	<input type="checkbox"/>	o. <input type="checkbox"/> Another child	_____	<input type="checkbox"/>
h. <input type="checkbox"/> Foster mother	_____	<input type="checkbox"/>	p. <input type="checkbox"/> More than two children (list in narrative)		

2. Current marital status of head of household?

- a.  Married      c.  Divorced      e.  Unknown  
b.  Widowed      d.  Never married

**E. DEATH/SCENE INFORMATION**

1. Place of Injury/Event?

- |   |   |   |   |
|---|---|---|---|
| a. <input type="checkbox"/> Decedent's home | e. <input type="checkbox"/> Public drive  | i. <input type="checkbox"/> Other private property          | m. <input type="checkbox"/> Body of water |
| b. <input type="checkbox"/> Other home      | f. <input type="checkbox"/> Street        | j. <input type="checkbox"/> Licensed child care facility    | n. <input type="checkbox"/> Work place    |
| c. <input type="checkbox"/> Rural road      | g. <input type="checkbox"/> Private drive | k. <input type="checkbox"/> Unlicensed child care facility  | o. <input type="checkbox"/> Hospital      |
| d. <input type="checkbox"/> Highway         | h. <input type="checkbox"/> Farm          | l. <input type="checkbox"/> Child care residential facility | p. <input type="checkbox"/> Other: _____  |

2. Date of injury/event?

- a.  \_\_\_ / \_\_\_ / \_\_\_ (MM/DD/YY)      b.  Unknown

3. Time of injury/event?

- a.  \_\_\_ : \_\_\_ (Hour:Minute)  AM  PM      b.  Unknown

4. Time pronounced dead?

- a.  \_\_\_ : \_\_\_ (Hour:Minute)  AM  PM      b.  Unknown

5. Was an autopsy performed?

- a.  Yes      b.  No      c.  Unknown

If yes:

1.  By CFRP pathologist?  
2.  By hospital physician?

**NOTE:** Autopsies performed by non-certified Child Death Pathologists are limited to hospital deaths resulting from a known medical condition/illness. All others are to be done by a Child Death Pathologist (see listing at [www.dss.state.mo.us/stat/cpn.htm](http://www.dss.state.mo.us/stat/cpn.htm)). Only CFRP pathologist autopsies qualify for reimbursement.

3. Name of CFRP pathologist? (Last name only) \_\_\_\_\_

**F. SUPERVISION**

1. Who was in charge of watching the decedent at the time of injury/event?

- |   |   |   |
|---|---|---|
| a. <input type="checkbox"/> Natural father  | g. <input type="checkbox"/> Foster father                         | m. <input type="checkbox"/> Unlicensed babysitter/child care worker |
| b. <input type="checkbox"/> Natural mother  | h. <input type="checkbox"/> Foster mother                         | n. <input type="checkbox"/> Child, age: _____                       |
| c. <input type="checkbox"/> Adoptive father | i. <input type="checkbox"/> Other relative                        | o. <input type="checkbox"/> Hospital staff                          |
| d. <input type="checkbox"/> Adoptive mother | j. <input type="checkbox"/> Parent's male paramour                | p. <input type="checkbox"/> Other non-relative                      |
| e. <input type="checkbox"/> Stepfather      | k. <input type="checkbox"/> Parent's female paramour              | q. <input type="checkbox"/> No one in charge of watching            |
| f. <input type="checkbox"/> Stepmother      | l. <input type="checkbox"/> Licensed babysitter/child care worker | r. <input type="checkbox"/> Due to age, no one in charge            |

2. Was the decedent adequately supervised? a.  Yes      b.  No      c.  Unknown      d.  Not applicable

If no:

1. Did the person(s) in charge appear to be intoxicated, under influence of drugs, mentally ill or limited, or otherwise impaired at time of injury/event?  
a.  Yes      b.  No      c.  Unknown

2. Was the person(s) preoccupied, distracted or asleep at the time of the injury/event?  
a.  Yes      b.  No      c.  Unknown

3. Was injury/event witnessed by at least one person? a.  Yes      b.  No      c.  Unknown

**G. CAUSE OF DEATH****(Select most appropriate cause of death and if applicable, complete Section H)****1.  INJURY (Complete questions 1 and 2 for all injuries)**

1. Was the injury inflicted? a.  Yes b.  No c.  Unknown  
(Inflicted - defined as assaultive or aggressive action)
2. Was the injury intentional? a.  Yes b.  No c.  Unknown

**If vehicle accident, non-reviewable, answer questions 3 through 9. If reviewable vehicle accident (pedestrian/bicycle/driveway injury, drug/alcohol related or other suspicious/criminal activity), skip the following questions and complete Section H.**

3. Position of decedent?  
a.  Operator c.  Other  
b.  Passenger d.  Unknown
4. Vehicle in which decedent was occupant?  
a.  Car c.  Motorcycle/ATV e.  Semi/Tractor trailer unit  
b.  Truck/RV/Van d.  Farm vehicle f.  Other
5. Was another vehicle involved in accident? a.  Yes b.  No
6. Condition of road?  
a.  Normal c.  Wet e.  Other  
b.  Loose gravel d.  Ice or snow f.  Unknown
7. Restraint used by decedent?  
a.  Present, not used c.  Used correctly e.  Unknown  
b.  None in vehicle d.  Used incorrectly f.  Not applicable
8. Helmet used by decedent?  
a.  Helmet worn b.  Helmet not worn c.  Not applicable
9. Primary cause of accident?  
a.  Speeding c.  Mechanical failure e.  Driver error  
b.  Carelessness d.  Weather conditions f.  Other

**2.  ILLNESS OR OTHER NATURAL CAUSE**

1. Known condition \_\_\_\_\_
2. Was inadequate care or neglect involved in death? a.  Yes b.  No  
(If yes, mark Section H, Number 2)

**Complete questions 3 - 8 if death in infant <1 year of age.**

3. History information provided by? a.  Parent b.  Physician/Medical facility c.  Other
4. Age at death?  
a.  0 - 24 hours after birth c.  48 hours - 6 weeks e.  6 months - 1 year  
b.  24 - 48 hours d.  6 weeks - 6 months
5. Gestational age?  
a.  <25 weeks b.  25 - 30 weeks c.  30-37 weeks d.  >37 weeks e.  Unknown
6. Birth weight in grams (approximate lbs./oz.)?  
a.  <750 (<1 lb. 10 oz.) c.  1,500 - 2,499 (3 lbs. 6 oz. to 5 lbs. 5 oz.) e.  Unknown  
b.  750 - 1,499 (1 lb. 10 oz. to 3 lbs. 5 oz.) d.  >2,500 (>5 lbs. 6 oz.)
7. Multiple birth? a.  Yes b.  No
8. Have there been other infant deaths in the immediate family? a.  Yes b.  No c.  Unknown

**3.  UNKNOWN CAUSE (Describe in narrative. Death shall be reviewed.)**

1. Was death sudden and unexplained in infant <1 year of age, but over 1 week old? a.  Yes b.  No  
(If yes, the child is required to be autopsied by child death pathologist)

**If yes, also complete Section G, Number 2, questions 3 - 8 and mark Section H, Number 1.**

**H. CIRCUMSTANCES OF DEATH**

If any of the circumstances are applicable, death shall be reviewed.

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Sudden Unexplained Death of Infant <1 Year   | 8. <input type="checkbox"/> Fall Injury  |
| 2. <input type="checkbox"/> Inadequate Care or Neglect   | 9. <input type="checkbox"/> Poisoning/Overdose                                 |
| 3. <input type="checkbox"/> Vehicular<br>(Includes pedestrian/bicycle/driveway injury, drug/alcohol<br>related, or other suspicious/criminal activity) | 10. <input type="checkbox"/> Fire/Burn   |
| 4. <input type="checkbox"/> Drowning   | 11. <input type="checkbox"/> Crush   |
| 5. <input type="checkbox"/> Firearm  | 12. <input type="checkbox"/> Confinement                                       |
| 6. <input type="checkbox"/> Suffocation/Strangulation  | 13. <input type="checkbox"/> Shaken/Impact Syndrome                            |
| 7. <input type="checkbox"/> Electrocutation  | 14. <input type="checkbox"/> Other Inflicted Injury<br>(Describe in narrative) |
|  | 15. <input type="checkbox"/> Other Circumstances<br>(Describe in narrative)    |

**I. NARRATIVE DESCRIPTION OF CIRCUMSTANCES OR OTHER COMMENTS**

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**SEND COMPLETED DATA FORM 1 TO:**

**STATE TECHNICAL ASSISTANCE TEAM**  
**2724 MERCHANTS DRIVE, JEFFERSON CITY, MO 65109**  
**573-751-5980 OR 800-487-1626**  
**FAX: 573-751-1479**

CORONER/MEDICAL EXAMINER SIGNATURE  ▶	REFER TO CFRP? a. <input type="checkbox"/> YES   b. <input type="checkbox"/> NO	DATE (MM/DD/YY)  _ _ / _ _ / _ _
CFRP CHAIR SIGNATURE  ▶	REFER TO CFRP? a. <input type="checkbox"/> YES   b. <input type="checkbox"/> NO	DATE (MM/DD/YY)  _ _ / _ _ / _ _
REGIONAL COORDINATOR SIGNATURE		DATE (MM/DD/YY)  _ _ / _ _ / _ _





MISSOURI DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF LEGAL SERVICES  
**CHILD FATALITY REVIEW PANEL DATA REPORT**  
TO BE COMPLETED FOR ALL REVIEWABLE CHILD DEATHS <18 YEARS OF AGE

STATE USE ONLY		DATA FORM <b>2</b>
DEATH CERT. NO.	BIRTH CERT. NO.	
CFRP CASE NO.	DECEDENT DCN	
<input type="checkbox"/> MEDICAID	CA/N INCIDENT NO.	
DEATH CERTIFICATE MANNER OF DEATH		
a. <input type="checkbox"/> NATURAL	d. <input type="checkbox"/> HOMICIDE	
b. <input type="checkbox"/> ACCIDENT	e. <input type="checkbox"/> UNDETERMINED	
c. <input type="checkbox"/> SUICIDE	f. <input type="checkbox"/> PENDING	

**INSTRUCTIONS**

Notify Child Abuse/Neglect Hotline (800-392-3738) of all deaths of children <18 years of age.  
Complete the form with all known information and forward to the regional coordinator within forty-five days of the death.

**A. IDENTIFICATION INFORMATION**

1. COUNTY OF RESIDENCE		2. COUNTY OF ILLNESS/INJURY/EVENT		3. COUNTY OF DEATH	
STATE USE ONLY		STATE USE ONLY		STATE USE ONLY	
4. DECEDENT'S NAME (FIRST, MI, LAST)			5. DATE OF BIRTH (MM/DD/YY)		6. DATE OF DEATH (MM/DD/YY)
/ /			_ _ / _ _ / _ _		_ _ / _ _ / _ _
7. SEX		8. RACE			9. IS DECEDENT OF HISPANIC ORIGIN?
a. <input type="checkbox"/> MALE		a. <input type="checkbox"/> WHITE			a. <input type="checkbox"/> YES
b. <input type="checkbox"/> FEMALE		b. <input type="checkbox"/> BLACK			b. <input type="checkbox"/> NO
		c. <input type="checkbox"/> ASIAN/PACIFIC ISLANDER			
		d. <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE			
		e. <input type="checkbox"/> UNKNOWN			
10. MOTHER'S NAME (FIRST, MAIDEN LAST)			11. MOTHER'S DATE OF BIRTH (MM/DD/YY)		
/ /			_ _ / _ _ / _ _		

**B. CHILD ABUSE/NEGLECT HOTLINE (800-392-3738)**

1. Were there prior reports to the Child Abuse/Neglect Hotline? a.  Yes b.  No

If yes, mark all that apply:

1.  Involving child  
2.  Involving anyone else in family  
3.  Involving caretaker (other than family)  
4.  Total number of DFS reports \_\_\_\_\_

2. Current notification to Child Abuse/Neglect Hotline was accepted as:

a.  Information/Referral only b.  Report for investigation

**C. SOCIAL INFORMATION**

1. For all persons living in the residence of the decedent, indicate their relationship to the decedent, their age range, and who is head of household. (Select only one head of household)

Use corresponding letter for appropriate age range:

**A** = 0-5 yrs.    **B** = 6-9 yrs.    **C** = 10-14 yrs.    **D** = 15-18 yrs.    **E** = 19-40 yrs.    **F** = >40 yrs.

	Age Range	Head of Household		Age Range	Head of Household
a. <input type="checkbox"/> Natural father	_____	<input type="checkbox"/>	i. <input type="checkbox"/> Other relative	_____	<input type="checkbox"/>
b. <input type="checkbox"/> Natural mother	_____	<input type="checkbox"/>	j. <input type="checkbox"/> Other relative	_____	<input type="checkbox"/>
c. <input type="checkbox"/> Adoptive father	_____	<input type="checkbox"/>	k. <input type="checkbox"/> Mother's paramour	_____	<input type="checkbox"/>
d. <input type="checkbox"/> Adoptive mother	_____	<input type="checkbox"/>	l. <input type="checkbox"/> Father's paramour	_____	<input type="checkbox"/>
e. <input type="checkbox"/> Stepfather	_____	<input type="checkbox"/>	m. <input type="checkbox"/> Other non-relative	_____	<input type="checkbox"/>
f. <input type="checkbox"/> Stepmother	_____	<input type="checkbox"/>	n. <input type="checkbox"/> Another child	_____	<input type="checkbox"/>
g. <input type="checkbox"/> Foster father	_____	<input type="checkbox"/>	o. <input type="checkbox"/> Another child	_____	<input type="checkbox"/>
h. <input type="checkbox"/> Foster mother	_____	<input type="checkbox"/>	p. <input type="checkbox"/> More than two children (list in narrative)		

2. Current marital status of head of household?

a.  Married    c.  Divorced    e.  Unknown  
b.  Widowed    d.  Never married

**D. DEATH/SCENE INFORMATION**

1. Place of death?

- |   |   |   |   |
|---|---|---|---|
| a. <input type="checkbox"/> Decedent's home | e. <input type="checkbox"/> Public drive  | i. <input type="checkbox"/> Other private property          | m. <input type="checkbox"/> Body of water |
| b. <input type="checkbox"/> Other home      | f. <input type="checkbox"/> Street        | j. <input type="checkbox"/> Licensed child care facility    | n. <input type="checkbox"/> Work place    |
| c. <input type="checkbox"/> Rural road      | g. <input type="checkbox"/> Private drive | k. <input type="checkbox"/> Unlicensed child care facility  | o. <input type="checkbox"/> Hospital      |
| d. <input type="checkbox"/> Highway         | h. <input type="checkbox"/> Farm          | l. <input type="checkbox"/> Child care residential facility | p. <input type="checkbox"/> Other: _____  |

2. Date of injury/event?

- a.  \_\_\_ / \_\_\_ / \_\_\_ (MM/DD/YY)      b.  Unknown

3. Time of injury/event?

- a.  \_\_\_ : \_\_\_ (Hour:Minute)     AM     PM      b.  Unknown

4. Time pronounced dead?

- a.  \_\_\_ : \_\_\_ (Hour:Minute)     AM     PM      b.  Unknown

5. Autopsy performed by?

- a.  CFRP Pathologist (Last Name Only) \_\_\_\_\_  
b.  Not performed

**E. SUPERVISION**

1. Who was in charge of watching the decedent at the time of injury/event?

- |   |   |   |
|---|---|---|
| a. <input type="checkbox"/> Natural father  | g. <input type="checkbox"/> Foster father                         | m. <input type="checkbox"/> Unlicensed babysitter/child care worker |
| b. <input type="checkbox"/> Natural mother  | h. <input type="checkbox"/> Foster mother                         | n. <input type="checkbox"/> Child, age: _____                       |
| c. <input type="checkbox"/> Adoptive father | i. <input type="checkbox"/> Other relative                        | o. <input type="checkbox"/> Hospital staff                          |
| d. <input type="checkbox"/> Adoptive mother | j. <input type="checkbox"/> Parent's male paramour                | p. <input type="checkbox"/> Other non-relative                      |
| e. <input type="checkbox"/> Stepfather      | k. <input type="checkbox"/> Parent's female paramour              | q. <input type="checkbox"/> No one in charge of watching            |
| f. <input type="checkbox"/> Stepmother      | l. <input type="checkbox"/> Licensed babysitter/child care worker | r. <input type="checkbox"/> Due to age, no one in charge            |

2. Was the decedent adequately supervised?    a.  Yes    b.  No    c.  Unknown    d.  Not applicable

If no:

1. Did the person(s) in charge appear to be intoxicated, under influence of drugs, mentally ill or limited, or otherwise impaired at time of injury/event?  
a.  Yes    b.  No    c.  Unknown

2. Was the person(s) preoccupied, distracted or asleep at the time of the injury/event?  
a.  Yes    b.  No    c.  Unknown

3. Was injury/event witnessed by at least one person?    a.  Yes    b.  No    c.  Unknown

**F. PANEL FINDINGS**

1. Date of first panel meeting?    a.  \_\_\_ / \_\_\_ / \_\_\_ (MM/DD/YY)

2. Panel members participating?

- |   |   |  |
|---|---|--|
| a. <input type="checkbox"/> Coroner                 | e. <input type="checkbox"/> EMS                     | h. <input type="checkbox"/> Juvenile officer |
| b. <input type="checkbox"/> Prosecutor              | f. <input type="checkbox"/> Medical examiner        | i. <input type="checkbox"/> Optional member  |
| c. <input type="checkbox"/> DFS worker              | g. <input type="checkbox"/> Law enforcement officer | j. <input type="checkbox"/> Optional member  |
| d. <input type="checkbox"/> Public health/Physician |   |  |

3. Total number of meetings held?    a.  One    b.  Two    c.  Three or more

4. Death scene investigation conducted? (Mark all that apply)

- |  |   |  |   |
|--|---|--|---|
| a. <input type="checkbox"/> By law enforcement | c. <input type="checkbox"/> By medical examiner | e. <input type="checkbox"/> By fire investigator | g. <input type="checkbox"/> Not conducted |
| b. <input type="checkbox"/> By coroner         | d. <input type="checkbox"/> By EMS              | f. <input type="checkbox"/> By other agency      |   |

5. Investigation by law enforcement?

- a.  Conducted, no arrest    b.  Conducted, arrest for: \_\_\_\_\_    c.  Pending    d.  Not conducted

6. Investigation/evaluation by juvenile officer?

- a.  Conducted, no action    b.  Conducted, juvenile court action    c.  Pending    d.  Not conducted

7. Review of records by Department of Health?

- a.  Conducted, no action    b.  Conducted, services provided    c.  Pending    d.  Not conducted

8. Review of history by Division of Family Services?

a.  Conducted, no action      c.  Conducted, case investigation      e.  Not conducted  
 b.  Conducted, services provided      d.  Pending

9. Action by prosecutor?

a.  Suspected perpetrator, no charge filed      c.  Pending or in progress  
 b.  Charge filed for: \_\_\_\_\_      d.  No action

10. Review of medical/trip records by EMS?

a.  Conducted, no action      b.  Conducted, services provided      c.  Pending      d.  Not conducted

11. Did the review lead to additional investigation?      a.  Yes      b.  No

12. Were additional services provided as a result of the review?      a.  Yes      b.  No

13. Were changes in agency policies or practices recommended as a result of the review?      a.  Yes      b.  No

**G. PERSON(S) ARRESTED/CHARGED**  
**If no arrest or charge, go to Section H**

1. Number of person(s) arrested/charged?      a.  One      b.  Two      c.  Three or more

2. Number of persons arrested or charged under 18 years of age?

a.  One      b.  Two      c.  Three or more      d.  Not applicable

3. Was one or more of the persons arrested or charged responsible for supervision of the child at time of fatal illness/injury/event?

a.  Yes      b.  No

4. Indicate the relationship of the person(s) arrested or charged to the decedent.

a.  Natural father      g.  Foster father      m.  Babysitter/child care worker  
 b.  Natural mother      h.  Foster mother      n.  Friend  
 c.  Adoptive father      i.  Other relative      o.  Acquaintance  
 d.  Adoptive mother      j.  Sibling      p.  Other non-relative  
 e.  Stepfather      k.  Parent's male paramour      q.  Other non-relative  
 f.  Stepmother      l.  Parent's female paramour      r.  Stranger

**H. CAUSE OF DEATH**  
**Complete Section appropriate to death**

1.  **INJURY** (If marked, also complete Section I)

1. Was the injury inflicted?      a.  Yes      b.  No      c.  Unknown  
 (Inflicted - defined as assaultive or aggressive action)

2. Was the injury intentional?      a.  Intentional      b.  Unintentional/Accidental      c.  Unknown

3. If intentional, was decedent?      a.  Intended victim      b.  Random victim

4. Person(s) inflicting injury? (Mark all that apply)

a.  Self      e.  Stepfather      i.  Other relative      m.  Sibling  
 b.  Mother      f.  Mother's paramour      j.  Acquaintance      n.  Other child  
 c.  Father      g.  Father's paramour      k.  Friend      o.  Stranger  
 d.  Stepmother      h.  Foster parent      l.  Child care worker      p.  Unknown

5. Age of primary person inflicting injury?      a.  \_\_\_\_\_      b.  Unknown

6. Race of primary person inflicting injury?

a.  White      c.  Asian/Pacific Islander      e.  Unable to determine  
 b.  Black      d.  American Indian/Alaskan Native      f.  Unknown

7. Was the injury drug related? a.  Yes b.  No c.  Unknown
8. Was the injury gang related? a.  Yes b.  No c.  Unknown
9. Did the injury occur during commission of a crime? a.  Yes b.  No c.  Unknown
10. If suicide: (Mark all that apply)
- a.  Prior attempts d.  Had previously received mental health services
- b.  Talked of suicide e.  Suicide completely unexpected
- c.  Prior mental health problems

**2.  ILLNESS OR OTHER NATURAL CAUSE**  
(If applicable, complete Inadequate Care or Neglect in Section I)

1.  Known Condition \_\_\_\_\_

**Complete questions 2 - 11 if natural cause death in infant <1 year of age (INCLUDING SIDS)**

2. Age at death?
- a.  0 - 24 hours after birth c.  48 hours - 6 weeks e.  6 months - 1 year
- b.  24 - 48 hours d.  6 weeks - 6 months
3. Gestational age at birth?
- a.  <25 weeks b.  25 - 30 weeks c.  30 - 37 weeks d.  >37 weeks e.  Unknown
4. Birth weight in grams (approximate lbs./oz.)?
- a.  < 750 (<1 lb. 10 oz.) c.  1,500 - 2,499 (3 lbs. 6 oz. to 5 lbs. 5 oz.) e.  Unknown
- b.  750 - 1,499 (1 lb. 10 oz. to 3 lbs. 5 oz.) d.  >2,500 (>5 lbs. 6 oz.)
5. Multiple birth? a.  Yes b.  No
6. Total number of prenatal visits?
- a.  None b.  1 - 3 c.  4 - 6 d.  7 - 10 e.  Unknown
7. First prenatal visit occurred during?
- a.  First trimester b.  Second trimester c.  Third trimester d.  Unknown
8. Medical complications during pregnancy? a.  Yes b.  No c.  Unknown
9. Smoking during pregnancy? a.  Yes b.  No c.  Unknown
10. Drug use during pregnancy? a.  Yes b.  No c.  Unknown
11. Alcohol use during pregnancy? a.  Yes b.  No c.  Unknown

**3.  UNKNOWN CAUSE (Describe in narrative)**

**I. CIRCUMSTANCES OF DEATH**

1.  **SUDDEN INFANT DEATH SYNDROME** (Also complete Section H-2, questions 2-11)
1. Position of decedent at discovery?
- a.  On stomach, face down c.  On stomach, face position unknown e.  On side
- b.  On stomach, face to side d.  On back f.  Unknown
2. Normal sleeping position?
- a.  On Back b.  On stomach c.  On side d.  Varies e.  Unknown
3. Location of decedent when found?
- a.  Crib b.  Playpen c.  Bed d.  Couch e.  Floor f.  Other g.  Unknown
4. Was decedent sleeping alone?
- a.  Yes b.  No c.  Unknown

**2.  INADEQUATE CARE OR NEGLECT** (Mark all that apply)

- |   |   |  |
|---|---|--|
| a. <input type="checkbox"/> Apparent lack of supervision    | e. <input type="checkbox"/> Malnutrition            | i. <input type="checkbox"/> Inadequate medical attention |
| b. <input type="checkbox"/> Apparent lack of medical care   | f. <input type="checkbox"/> Dehydration             | j. <input type="checkbox"/> Out-of-hospital birth        |
| c. <input type="checkbox"/> Munchausen Syndrome by Proxy    | g. <input type="checkbox"/> Oral water intoxication | k. <input type="checkbox"/> Other                        |
| d. <input type="checkbox"/> Failure to Thrive (non-organic) | h. <input type="checkbox"/> Delayed medical care    |  |

**3.  VEHICLE ACCIDENT**

1. Position of decedent?

- |  |                                       |                                     |
|--|---------------------------------------|-------------------------------------|
| a. <input type="checkbox"/> Operator   | c. <input type="checkbox"/> Passenger | e. <input type="checkbox"/> Other   |
| b. <input type="checkbox"/> Pedestrian | d. <input type="checkbox"/> Bicyclist | f. <input type="checkbox"/> Unknown |

2. Vehicle in which decedent was occupant?

- |  |  |   |  |
|--|--|---|--|
| a. <input type="checkbox"/> Car          | d. <input type="checkbox"/> Bicycle      | g. <input type="checkbox"/> Other farm vehicle        | j. <input type="checkbox"/> Other          |
| b. <input type="checkbox"/> Truck/RV/Van | e. <input type="checkbox"/> Riding mower | h. <input type="checkbox"/> All-terrain vehicle       | k. <input type="checkbox"/> Not applicable |
| c. <input type="checkbox"/> Motorcycle   | f. <input type="checkbox"/> Farm tractor | i. <input type="checkbox"/> Semi/Tractor trailer unit |  |

3. Vehicle in which decedent was not occupant?

- |  |  |   |  |
|--|--|---|--|
| a. <input type="checkbox"/> Car          | d. <input type="checkbox"/> Bicycle      | g. <input type="checkbox"/> Other farm vehicle        | j. <input type="checkbox"/> Other          |
| b. <input type="checkbox"/> Truck/RV/Van | e. <input type="checkbox"/> Riding mower | h. <input type="checkbox"/> All-terrain vehicle       | k. <input type="checkbox"/> Not applicable |
| c. <input type="checkbox"/> Motorcycle   | f. <input type="checkbox"/> Farm tractor | i. <input type="checkbox"/> Semi/Tractor trailer unit |  |

4. Condition of road?

- |                                    |  |                                 |   |                                   |                                     |
|------------------------------------|--|---------------------------------|---|-----------------------------------|-------------------------------------|
| a. <input type="checkbox"/> Normal | b. <input type="checkbox"/> Loose gravel | c. <input type="checkbox"/> Wet | d. <input type="checkbox"/> Ice or snow | e. <input type="checkbox"/> Other | f. <input type="checkbox"/> Unknown |
|------------------------------------|--|---------------------------------|---|-----------------------------------|-------------------------------------|

5. Restraint used?

- |   |  |  |
|---|--|--|
| a. <input type="checkbox"/> Present, not used | c. <input type="checkbox"/> Used correctly   | e. <input type="checkbox"/> Unknown        |
| b. <input type="checkbox"/> None in vehicle   | d. <input type="checkbox"/> Used incorrectly | f. <input type="checkbox"/> Not applicable |

6. Helmet used?

- |   |   |  |
|---|---|--|
| a. <input type="checkbox"/> Helmet worn | b. <input type="checkbox"/> Helmet not worn | c. <input type="checkbox"/> Not applicable |
|---|---|--|

7. Alcohol and/or other drug use?

- |   |  |
|---|--|
| a. <input type="checkbox"/> Decedent impaired                     | c. <input type="checkbox"/> Driver of other vehicle impaired |
| b. <input type="checkbox"/> Driver of decedent's vehicle impaired | d. <input type="checkbox"/> Not applicable                   |

8. Primary cause of accident?

- |  |  |  |                                     |
|--|--|--|-------------------------------------|
| a. <input type="checkbox"/> Speeding     | c. <input type="checkbox"/> Mechanical failure | e. <input type="checkbox"/> Driver error | g. <input type="checkbox"/> Unknown |
| b. <input type="checkbox"/> Carelessness | d. <input type="checkbox"/> Weather conditions | f. <input type="checkbox"/> Other        |                                     |

**4.  DROWNING**

1. Place of drowning?

- |  |   |   |                                     |
|--|---|---|-------------------------------------|
| a. <input type="checkbox"/> Lake, river, pond or creek | c. <input type="checkbox"/> Swimming pool | e. <input type="checkbox"/> Bucket      | g. <input type="checkbox"/> Other   |
| b. <input type="checkbox"/> Bathtub                    | d. <input type="checkbox"/> Well/Cistern  | f. <input type="checkbox"/> Wading pool | h. <input type="checkbox"/> Unknown |

2. Activity at time of drowning?

- |   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| a. <input type="checkbox"/> Boating                 | c. <input type="checkbox"/> Swimming | e. <input type="checkbox"/> Other   |
| b. <input type="checkbox"/> Playing at water's edge | d. <input type="checkbox"/> Playing  | f. <input type="checkbox"/> Unknown |

3. Was decedent wearing a floatation device?

- |                                 |                                |
|---------------------------------|--------------------------------|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

4. Did decedent enter area of water unattended?

- |                                 |                                |                                     |  |
|---------------------------------|--------------------------------|-------------------------------------|--|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No | c. <input type="checkbox"/> Unknown | d. <input type="checkbox"/> Not applicable |
|---------------------------------|--------------------------------|-------------------------------------|--|

5. Could decedent swim?

- |                                 |                                |                                     |  |
|---------------------------------|--------------------------------|-------------------------------------|--|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No | c. <input type="checkbox"/> Unknown | d. <input type="checkbox"/> Not applicable |
|---------------------------------|--------------------------------|-------------------------------------|--|

6. Were alcohol or drugs a factor?

- |                                 |                                |
|---------------------------------|--------------------------------|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

5.  FIREARM

1. Person handling the firearm?  
a.  Decedent    b.  Family member    c.  Acquaintance    d.  Stranger    e.  Unknown
2. Type of firearm?  
a.  Handgun    b.  Rifle    c.  Shotgun    d.  Other    e.  Unknown
3. Age of person handling firearm?    a.  \_\_\_\_\_    b.  Unknown
4. Use of firearm at time of injury?  
a.  Shooting at other person    d.  Target shooting    g.  Playing  
b.  Shooting at self    e.  Loading firearm    h.  Other  
c.  Cleaning firearm    f.  Hunting    i.  Unknown
5. Did person handling firearm attend safety classes?    a.  Yes    b.  No    c.  Unknown

6.  SUFFOCATION/STRANGULATION

1. Cause of suffocation/strangulation?  
a.  Other person overlaying or rolling over decedent    f.  Object exerting pressure on victim's neck/chest  
b.  Wedging    g.  Small object or toy in mouth  
c.  Food    i.  Other  
d.  Other person's hand(s)    j.  Unknown  
e.  Object covering decedent's mouth/nose
2. If sleeping, location of decedent at the time?  
a.  In crib    c.  In couch/chair    e.  In infant car seat    g.  Other  
b.  In bed    d.  Being held    f.  On floor    h.  Unknown
3. If sleeping, was decedent sleeping alone?  
a.  Yes    b.  No    c.  Unknown
4. If bedding was involved:
  1. Was the design of bed hazardous?  
a.  Yes    b.  No    c.  Unknown
  2. Was decedent placed on soft bedding?  
a.  Yes    b.  No    c.  Unknown
  3. Was there improper use of bedding?  
a.  Yes    b.  No    c.  Unknown

7.  ELECTROCUTION

1. Source of electricity?  
a.  Water contact    c.  Electrical outlet    e.  Tool    g.  Other  
b.  Electrical wire    d.  Appliance    f.  Lightening    h.  Unknown

8.  FALL INJURY

1. Fall was from?  
a.  Open window    c.  Natural elevation    e.  Man-made elevation  
b.  Furniture    d.  Stairs or steps    f.  Other
2. Height of fall?    a.  # feet \_\_\_\_\_    b.  Unknown
3. Landing surface composition/hardness?    a.  Carpet    b.  Concrete    c.  Ground    d.  Other
4. Was decedent in a baby walker?    a.  Yes    b.  No    c.  Not applicable
5. Was decedent thrown or pushed down?    a.  Yes    b.  No    c.  Unknown

**9.  POISONING/OVERDOSE**

1. Type of poisoning?

- |   |   |  |
|---|---|--|
| a. <input type="checkbox"/> Prescription medicine     | d. <input type="checkbox"/> Illegal drug                            | g. <input type="checkbox"/> Food product |
| b. <input type="checkbox"/> Over-the-counter medicine | e. <input type="checkbox"/> Alcohol                                 | h. <input type="checkbox"/> Other        |
| c. <input type="checkbox"/> Chemical                  | f. <input type="checkbox"/> Carbon monoxide or other gas inhalation | i. <input type="checkbox"/> Unknown      |

2. Was substance in safety packaging?

- |                                 |                                |                                     |  |
|---------------------------------|--------------------------------|-------------------------------------|--|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No | c. <input type="checkbox"/> Unknown | d. <input type="checkbox"/> Not applicable |
|---------------------------------|--------------------------------|-------------------------------------|--|

3. Location of drug or chemical?

- |   |   |  |
|---|---|--|
| a. <input type="checkbox"/> In closed, secured area | b. <input type="checkbox"/> In closed, unsecured area | c. <input type="checkbox"/> In open area |
|---|---|--|

**10.  FIRE/BURN**

1. If fire, the source?

- |                                     |  |  |   |                                     |
|-------------------------------------|--|--|---|-------------------------------------|
| a. <input type="checkbox"/> Matches | c. <input type="checkbox"/> Cigarette    | e. <input type="checkbox"/> Explosives | g. <input type="checkbox"/> Space heater  | i. <input type="checkbox"/> Other   |
| b. <input type="checkbox"/> Lighter | d. <input type="checkbox"/> Combustibles | f. <input type="checkbox"/> Fireworks  | h. <input type="checkbox"/> Faulty wiring | j. <input type="checkbox"/> Unknown |

2. Smoke alarm present?

- |                                 |                                |                                     |  |
|---------------------------------|--------------------------------|-------------------------------------|--|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No | c. <input type="checkbox"/> Unknown | d. <input type="checkbox"/> Not applicable |
|---------------------------------|--------------------------------|-------------------------------------|--|

3. Smoke alarm in working order?

- |                                 |                                |                                     |  |
|---------------------------------|--------------------------------|-------------------------------------|--|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No | c. <input type="checkbox"/> Unknown | d. <input type="checkbox"/> Not applicable |
|---------------------------------|--------------------------------|-------------------------------------|--|

4. Fire started by?

- |                                      |                                   |                                    |                                     |
|--------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| a. <input type="checkbox"/> Decedent | b. <input type="checkbox"/> Other | c. <input type="checkbox"/> No one | d. <input type="checkbox"/> Unknown |
|--------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|

5. Activity of person starting fire?

- |                                     |   |                                     |  |
|-------------------------------------|---|-------------------------------------|--|
| a. <input type="checkbox"/> Playing | c. <input type="checkbox"/> Cooking         | e. <input type="checkbox"/> Other   | g. <input type="checkbox"/> Not applicable |
| b. <input type="checkbox"/> Smoking | d. <input type="checkbox"/> Suspected arson | f. <input type="checkbox"/> Unknown |  |

6. Construction of fire site?

- |  |   |                                   |                                     |                                   |  |
|--|---|-----------------------------------|-------------------------------------|-----------------------------------|--|
| a. <input type="checkbox"/> Wood frame | b. <input type="checkbox"/> Brick/stone | c. <input type="checkbox"/> Metal | d. <input type="checkbox"/> Trailer | e. <input type="checkbox"/> Other | f. <input type="checkbox"/> Not applicable |
|--|---|-----------------------------------|-------------------------------------|-----------------------------------|--|

7. Multiple fire injuries or deaths?

- |                                 |                                |
|---------------------------------|--------------------------------|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

8. For structure fire, where was decedent found?

- |                                    |                                    |                                      |   |                                   |
|------------------------------------|------------------------------------|--------------------------------------|---|-----------------------------------|
| a. <input type="checkbox"/> Hiding | b. <input type="checkbox"/> In bed | c. <input type="checkbox"/> Stairway | d. <input type="checkbox"/> Close to exit | e. <input type="checkbox"/> Other |
|------------------------------------|------------------------------------|--------------------------------------|---|-----------------------------------|

9. Did decedent know of a fire escape plan?

- |                                 |                                |                                     |  |
|---------------------------------|--------------------------------|-------------------------------------|--|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No | c. <input type="checkbox"/> Unknown | d. <input type="checkbox"/> Not applicable |
|---------------------------------|--------------------------------|-------------------------------------|--|

10. If burn, the source?

- |                                       |                                       |  |                                    |                                      |                                   |
|---------------------------------------|---------------------------------------|--|------------------------------------|--------------------------------------|-----------------------------------|
| a. <input type="checkbox"/> Hot water | b. <input type="checkbox"/> Appliance | c. <input type="checkbox"/> Cigarettes | d. <input type="checkbox"/> Heater | e. <input type="checkbox"/> Chemical | f. <input type="checkbox"/> Other |
|---------------------------------------|---------------------------------------|--|------------------------------------|--------------------------------------|-----------------------------------|

**11.  CRUSH (Non-vehicle) (Describe in narrative)**

1. Where did crush occur?

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| a. <input type="checkbox"/> Indoors | b. <input type="checkbox"/> Outdoors |
|-------------------------------------|--------------------------------------|

**12.  CONFINEMENT**

1. Place of confinement?

- |  |  |                                   |
|--|--|-----------------------------------|
| a. <input type="checkbox"/> Refrigerator/Appliance | c. <input type="checkbox"/> Chest/Box/Locker | e. <input type="checkbox"/> Other |
| b. <input type="checkbox"/> Motor vehicle          | d. <input type="checkbox"/> Room/Building    |                                   |

**13.  SHAKEN/IMPACT SYNDROME**

1. Prior history of abuse?

- |                                 |                                |
|---------------------------------|--------------------------------|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

2. Suspected cause?

- |                                    |  |  |   |                                   |                                     |
|------------------------------------|--|--|---|-----------------------------------|-------------------------------------|
| a. <input type="checkbox"/> Crying | b. <input type="checkbox"/> Disobedience | c. <input type="checkbox"/> Feeding difficulty | d. <input type="checkbox"/> Toilet training | e. <input type="checkbox"/> Other | f. <input type="checkbox"/> Unknown |
|------------------------------------|--|--|---|-----------------------------------|-------------------------------------|

**14.  OTHER INFLICTED INJURY**

1. Manner of injury?  
 a.  Cut/stabbed    b.  Struck    c.  Thrown    d.  Other    e.  Unknown

2. Injury inflicted with?  
 a.  Sharp object (e.g., knife, scissors)    c.  Hands/feet    e.  Unknown  
 b.  Blunt object (e.g., hammer, bat)    d.  Other

**15.  OTHER CAUSE** (Describe in narrative)

**J. NARRATIVE DESCRIPTION OF CIRCUMSTANCES OR OTHER COMMENTS**

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**K. SERVICES PROVIDED**

1. List services provided by agencies as a result of the death. (Mark all that apply)

a.  Bereavement counseling    d.  Emergency shelter    g.  Health care    j.  No services  
 b.  Economic support    e.  Mental health services    h.  Legal services  
 c.  Funeral arrangements    f.  Social services    i.  Other

**L. PREVENTION**

1. To what degree was this death believed to be preventable?  
 a.  Not at all    b.  Possibly    c.  Definitely

2. Primary risk factors involved in the child's death? (Mark all that apply)  
 a.  Medical    c.  Economic    e.  Environmental    g.  Drugs or alcohol  
 b.  Social    d.  Behavioral    f.  Product safety    h.  Other

3. Were these risk factors identified in your community prior to the death?    a.  Yes    b.  No

4. Was any action taken in your community to address the risk factors prior to this death?    a.  Yes    b.  No

5. Could the family or child have taken actions to reduce the risk?    a.  Yes    b.  No    c.  Unknown

6. What prevention activities have been proposed since the death? (Mark all that apply)  
 a.  Legislation, law or ordinance    f.  Consumer product safety action (800-638-8095)  
 b.  Community safety project    g.  News services  
 c.  Public forums    h.  Changes in agency practice  
 d.  Educational activities in school    i.  Other programs or activities  
 e.  Educational activities in the media    j.  None

7. Target populations for prevention activities? (Mark all that apply)  
 a.  Children    c.  Parents/Care givers    e.  Others  
 b.  General public    d.  Child protection professionals

8. Estimated costs for prevention?  
 a.  No cost involved    c.  <\$100    e.  >\$500  
 b.  All services donated    d.  \$100 - \$500    f.  Unknown

9. Lead organization?  
 a.  Health/Medical services    d.  Schools    g.  Other  
 b.  Social services    e.  Mental health services  
 c.  Law enforcement    f.  Local community group

CFRP CHAIR SIGNATURE ▶	DATE (MM/DD/YY) __ / __ / __
REGIONAL COORDINATOR SIGNATURE ▶	DATE (MM/DD/YY) __ / __ / __





MISSOURI DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF LEGAL SERVICES

**CHILD FATALITY REVIEW PANEL (CFRP) FINAL REPORT**  
**TO BE COMPLETED FOR ALL REVIEWABLE CHILD DEATHS LESS THAN 18 YEARS OF AGE**

**INSTRUCTIONS:** Complete the form with all known information and forward to the prevention coordinator within ten days.

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**IDENTIFICATION INFORMATION**

1. DECEDENT'S NAME (FIRST, MI, LAST) \_\_\_\_\_ 2. SEX  
A.  MALE B.  FEMALE

3. DATE OF DEATH \_\_\_\_\_ 4. DATE OF BIRTH \_\_\_\_\_ 5. COUNTY OF CFRP PANEL REVIEW \_\_\_\_\_

6. DATE OF LAST CFRP PANEL REVIEW \_\_\_\_\_ 7. CIRCUMSTANCES LEADING TO DEATH? (PRECIPITATING EVENT)  
\_\_\_\_\_

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**PREVENTION CONCLUSIONS**

1. KEEPING IN MIND WHAT IS KNOWN ABOUT THIS TYPE OF FATALITY, IS THERE A PREVENTION MESSAGE?  
A.  Yes B.  No

2. IF YES, WHAT PREVENTION MESSAGE(S) ARE APPROPRIATE?  
\_\_\_\_\_  
\_\_\_\_\_

3. HAVE PREVENTION INITIATIVES BEEN DISCUSSED?  
A.  Yes B.  No

4. IF YES, WHAT TYPE OF PREVENTION INITIATIVE(S)?

A.  Legislation, Law or Ordinance  
B.  Community Safety Project  
C.  Public Forums  
D.  Educational Activities in School  
E.  Educational Activities in the Media  
F.  Consumer Product Safety Action (800-638-8095)  
G.  News Service  
H.  Changes in Agency Practices  
I.  Other Programs or Activities

5. BRIEFLY DESCRIBE PREVENTION INITIATIVE(S)  
\_\_\_\_\_  
\_\_\_\_\_

6. ANTICIPATED ORGANIZATIONS INVOLVED?

A.  Health/Medical Services  
B.  Social Services  
C.  Law Enforcement  
D.  Schools  
E.  Mental Health Services  
F.  Local Community Group  
G.  Other

7. TARGET POPULATIONS FOR PROPOSED PREVENTION INITIATIVE(S)?

A.  Children  
B.  General Public  
C.  Parents/Caregivers  
D.  Child Protection Professionals  
E.  Other

8. IS STAT PREVENTION COORDINATOR ASSISTANCE REQUESTED CONCERNING CURRENT OR FUTURE PREVENTION INITIATIVES, E.G., FACILITATION, RESOURCES, ETC.?  
A.  Yes B.  No

IF YES, POINT OF CONTACT: NAME/TITLE \_\_\_\_\_

AGENCY \_\_\_\_\_

MAIL/STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_



**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—Division of Medical Services  
Chapter 20—Pharmacy Program**

**PROPOSED AMENDMENT**

**13 CSR 70-20.045 Thirty-One Day Supply Maximum Restriction on Pharmacy Services Reimbursed by the Division of Medical Services.** The division is adding sections (3) and (4).

*PURPOSE: The purpose of this proposed amendment is to establish an exemption to the thirty-one (31) day supply maximum restriction per dispensing on pharmacy services reimbursed by the Division of Medical Services on behalf of patients eligible for any of the fee-for-service programs.*

**(3) All spenddown recipients are exempt from the Missouri Medicaid thirty-one (31)-day supply maximum restriction on pharmacy services.**

**(4) Exemptions from the thirty-one (31) day supply limitation may be given with prior authorization by the Division of Medical Services to prevent a higher level of care.**

*AUTHORITY: sections 208.152, 208.153, 208.201, RSMo [1994] 2000. Original rule filed June 29, 2000. Emergency rule filed Nov. 21, 2000, effective Dec. 1, 2000, expires May 29, 2001. Amended: Filed Dec. 5, 2000.*

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

*PRIVATE COST: This proposed amendment is not expected to cost private entities more than \$500 in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Office of the Director, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. If to be hand-delivered, comments must be brought to the Office of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—Division of Medical Services  
Chapter 20—Pharmacy Program**

**PROPOSED RULE**

**13 CSR 70-20.050 Return of Drugs**

*PURPOSE: The Division of Medical Services establishes that when a pharmacy dispenses drugs in a controlled-dose delivery system, the pharmacy must give the Division of Medical Services credit for any unused portion of the drug that is reusable in accordance with applicable federal or state law.*

(1) Definitions.

(A) Controlled-dose delivery system. A controlled-dose delivery system is defined as a system of dispensing of medications on behalf of a resident in a long-term care facility in manufacturer's unit dose packaging or pharmacist packager's unit-dose, unit-of-use, or strip packaging with each tablet or capsule individually wrapped, or in blister cards, all of which must be labeled according to applicable state and federal laws or regulations.

(2) Drugs dispensed in controlled-dose delivery system packaging shall be returned to the dispensing pharmacy in accordance with applicable federal or state law when the recipient no longer uses the drug. A long-term care facility must return unused drugs dispensed in controlled-dose delivery system packaging to the provider that dispensed the drugs.

(3) The Division of Medical Services shall not pay for an unused pharmacy item returned to the dispensing pharmacy by or on behalf of a Medicaid recipient, due to a change in prescription, hospitalization, death of a recipient, or other reason when the item can be accepted by the pharmacy in accordance with applicable federal or state laws or regulations. A charge is not to be made to the Division of Medical Services for the returned item.

(4) When a pharmacy dispenses drugs in a controlled-dose delivery system the pharmacy must give the Division of Medical Services credit for all reusable items (any unused portion) not taken by the Medicaid recipient. In instances in which charges have been submitted prior to the return of an item the pharmacy shall file an adjustment to notify the Division of Medical Services of the need to process a credit. The dispensing pharmacy that receives the returned drugs must repay the Division of Medical Services the amount reimbursed for drug costs from which the prescription was billed, prorated to the quantity of the drug returned. The credited amount should not include dispensing fees.

*AUTHORITY: section 208.201, RSMo 2000. Original rule filed Dec. 15, 2000.*

*PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than \$500 in the aggregate.*

*PRIVATE COST: This proposed rule will not cost private entities more than \$500 in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with Office of the Director, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty days after publication in the Missouri Register. If to be hand-delivered, comments must be brought to the Office of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—Division of Medical Services  
Chapter 20—Pharmacy Program**

**PROPOSED AMENDMENT**

**13 CSR 70-20.070 Computer-Generated Drug Pricing Tape and Drug Reimbursement Methodology.** The division is amending sections (1) and (3).

*PURPOSE: This amendment modifies the information to be obtained via the computer-generated pricing tape and modifies the basis and the method for pricing drug claims in Missouri under the Title XIX Medicaid fee-for-service program.*

(1) The Division of Medical Services will obtain, by contract with a reputable medical publishing company, a weekly computer-generated tape which will provide the information needed to price all **fee-for-service** Medicaid drug claims. The tape will contain *National Drug Code* (NDC), drug name, drug strength, dosage form, package size, the Average Wholesale Price (AWP), the prices set by direct-selling manufacturers (direct prices), **Wholesaler Acquisition Cost (WAC), Required Reported Price**

**(RRP)**, and federal Health and Human Services upper limits for specified multiple source drugs. A multiple source drug is defined as a drug marketed or sold by two (2) or more manufacturers or labelers, or a drug marketed or sold by the same manufacturer or labeler under two (2) or more different proprietary names or both under a proprietary name and without that name.

(3) Reimbursement for covered drugs will be made at the lower of the—

(B) Price(s) included on the Drug Pricing File which is derived from one (1) or more of the following:

1. The AWP as furnished by the state's contracted agent, less ten and forty-three hundredths percent (10.43%);
2. The MMAC as determined by the state agency for selected multiple source drugs; */or/*
3. Applicable federal upper limits, as *listed in 13 CSR 70-20.071 found at www.dss.state.mo.us/dms [.]*;
4. **The WAC as furnished by the state's contracted agent, plus ten percent (10%); or**
5. **The RRP as furnished by the state's contracted agent.**

*AUTHORITY: sections [207.020, RSMo 1986,] 208.152, [RSMo Supp. 1990], 208.153, [RSMo Supp. 1991] and 208.201, [RSMo Supp. 1987] RSMo 2000. This rule was previously as 13 CSR 40-81.150. Original rule filed April 23, 1979, effective Aug. 11, 1979. For intervening history please consult the Code of State Regulations. Amended: Filed Dec. 5, 2000.*

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

*PRIVATE COST: This proposed amendment will cost 1,235 private entities \$14,866,000. The estimated cost is based on the use of wholesaler acquisition cost (WAC) values provided to the state by a nationally published drug pricing compendium. A fiscal note containing a detailed estimated cost of compliance has been filed with the secretary of state.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Office of the Director, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. If to be hand-delivered, comments must be brought to the Office of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

FISCAL NOTE  
PRIVATE ENTITY COST

**I. RULE NUMBER**

Title: 13 -- Department of Social Services

Division: 70 -- Division of Medical Services

Chapter: 20 -- Pharmacy Program

Type of Rulemaking: Proposed Amendment

Rule Number and Name: 13 CSR 70-20.070 Computer-Generated Drug Pricing  
Tape and Drug Reimbursement Methodology

**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:
1235	Pharmacies	\$14,866,000

**III. WORKSHEET**

The estimated impact of this proposed amendment is based on the use of wholesaler acquisition cost (WAC) values provided to the state by a nationally published drug pricing compendium. Annualized costs were projected from two months of pharmacy claims that were repriced using WAC plus 10% as a part of the reimbursement methodology. There are 1328 pharmacies currently enrolled to participate in the Missouri Medicaid fee for service pharmacy program, of these, 1235 are actually actively participating by submitting claims for services rendered to Medicaid patients. Of the 1328 pharmacies reported above, 218 of these are small businesses with fewer than 25 employees, 216 of the 218 small pharmacies are actively participating in the program by submitting claims for services rendered to Medicaid patients. The total impact on all of these pharmacies is \$14,866,000.

**IV. ASSUMPTIONS**

The nationally published drug pricing compendium provided WAC prices for approximately 40% of reimbursable products to provide the basis of this projection. The basis of the analysis was a repricing of all pharmacy claims that were priced using average wholesale price (AWP). Therefore the impact identified in this analysis will affect all pharmacy providers.