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

PROPOSED AMENDMENT

[9 CSR 30-3.760] 9 CSR 30-3.206 SATOP **Program Structure**. The department is changing the rule number, amending the title, sections (1)–(25), and adding new sections (24)–(30), and (32).

PURPOSE: This amendment renumbers the rule as part of an overall renumbering and reorganization of standards for alcohol and drug programs. Headings have been added to each section of the rule. Former section (8) is being deleted. Section (9) amends criteria for completing treatment in lieu of SATOP. Definitions of the terms prior offender, persistent offender, and qualified trainer which were formerly located in 9 CSR 30-3.710 Definitions have been moved to this rule. Standards for SATOP training programs which were formerly located in 9 CSR 30-3.780 Curriculum and Training have been moved to sections (24)–(30) of this rule.

(1) **Program Functions.** The program shall provide education, assessment screening and recommendation and, where appropriate, referral for further services.

[(B) A person referred to a program for assessment screening must complete the OEP at the agency that provides the screening to ensure continuity.

1. In certain jurisdictions, the division may grant a waiver of this requirement provided an agreement exists between the local courts, the various SATOP programs, and the local rehabilitation programs to jointly cooperate to develop a local network of driving while intoxicated (DWI) court options.]

[2.] **(B)** *[The]* **A** person may request and attend *[an OEP]* **any program** operated by a different agency due to reasonable circumstances, such as distance, work schedule or other time factors.

(C) A separate *[fee]* **amount** paid by the client shall cover the assessment screening in addition to the *[education fee]* **cost of the program**.

(2) **Assessment Screening Process.** All persons referred to Substance Abuse Traffic Offender Programs shall, prior to attending the education or rehabilitation program, receive an individualized assessment screening *[to determine the need for treatment or education]*. **The assessment screening is a process by which individuals are evaluated and recommended to the most appropriate level of service, either education or intervention or treatment, based on criteria established by the department and the clinical judgment of the qualified substance abuse professional.** The assessment screening process shall include:

(A) *[OEP/ADEP]* **Demographic** data collection;

(G) Minimal case *[management]* **coordination**, when appropriate, to coordinate with the courts, probation and parole, or the Department of Revenue (DOR) to verify that education, rehabilitation and treatment recommendations have been completed.

(3) **Components of Assessment Screening.** The assessment screening by the certified program shall follow basic guidelines established by the department.

(A) All clients shall complete a valid and reliable screening instrument approved by the department to identify problem users. The screening instrument shall be standardized, consistent statewide, and interpreted by certified qualified **substance abuse** professionals who are properly supervised and trained in the use of the screening device.

(B) All clients shall have an individualized assessment screening interview conducted by a qualified **substance abuse** professional.

1. The individualized assessment screening shall determine the extent of the problem (or lack of a problem) and the level or type of rehabilitation or education services needed.

2. The assessment screening shall include, but not be limited to, a screening instrument summary including a substance use history, prior treatment history, summary of findings and a recommendation for either education or rehabilitation based on minimum referral guidelines.

3. The assessment screening report shall be accompanied by a DOR driving record and blood alcohol content (BAC) at time of arrest *[(if available). The DOR driving record requirement may be waived if the Offender Management Unit (OMU) has made a documented, good faith effort to obtain the driving record prior to the interview]*.

4. Collaborative information, such as previous treatment information and contacting significant others, may be obtained with proper authorization when appropriate.

[5. The client who is identified as a prior or persistent offender based on the assessment screening will be required to complete an approved education or treatment program before driving privileges are reinstated by the DOR.

6. With proper authorization a copy of the screening report including a summary of the screening instrument shall be sent to the Clinical Intervention Program (CIP) or treatment program the client is being referred to.]

[7.] **5.** The assessment screening shall be valid for six (6) months after the date of the initial screening for each alcohol- or drug-related traffic offense. The client must enroll in the assigned education or treatment program within six (6) months of the initial screening. The client's record may be closed after the six (6)-month period expires if the client has been notified by mail or by phone at least thirty (30) days prior to the closing. The notification must be documented in the client's record.

(4) **Quality Recommendations.** The program must develop assessment screening recommendations that are:

(B) Never used as a means of case finding for any particular rehabilitation program or as a marketing tool for any *[OEP/ADEP]* **SATOP program**.

(5) **Referral Guidelines.** The program must base the assessment screening recommendation for each person on the following referral guidelines:

(C) 3rd offense—Clinical Intervention Program (CIP) unless a more intense program is indicated **by** such factors as the blood content at the time of arrest, other alcohol/drug-related arrests, screening instrument recommendations, prior alcohol/drug treatment, or occupational, relationship, or medical problems; and

(E) *[The following e]***Exceptions to these referral guidelines shall be permitted with departmental approval***[:]***.**

[1. Persons who meet criteria for WIP but who live more than sixty (60) miles from a WIP program may have their assessment recommendation reduced to the next lower level of programming reasonably available to them.

2. Persons who meet criteria for CIP but who live more than thirty (30) miles from a CIP program may have their assessment recommendation reduced to the next lower level of programming reasonably available to them.]

[3.] **(F)** Persons with a serious mental illness should have their mental health treatment needs addressed before completing any SATOP recommendation. A mental health evaluation should be arranged for those clients identified with serious emotional or mental health problems during the SATOP assessment screening process. In order to promptly arrange the mental health evaluation, a SATOP conducting assessment screenings must maintain a formal affiliation agreement with either a certified community mental health center, state mental health facility, licensed psychiatrist,

licensed psychologist, or licensed clinical social worker. The client may resume SATOP participation upon stabilization of the problem as determined by the client's mental health provider*[; or]***.**

[4. Persons with other extenuating circumstances that would not reasonably allow them to complete the assessment recommendation may have their recommendation changed, with department approval, to better reflect their individual circumstances.]

(6) **Assessment Screening Cost.** *[An]* **The cost of the** assessment screening *[fee]*, along with the sixty dollar ($60) supplemental fee, approved by the department shall be borne by the client and should not be excessively greater than relative costs indicate*[.]* **and** *[The fee]* shall include the costs for any case *[management]* **coordination** functions necessary to*[:]***—**

(7) **Notice of Program Assignment and Completion.** The agency *[which conducts the assessment screening for first time offenders]* shall provide a SATOP Offender Assignment form, *[a Report of Offender Compliance, and]* a SATOP Completion Certificate *[regarding successful completion or unsuccessful completion of the education portion of the program]***, and, where applicable, a Notice of Offender Compliance**. The SATOP Completion Certificate shall be issued within one (1) week of receiving the *[Report]* **Notice** of Offender Compliance in the event the offender received the education course at another agency.

(A) A referring court or probation and parole office shall be sent a SATOP Offender Assignment form within one (1) week of the assessment screening and a SATOP Completion Certificate within one (1) week of *[course]* **program** completion.

(B) A copy of the Notice of Offender Compliance form shall be sent to the Offender Management Unit within seven (7) days of an individual's participation in a program.

[(B)] **(C)** The Department of Revenue shall be sent a SATOP Completion Certificate within one (1) week of *[the course]* **program** completion, when applicable.

[(C)] **(D)** A copy of the SATOP Offender Assignment Form and the *[Report]* **Notice** of Offender Compliance Form shall be sent to the Department of Mental Health.

[(D)] **(E)** A copy of the SATOP Offender Assignment form and the SATOP Completion Certificate shall be given to the *[student]* **individual** and, where applicable, to the parent or guardian.

[(8) The agency which conducts the assessment screening for prior or persistent offenders shall provide a SATOP Offender Assignment form and a Report of Offender Compliance regarding successful completion or unsuccessful completion of the treatment and rehabilitation portion of the program. The SATOP Completion Certificate shall be issued within one (1) week of receiving the Report of Offender Compliance in the event the offender received treatment and rehabilitation at another agency.

(A) A referring court or probation and parole office shall be sent a SATOP Offender Assignment form within one (1) week of completion of the assessment screening and a SATOP Completion Certificate within one (1) week of completion of the recommended treatment and rehabilitation.

(B) The Department of Revenue shall be sent a SATOP Completion Certificate within one (1) week of the completion of the recommended rehabilitation or treatment, when applicable.

(C) A copy of the SATOP Offender Assignment Form and the Report of Offender Compliance Form shall be sent to the Department of Mental Health.

(D) A copy of the SATOP Offender Assignment form and SATOP Completion Certificate shall be given to the student and, where applicable, to the parent or guardian.]

[(9)] **(8) Prior and Persistent Offenders.** The department shall recognize *[the following]* **three (3)** types of treatment and rehabilitation programs for prior or persistent substance abuse traffic offenders*[:]***.**

(A) As used in SATOP rules, the terms prior and persistent offender shall mean—

1. Prior offender, a person who has a prior history of one (1) intoxication related traffic offense committed within five (5) years of the most recent offense for which the person is charged; and

2. Persistent offender, a person who has a prior history of three (3) or more intoxication related traffic offenses committed at different times within ten (10) years of a previous alcohol and/or drug related traffic offensive conviction.

(B) The following types of treatment and rehabilitation programs shall be recognized for prior or persistent offenders:

[(A)] **1.** Clinical Intervention Program (CIP); *[and]*

2. Youth Clinical Intervention Program (YCIP); and

[(B)] **3.** Certified Alcohol and/or Drug Treatment and Rehabilitation Programs.

[(10)] **(9) Criteria for Successful Completion of Treatment.** When the assessment screening process indicates and if the person is eligible, certified alcohol and drug treatment and rehabilitation programs may also provide services for prior and persistent offenders. In addition, such persons, including first offenders who complete certified rehabilitation programs after being charged or adjudicated for their DWI offense but prior to their OMU screening process, may substitute participation in these rehabilitation programs under certain conditions. *[The offender must receive a minimum of one hundred sixty (160) total treatment hours in either of the following:]* **In order to be recognized by SATOP as successfully completing treatment, the offender must have written verification from a certified treatment and rehabilitation program that he or she has—**

[(A) Accredited hospital-based inpatient treatment services including intensive outpatient and aftercare services;

(B) Certified community-based residential treatment services including aftercare;

(C) CSTAR programs including Level I services; or

(D) Certified outpatient programs.]

(A) Participated as scheduled in treatment services on a residential and/or outpatient basis for a period of at least ninety (90) calendar days;

(B) Substantially achieved personal recovery goals; and

(C) Met any other program requirements for successful completion of treatment. Those persons presenting substance dependence with a history of multiple offenses must participate in one hundred sixty (160) hours of services during the treatment episode.

[(11)] **(10) Cost of Treatment.** The client shall be responsible for all costs related to the completion of the treatment and rehabilitation programs *[in this section]* **referenced in or required by this rule.**

(A) All clients shall be required to pay an initial base *[fee]* **amount** determined by the department before applying the department's Standard Means Test in accordance with 9 CSR 10-1.016.

(B) The client shall be responsible for all costs related to treatment which are not reimbursed through a third-party payer or the department's Standard Means Test process.

(C) Programs may develop long-term payment plans to reasonably assist the client in paying off any outstanding balances.

[(12)] **(11) Cost of SATOP.** *[A single education fee]* **The cost for SATOP programs shall be determined and** approved by the department and **shall be** paid by the client **and** shall cover the cost of the *[OEP/ADEP education]* program. *[An additional*

separate education fee approved by the department shall cover the cost of the WIP program.]

[(13)] **(12) Hours of Participation.** The OEP/ADEP program shall provide at least ten (10) hours of education. The WIP program shall provide at least twenty (20) hours of education and intervention services.

[(14)] **(13) Curriculum Guides.** The OEP program shall be conducted in accordance with the current edition of the *OEP Missouri Curriculum Guide*. **The ADEP program shall be conducted in accordance with the current edition of the *ADEP Missouri Curriculum Guide.*** The WIP program shall be conducted in accordance with the current edition of the *WIP Missouri Curriculum Guide*. A program must specifically request and obtain approval from the division before deviating in any manner from the content and methods in the applicable *Missouri Curriculum Guide[.]* as incorporated herein by reference.

[(15)] **(14) Meals and Breaks.** Ample time shall be provided for breaks and meals, where appropriate.

(A) No class shall continue for more than two (2) hours without a break.

(B) The time for breaks shall not be counted toward the required hours of education.

(C) Break time should not exceed more than five (5) minutes per classroom hour of education.

(D) Break time should not be used at the beginning or the end of the classroom session.

[(16)] **(15) Length of Educational Sessions.** The OEP/ADEP education component shall be conducted in at least two (2) calendar days.

(A) No OEP/ADEP session shall last more than six (6) hours, not counting breaks.

(B) No session may begin before 8:00 a.m. or end after 11:00 p.m.

[(17)] **(16) Use of Instructional Aids.** Instructional aids shall be utilized.

(A) *[Instructional a]***Aids** may include, but are not limited to, films, videotapes, worksheets and informational handouts.

(B) Films and videotapes shall not comprise more than twenty percent (20%) of the education component. Audiovisual instructional aids should—

1. Produce a clear image when projected on a clear surface;
2. Utilize a television monitor at least twenty-five inches (25") in diameter;
3. Utilize high quality videotapes or films; and
4. Allow all participants to have an unobstructed view.

[(18)] **(17) Guest Speakers.** Use of guest speakers shall not comprise more than twenty percent (20%) of the educational component.

[(19)] **(18) Maximum Number of Persons in Educational Sessions.** Program size shall provide an opportunity for client participation.

(A) It shall be usual and customary practice for each OEP/ADEP educational session to have no more than thirty (30) clients in order to promote discussion and participation.

(B) Parents, guardians or significant others who may attend a session or part of a session are not included in the figure of thirty (30) clients.

[(20)] **(19) Criteria for Successful Completion of SATOP Programs.** Successful completion requires that the client shall—

(A) Be free of the influence of mood altering substances at every session;

(B) Attend all sessions on time;

(C) Attend sessions in their proper sequence unless the instructor approves an alternate sequence;

(D) Complete all assignments and cooperatively participate in all class activities;

(E) Pay all fees; and

(F) Complete and sign all required forms.

[(21)] **(20) WIP Requirements.** In addition to the basic requirements for OEP/ADEP, WIP programs shall—

(A) Be conducted in accordance with the applicable *Missouri Curriculum Guide* for WIP;

(B) Be conducted in a supervised environment approved by the division during a forty-eight (48)-hour weekend;

(C) Provide a minimum of twenty (20) hours of education and intervention;

(D) Provide meals and appropriate sleeping arrangements.

1. Sleeping arrangements should not exceed four (4) persons per room. Waivers for sleeping arrangements may be granted in some instances for programs operated through correctional or detention facilities**.**

2. Agencies must provide documentation that individuals preparing or handling meals for the Weekend Intervention Program meet state, county, or city regulations related to the handling of food;

(E) Conduct small group breakout discussion and intervention sessions which shall be facilitated by at least one (1) qualified professional per twelve (12) clients. In the event two (2) professional staff co-facilitate a small group, one (1) of the staff may be a qualified instructor or *[a Missouri Substance Abuse Counselor's Certification Board (MSACCB) counselor in training provided]* **an associate counselor if** the group size does not exceed twenty-four (24) clients;

(F) Not exceed thirty (30) clients per staff member in large group education lectures and films;

(G) Conduct a medical screening on each participant using the DMH 8618 Non-Emergency Medical Evaluation Checklist; **and**

(H) Complete a comprehensive assessment on each participant including a legal, social, occupational, physical, psychological, financial, and alcohol/drug problem assessment*[; and]***.**

[(I) Charge a single education fee approved by the department.]

[(22)] **(21) WIP Drug Testing.** WIP programs may use breath or urine testing when alcohol or other drug usage is suspected, but cannot otherwise be verified, during the course of the WIP weekend. A written report of the incident shall be made by the WIP staff and reviewed by the WIP program director who will make the final decision as to the client suitability for continuation in the program. Random breath or urine testing shall not be used.

[(23)] **(22) WIP Cost. The cost of the** WIP program *[fees]* may be partially offset for some clients by the department, provided funds are available and the person is in need of assistance by meeting the eligibility criteria based on the department's Standard Means Test. These offenders shall be required to pay the basic **cost of** SATOP *[fee]* in addition to any partial offset **towards the cost** of the WIP *[fee]* **program**.

[(24)] **(23) Review and Approval of Costs. The cost for all** *[All]* SATOP *[screening and education fees]* **programs** approved by the department shall be periodically reviewed and adjusted, if necessary, based on the best interests of *[the offender]* **clients**, society and the programs.

(24) Certification of SATOP Training Programs. The department shall certify regional training programs. A certified training program must:

(A) Provide all of the basic core functions of SATOP;

(B) Develop an individualized training plan for each person in training;

(C) Assign a trainer to each person in training;
(D) Provide the opportunity for direct program observation of each program activity by each person in training; and
(E) Maintain full compliance with certification standards.

(25) Training Content. Training shall include, but not be limited to, the following:
(A) Review of certification standards;
(B) Basic agency management;
(C) Characteristics of DWI offenders;
(D) Assessment procedures including the individualized interview and use of the screening instruments;
(E) The principles and techniques of classroom management;
(F) The principles and techniques of adult learning;
(G) Orientation to the appropriate curriculum guide;
(H) Review of the referral process and treatment resources;
(I) SATOP personnel requirements; and
(J) Professional ethics.

(26) Program Observation Required. Training shall include direct observation of a program conducted by a qualified trainer at a certified training program. The term qualified trainer is used to describe a qualified substance abuse professional who has experience in providing two hundred forty (240) hours of ADEP, OEP or WIP.

(27) Written Examination. Certified staff shall complete a written examination and demonstrate the knowledge necessary to conduct the Alcohol and Drug Education Program (ADEP) or the appropriate Substance Abuse Traffic Offender Program (SATOP).

(28) Cost of Training. The cost of training shall be determined and approved by the department. For each trainee who successfully completes the applicable training requirements, including payment of training cost, the training program shall notify the department within ten (10) days of the successful completion.

(29) Availability of Training. Training must be accessible to all trainees on a regular and ongoing basis. The training program shall have the capability to admit each applicant within thirty (30) days after the applicant's initial request for training.

(30) Termination of a Training Program. The training program or the department may terminate the training program by giving ninety (90) days written notice to the other party.

[(25)] **(31) Compliance.** Failure to adhere to the stipulations, conditions, and requirements set forth in this rule shall be considered cause for revocation or denial of program certification.

(32) The following forms are included herein:
(A) MO 650-7743;
(B) MO 650-7744; and
(C) MO 650-7745.

*AUTHORITY: sections 302.540, 577.001, 577.049, 577.520, 577.525, 630.050, 630.053, [RSMo Supp. 1997, and] 630.655 and 631.010, RSMo [1994] **2000**. Original rule filed Nov. 2, 1987, effective May 15, 1988. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 28, 2001.*

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 by writing to the ADA Standards of Care Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.770 Client Records. This rule identified the content of client records and their storage requirements.

PURPOSE: The requirements promulgated under this rule will be incorporated in an amendment being proposed for 9 CSR 30-3.202.

AUTHORITY: sections 302.540, 577.001, 577.049, 577.520, 577.525, 630.050 and 630.053, RSMo Supp. 1997, and 630.655 and 631.010, RSMo 1994. Original rule filed Nov. 2, 1987, effective May 15, 1988. Emergency amendment filed May 3, 1994, effective July 1, 1994, expired Oct. 28, 1994. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Emergency amendment filed Oct. 17, 1994, effective Oct. 28, 1994, expired Feb. 24, 1995. Amended: Filed Oct. 17, 1994, effective April 30, 1995. Amended: Filed April 29, 1998, effective Oct. 30, 1998. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.780 Curriculum and Training. This rule identified the topics to be covered in Substance Abuse Traffic Offender Programs and identified requirements for training programs.

PURPOSE: The requirements promulgated under this rule will be incorporated in an amendment being proposed for 9 CSR 30-3.206.

AUTHORITY: sections 302.540, 577.001, 577.049, 577.520, 577.525, 630.050 and 630.053, RSMo Supp. 1997, and 630.655 and 631.010, RSMo 1994. Original rule filed Nov. 2, 1987, effective May 15, 1988. Amended: Filed April 29, 1998, effective Oct. 30, 1998. Rescinded: Filed Feb. 28, 2001.

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

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

PROPOSED AMENDMENT

[9 CSR 30-3.790] 9 CSR 30-3.208 SATOP **Supplemental Fee**. The department is changing the rule number and amending the title and sections (1)–(6), and adding a new section (7).

PURPOSE: This amendment renumbers the rule as part of an overall renumbering and reorganization of standards for alcohol and drug programs. Headings have been added to each section of the rule. Other minor changes in wording or content are also being made at this time.

(1) **Supplemental Fee.** All Substance Abuse Traffic Offenders Programs shall collect from all applicants entering the program *[as a result of a traffic related offense]* a sixty-dollar ($60)-supplemental fee which shall be in addition to any other *[fee(s)]* **costs** which may be charged by the program.

[(A)] The supplemental fee shall be collected no more than one (1) time from any individual who has entered *[the program, as a result of an alcohol or drug abuse-related traffic offense]* **SATOP**, whether for assessment or for an educational program.

[(B) The supplemental fee shall not be collected from persons entering the program as a result of alcohol or drug offenses which are not traffic related.]

(2) **Remittance of Supplemental Fees.** On or before the fifteenth day of each month**,** program directors shall remit the total of all supplemental fees collected during the prior calendar month, less two percent (2%) which, by law, may be retained by the program to offset collection and remittance costs.

(A) Remittance shall be mailed to: Mental Health Earnings Fund, Controller, Department of Mental Health, 1706 East Elm Street, P*[.]*O*[.]* Box 596, Jefferson City, MO 65102.

(3) **Documentation of Supplemental Fee Transactions.** Each program shall maintain, at its principal administrative center, a single record of all supplemental fee transactions, which is separate from all other program records. This separate record will facilitate audits which may from time-to-time be conducted by the *[Division of Alcohol and Drug Abuse]* **department** or the state auditor's office. A separate program record of supplemental fee transactions shall include copies of monthly remittance forms and copies of checks forwarded to the Mental Health Earnings Fund.

(4) **Acceptance of Supplemental Fees.** The *[D]***d**epartment *[of Mental Health]* shall accept supplemental fee remittances only from certified programs. Supplemental fee remittances, if received by the department from any agency not certified, will be returned to that agency. If an agency's certification has been revoked, the department will only accept supplemental fee remittances that were collected prior to the date the agency's certification was revoked. Remittances collected by the agency from clients after the date of the revocation shall not be accepted by the department. In such case, the supplemental fee must be returned to the client by the agency.

(5) **Notice Posted.** Programs shall post in places readily accessible to *[program clientele]* **persons served**, one (1) or more copies of a Student Notice Poster which shall be provided by the *[Division of Alcohol and Drug Abuse]* **department** at no cost to the program. Posters shall explain the statutory requirement for supplemental fees, disposition of supplemental fees, and the means by which programs collect and remit supplemental fees.

(6) **Compliance.** Failure to adhere to the stipulations, conditions, and requirements set forth in this rule shall be considered cause for revocation of program certification.

(7) Form number MO 650-1017 is included herein.

AUTHORITY: sections 302.540, 577.001, 577.049, 577.520, 577.525, 630.050, [and] 630.053, [RSMo Supp. 1997, and] 630.655 and 631.010, RSMo [1994] 2000. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Amended: Filed April 29, 1998, effective Oct. 30, 1998. Amended: Filed Feb. 28, 2001.

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 by writing to the ADA Standards of Care Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED AMENDMENT

[9 CSR 30-3.800] 9 CSR 30-3.230 **Required Educational Assessment and Community Treatment Program**. The department is changing the rule number and amending sections (1)–(30).

PURPOSE: This amendment renumbers the rule as part of an overall renumbering and reorganization of standards for alcohol and drug programs. Headings have been added to each section of the rule. Sections (1), (5), (6), (8) and (9) are being deleted as this content is now addressed in other applicable rules. Remaining sections are renumbered accordingly. Section (3) of this amendment adds examples of performance indicators that can be used to demonstrate achievement of program goals and to improve quality. Section (9) amends criteria for completing treatment in lieu of REACT. Minor changes in wording or content are being made to parallel amendments to SATOP rules.

[(1) The Department of Mental Health shall certify Required Educational Assessment and Community Treatment (REACT) programs that comply with the provisions of 9 CSR 30-3.800.]

[(2)] **(1) Mission.** The Missouri **Required Educational Assessment and Community Treatment (**REACT**)** program is a statewide system of comprehensive, accessible, community-based education and treatment programs designed for individuals who

have been found guilty of, or pled guilty to a Chapter 195 felony drug offense. The mission of REACT is—

(A) To promote a drug- and crime-free lifestyle;

(B) To provide education and/or treatment on the multi-faceted consequences of substance use;

(C) To explore intervention and treatment options; and

(D) To contribute to public health and safety in Missouri.

[(3) Required Educational Assessment and Community Treatment] **(2) Program Functions. REACT** programs shall provide or arrange *[for three (3) distinct program levels—]*

[(A)] Assessment screening;

[(B)] Education; and

[(C)] Treatment.

(3) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization providing REACT to demonstrate achievement of the program's mission and functions. Indicators can include, but are not limited to the following:

(A) Characteristics of persons participating in REACT such as type of offense, prior alcohol and drug offenses, prior treatment history, etc.;

(B) Consistent use of screening criteria including the rate at which persons are assigned to education and treatment programs;

(C) Rate at which persons successfully complete REACT;

(D) Reductions in alcohol and drug offenses among those who complete REACT; and

(E) Consumer satisfaction and feedback.

(4) **Types of Programs.** The department shall recognize **and certify** the following types of Required Educational Assessment and Community Treatment programs:

(A) REACT Screening Unit (RSU) **which provides assessment screening including an individualized interview, recommendation and referral for further services for those coming under the purview of section 559.630, RSMo**; and

(B) REACT Education Program (REP) **which provides basic offender education over the course of ten (10) hours for lower risk first offenders to assist them in understanding the choices they made that led to their arrest and the resulting consequences. All persons completing this course shall develop a personal plan of action to assist them in preventing future offenses**.

[(5) Unless specified, definitions as found in 9 CSR 30-3.710 shall be used. Unless the context clearly indicates otherwise, the following terms as used in this rule shall mean:

(A) "Assessment screening," the process by which all offenders referred to REACT programs are evaluated and recommended to the most appropriate level of service, either education or rehabilitation, based on criteria established by the department and professional judgment of the qualified professional;

(B) "DOC," the Department of Corrections;

(C) "REACT Education Program (REP)," a program certified by the Department of Mental Health, Division of Alcohol and Drug Abuse to provide basic offender education over the course of ten (10) hours for lower risk first offenders to assist them in understanding the choices they made that led to their arrest and the resulting consequences. All persons completing this course shall develop a personal plan of action to assist them in preventing future offenses;

(D) "REACT Screening Unit (RSU)," a program certified by the Department of Mental Health, Division of Alcohol and Drug Abuse to provide assessment screening including an individualized interview, recommendation and referral for further services for those coming under the purview of section 559.630, RSMo; and

(E) "Required Educational Assessment and Community Treatment (REACT)," a statewide network of comprehensive, accessible court options which provide an appropriate community response to various levels of offender and societal needs. This network includes initial assessment screening, REP education, and related treatment services.]

[(6) Singular terms include the plural and vice versa, unless the context clearly indicates otherwise.]

(5) Requirements for Program Certification. REACT programs shall comply with those rules and standards listed under 9 CSR 30-3.032 Certification of Alcohol and Drug Abuse Programs.

(A) Rules under 9 CSR 10-7.120 Physical Plant and Safety shall be applicable based on the type of services provided by the program and whether services are offered to individuals and groups at the program site. In addition—

1. The program must be located in an office, clinic or other professional setting;

2. Assessment screenings must be located in a setting which provides space for private, one-on-one interviews and ensures confidentiality. With the department's written approval, assessment screenings may be conducted at other locations on a limited basis, if confidentiality is assured and the individual agrees to a screening at the alternate site.

(B) The following rules and standards shall be waived for REACT programs, unless the department determines that a specific requirement is applicable due to the unique circumstances and service delivery methods of a program:

1. 9 CSR 10-7.010 Treatment Principles and Outcomes;

2. 9 CSR 10-7.030 Service Delivery Process and Documentation;

3. 9 CSR 10-7.060 Behavior Management;

4. 9 CSR 10-7.070 Medications;

5. 9 CSR 10-7.080 Dietary Services;

6. 9 CSR 30-3.100 Service Delivery Process and Documentation (ADA); and

7. 9 CSR 30-3.110 Service Definitions and Staff Qualifications (ADA).

[(7)] **(6) Other Requirements.** Agencies certified as a Required Educational Assessment and Community Treatment shall follow the standards found in *[9 CSR 30-3.700 through 9 CSR 30-3.790, unless specified below]* **9 CSR 30-3.200 through 9 CSR 30-3.210, unless otherwise specified in this rule**. When reference is made to the Substance Abuse Traffic Offender Program (SATOP), it shall apply to the REACT program. When reference is made to **SATOP** Offender Management Unit (OMU), it shall apply to the RSU. When reference is made to the **SATOP** Offender Education Program (OEP), it shall apply to the REP.

[(8) An agency may apply for certification by submitting application forms to become a REACT program to the Department of Mental Health, Division of Alcohol and Drug Abuse according to the requirements found in 9 CSR 30-3.720.]

[(9) An agency must comply with the requirements of 9 CSR 30-3.730. Procedures in this section which reference SATOP shall be applied to REACT programs.]

[(A)] **(7) Assessment Screening Required.** The program shall have written policies and procedures that stipulate the methods of *[individualized]* assessment **screening** and the conditions under which referrals are made for further services.

[1.] **(A)** The written policies and procedures must follow the screening guidelines outlined by the *[Division of Alcohol and Drug Abuse]* **Department of Mental Health** and the Department of Corrections.

(B) The program shall provide assessment screening and recommendation, where appropriate, to education or treatment.

[1.] **(C)** A program that provides assessment screening must also provide REP services.

[(C) A person referred to a program for assessment screening must complete the REP at the agency that provides the screening to ensure continuity.]

[1. The] **(D) A** person may request and attend a REP operated by a different agency due to reasonable circumstances, such as distance, work schedule or other time factors.

[(D)] **(E)** A separate *[fee]* **amount** paid by the client shall cover the assessment screening in addition to the *[education fee]* **cost of the program**.

[(10)] **(8)** *[Agencies shall comply with the personnel requirements of 9 CSR 30-3.750. References to SATOP shall apply to REACT. In addition to these requirements, agencies]* **Qualifying Staff. A REACT program** shall not employ, or sub-contract with any individual, nor themselves be currently, or within a two (2)-year period, under the supervision or jurisdiction of federal, state, county or local corrections or court system.

[(11)] **(9) Assessment Screening Process.** All persons referred to REACT shall, prior to attending the education or treatment program, receive an individualized assessment screening to determine the need for treatment or education. The assessment screening process shall include:

(A) *[REACT]* **Demographic** data collection;

(B) A standardized screening instrument;

(C) A face-to-face individualized assessment screening interview;

(D) A legible hand printed or typewritten screening report;

(E) Completion of the REACT Offender Assignment form and, when requested, a narrative report to the court;

(F) Minimal case *[management]* **coordination**, when appropriate, to coordinate with the courts, probation and parole, or the Department of Corrections to verify that education, rehabilitation and treatment recommendations have been completed; and

(G) An assessment recommendation shall be delivered in writing to the person.

[(12)] **(10) Components of Assessment Screening.** The assessment screening by the certified program shall follow basic guidelines established by the *[d]***Department of Corrections (DOC)**.

(A) All clients shall complete a valid and reliable screening instrument approved by the *[Department of Corrections]* **DOC** to identify problem users. The screening instrument shall be standardized, consistent statewide, and interpreted by certified qualified **substance abuse** professionals who are properly supervised and trained in the use of the screening device.

(B) All clients shall have an individualized assessment screening interview conducted by a qualified **substance abuse** professional.

1. The individualized assessment screening shall determine the extent of the problem (or lack of a problem) and the level or type of treatment or education services needed.

2. The assessment screening shall include, but not be limited to, a screening instrument summary including a substance use history, prior treatment history, summary of findings and a recommendation for either education or treatment based on minimum referral guidelines.

3. Collaborative information, such as previous treatment information and contacting significant others, may be obtained with proper authorization when appropriate.

[4. With proper authorization a copy of the screening report including a summary of the screening instrument shall be sent to the treatment program the client is being referred to.]

[(13)] **(11) Quality Recommendations.** The program must develop assessment screening recommendations that are—

(A) Impartial and solely based on the needs of the offender and the welfare of society; and

(B) Never used as a means of case finding for any particular treatment program or as a marketing tool for any *[REP]* **REACT program**.

[(14)] **(12) Referral Guidelines.** The program must base the assessment screening recommendation and referral plan for each person on the following referral guidelines:

(A) REP education unless a more intense program is indicated by such factors as other alcohol/drug related arrests, screening instrument recommendations, prior alcohol/drug treatment, or other occupational, relationship, or medical problems; **and**

(B) Persons with a serious mental illness should have their mental health treatment needs addressed before completing any REACT recommendation. A mental health evaluation should be arranged for those clients identified with serious emotional or mental health problems during the REACT assessment screening process. In order to promptly arrange the mental health evaluation, the REACT agency conducting assessment screenings must maintain a formal affiliation agreement with either a certified community mental health center, state mental health facility, licensed psychiatrist, licensed psychologist, or licensed clinical social worker. The client may resume REACT participation upon stabilization of the problem as determined by the client's mental health provider*[; and]***.**

[(C) Persons with other extenuating circumstances that would not reasonably allow them to complete the assessment recommendation and referral plan may have their referral plan changed, with the approval of the supervising authority, to better reflect their individual circumstances.]

[(15)) An] **(13) Assessment Screening Cost. The cost of the** assessment screening *[fee]*, along with the sixty-dollar ($60) supplemental fee*[,]* approved by the department, shall be paid by the client and should not be excessively greater than relative costs indicate*[. The fee]* **and** shall include the costs for any case *[management]* **coordination** functions necessary to—

(A) Monitor the client's progress in either education or a treatment program(s); and/or

(B) Coordinate with the courts or probation and parole.

[(16)] **(14) Notice of Program Assignment and Completion.** The agency that conducts the assessment screening for offenders shall provide a REACT Offender Assignment form and a REACT Report of Offender Compliance form regarding successful completion or unsuccessful completion of the education portion of the program.

(A) A referring probation and parole office shall be sent a REACT Offender Assignment form within one (1) week of the assessment screening and a REACT Report of Offender Compliance form within one (1) week of program completion.

(B) A copy of the REACT Offender Assignment form and the Report of Offender Compliance form shall be sent to the Department of Mental Health.

(C) A copy of the REACT Offender Assignment form and the REACT Completion Certificate shall be given to the offender.

[(17)] **(15) Treatment Programs Recognized for REACT. When the assessment screening indicates the individual's need for treatment and rehabilitation, arrangements shall be made for**

the person to participate in such services. The department shall recognize the following types of treatment and rehabilitation programs for offenders:

(A) Certified or Accredited Alcohol and/or Drug Treatment and Rehabilitation Programs.

[(18)] **(16) Criteria for Successful Completion of Treatment.** When the assessment screening process indicates and if the person is eligible, certified alcohol and drug treatment and rehabilitation programs may also provide services for offenders. In addition, such persons who complete certified treatment programs after being charged or adjudicated for their offense but prior to their *[RSU]* **RSP** screening process, may substitute participation in these treatment programs under certain conditions. **In order to be recognized by REACT as successfully completing treatment, the offender must have written verification from a certified treatment and rehabilitation program that he or she has—***[The offender must successfully complete one (1) of the following:*

(A) Accredited hospital-based inpatient treatment services including intensive outpatient and aftercare services;

(B) Certified community-based residential treatment services including aftercare;

(C) Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs;

(D) Certified methadone treatment programs; or

(E) Certified outpatient programs.]

(A) Participated as scheduled in treatment services on a residential and/or outpatient basis for a period of at least ninety (90) calendar days;

(B) Substantially achieved personal recovery goals; and

(C) Met any other program requirements for successful completion of treatment. Those persons presenting substance dependence with a history of multiple offenses must participate in one hundred sixty (160) hours of services during the treatment episode.

[(19)] **(17) Cost of Treatment.** The offender shall be responsible for all costs related to the completion of the treatment programs *[in this section]* **referenced in or required by this rule** subsequent to the *[RSU screening]* **RSP** assessment **screening**.

(A) All offenders shall be required to pay an initial base *[fee]* **amount** determined by the Department of Corrections before applying the Standard Means Test in accordance with 9 CSR 10-1.016.

(B) The client shall be responsible for all costs related to treatment that are not reimbursed through a third-party payer, including the Department of Corrections, or the Standard Means Test process.

(C) Programs may develop long-term payment plans to reasonably assist the client in paying off any outstanding balances.

[(20)] **(18)** *[A single education fee]* **Cost of the REP Education Program. The cost shall be determined and** approved by the Department of Corrections and **shall be** paid by the offender **and** shall cover the cost of the REP education program.

[(22)] **(19) Review and Approval of Costs.** All REACT screening and education fees approved by the Department of Corrections shall be periodically reviewed and adjusted, if necessary, based on the best interests of the offender, society and the programs.

[(21)] **(20) Curriculum Guide.** The REP program shall be conducted in accordance with the current edition of the *OEP Missouri Curriculum Guide, REACT Addendum*. A program must specifically request and obtain approval from the division before deviating in any manner from the content and methods in the applicable *Missouri Curriculum Guide*.

[(23) All REPs shall provide a curriculum where students will—

(A) Complete the administrative aspects of their attendance in the program;

(B) Understand the basic goals of the program and the program's relationship to the court;

(C) Complete a pre-test and post-test to measure knowledge gain and attitude change;

(D) Understand the overall seriousness and magnitude of the substance abuse problem;

(E) Understand the physiological and psychological effects of alcohol and other substances;

(F) Learn the effects of substances taken in combination with one another;

(G) Understand the personal cost and consequences of substance use;

(H) Recognize the symptoms of dysfunctional use;

(I) Identify the progression toward dependency and the nature of addiction;

(J) Understand the disease concept;

(K) Identify the effects of substance abuse on the family;

(L) Understand the basic types of recovery systems;

(M) Learn treatment resources that are available;

(N) Develop a personal plan of action to avoid future problems with substance use; and

(O) Complete a program evaluation.]

[(24)] **(21) REACT Training Program.** A certified training program must, in addition to following standards found in *[9 CSR 30-3.780]* **9 CSR 30-3.206**, provide training on REACT standards.

[(A)] Certified staff shall complete a written examination and demonstrate the knowledge necessary to conduct the REACT programs.

[(25)] **(22) Supplemental Fee.** All REACT programs shall collect from all applicants entering the program *[as a result of a finding of guilt, or a plea of guilty of a Chapter 195 felony drug offense,]* a sixty-dollar ($60) supplemental fee which shall be in addition to any other *[fee(s)]* **costs** that may be charged by the program.

[(A)] The supplemental fee shall be collected no more than one (1) time from any individual who has entered *[the program, as a result of a drug offense]* **REACT**, whether for assessment or for an educational program.

[(26)] **(23) Remittance of Supplemental Fees.** On or before the fifteenth day of each month, program directors shall remit the total of all supplemental fees collected during the prior calendar month, less two percent (2%) which, by law, may be retained by the program to offset collection and remittance costs.

(A) Remittance shall be mailed to: Correctional Substance Abuse Earnings Fund, *[Fiscal Management Section,]* Department of Corrections, 2729 Plaza Drive, Jefferson City, MO 65102.

(B) Transfer of supplemental fees from the program to the Correctional Substance Abuse Earnings Fund shall be in the form of a single check made payable to the Correctional Substance Abuse Earnings Fund.

(C) Program remittance checks shall be accompanied by a Supplemental Fee Remittance Form (to be provided by the Department of Corrections at no cost to the program) which shall list name and Social Security number of persons paying each supplemental fee being remitted.

[(27)] **(24) Documentation of Supplemental Fee Transactions.** Each program shall maintain, at its principal administrative center, a single record of all supplemental fee transactions, which is separate from all other program records. This separate record will facilitate audits that may from time-to-time be conducted by the *[Division of Alcohol and Drug Abuse]* **Department of Mental Health**, the Department of Corrections, or the state auditor's office. A separate program record of supplemental fee transactions shall include copies of monthly remittance forms and copies of checks forwarded to the Correctional Substance Abuse Earnings Fund.

[(28)] **(25) Acceptance of Supplemental Fees.** The Department of Corrections shall accept supplemental fee remittances only from certified programs. Supplemental fee remittances, if received by the department from any agency not certified, will be returned to that agency. If an agency's certification has been revoked, the department will only accept supplemental fee remittances that were collected prior to the date the agency's certification was revoked. Remittances collected by the agency from clients after the date of the revocation shall not be accepted by the department. In such case, the supplemental fee must be returned to the client by the agency.

[(29)] **(26) Notice Posted.** Programs shall post in places readily accessible to *[program clientele]* **persons served**, one (1) or more copies of a Student Notice Poster that shall be provided by the Department of Corrections at no cost to the program. Posters shall explain the statutory requirement for supplemental fees, disposition of supplemental fees, and the means by which programs collect and remit supplemental fees.

[(30)] **(27) Compliance.** Failure to adhere to the stipulations, conditions, and requirements set forth in this *[section]* **rule** shall be considered cause for revocation of program certification.

AUTHORITY: sections 559.630, 559.633, 559.635 and 630.050, [RSMo Supp. 1998, and] 630.655 and 631.010, RSMo [1994] 2000. Original rule filed Oct. 16, 1998, effective March 30, 1999. Amended: Filed Feb. 28, 2001.

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 by writing to the ADA Standards of Care Committee, Attn: Rich Overmann, Department of Mental Health, P.O. Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.810 Definitions. This rule defined terms used in certification standards for comprehensive substance treatment and rehabilitation (CSTAR) programs.

PURPOSE: The definitions promulgated under this rule will be incorporated in new rules being proposed under 9 CSR 10-7.140 and 9 CSR 30-3.012. The new rule 9 CSR 10-7.140 will apply not only to CSTAR and other substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.820 Procedures to Obtain Certification. This rule described procedures to obtain certification as a comprehensive substance treatment and rehabilitation (CSTAR) program.

PURPOSE: The procedures to obtain certification promulgated under this rule will be incorporated in new rules being proposed under 9 CSR 10-7.130 and 9 CSR 30-3.032. The new rule 9 CSR 10-7.130 will apply not only to CSTAR and other substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Emergency amendment filed Dec. 20, 1995, effective Dec. 30, 1995, expired June 26, 1996. Amended: Filed Dec. 20, 1995, effective June 30, 1996. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.830 Comprehensive Substance Treatment and Rehabilitation Program Description. This rule identified the

required services, principles and the service delivery model for comprehensive substance treatment and rehabilitation (CSTAR) programs.

PURPOSE: The requirements promulgated under this rule will be incorporated in new rules being proposed under 9 CSR 10-7 and 9 CSR 30-3. The new rules under 9 CSR 10-7 will apply not only to CSTAR and other substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Amended: Filed July 30, 1998, effective Feb. 28, 1999. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.840 Treatment and Rehabilitation Process. This rule prescribed the intake process, the individual client rehabilitation plan development process, the prior-authorization of service requirement, service plan implementation, referral to other agencies and discharge process for comprehensive substance treatment and rehabilitation (CSTAR) clients.

PURPOSE: The requirements for the treatment and rehabilitation process promulgated under this rule will be incorporated in new rules being proposed under 9 CSR 10-7.030, 9 CSR 30-3.100 and 9 CSR 30-3.130. The new rule 9 CSR 10-7.030 will apply not only to CSTAR and other substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Amended: Filed July 30, 1998, effective Feb. 28, 1999. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.850 Service Provision. This rule established general requirements for service provision in comprehensive substance treatment and rehabilitation (CSTAR) programs.

PURPOSE: The requirements for service provision promulgated under this rule will be incorporated in new rules being proposed under 9 CSR 10-7.030, 9 CSR 30-3.100 and 9 CSR 30-3.110. The new rule 9 CSR 10-7.030 will apply not only to CSTAR and other substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Rescinded and readopted: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Emergency amendment filed Dec. 20, 1995, effective Dec. 30, 1995, expired June 26, 1996. Amended: Filed Dec. 20, 1995, effective June 30, 1996. Amended: Filed July 30, 1998, effective Feb. 28, 1999. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.851 Specialized Program for Women and Children. This rule established additional requirements for specialized comprehensive substance treatment and rehabilitation (CSTAR) programs for women and their children.

PURPOSE: Requirements for the specialized program promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 30-3.190.

AUTHORITY: section 630.655, RSMo 1994. Original rule filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed July 30, 1998, effective Feb. 28, 1999. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.852 Specialized Program for Adolescents. This rule established additional requirements for specialized comprehensive substance treatment and rehabilitation (CSTAR) programs for adolescents.

PURPOSE: Requirements for the specialized program promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 30-3.192.

AUTHORITY: section 630.655, RSMo 1994. Original rule filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Amended: Filed July 30, 1998, effective Feb. 28, 1999. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.853 Adolescent Residential Support. This rule established specific requirements regarding residential support for adolescents in comprehensive substance treatment and rehabilitation (CSTAR) programs.

PURPOSE: The requirements for adolescent residential support promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.120. The new rule will apply not only to adolescent and other substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: section 630.655, RSMo 1994. Original rule filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed July 30, 1998, effective Feb. 28, 1999. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.860 Quality Assurance. This rule set out requirements for quality assurance activities and functions for comprehensive substance treatment and rehabilitation (CSTAR) programs.

PURPOSE: The requirements for quality assurance promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.040. The new rule will apply not only to CSTAR and other substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: section 630.655, RSMo 1986. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.870 Behavior Management. This rule set out requirements regarding the management of client behavior by staff in comprehensive substance treatment and rehabilitation (CSTAR) programs.

PURPOSE: The requirements for behavior management promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.060. The new rule will apply not only to CSTAR and other substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: section 630.655, RSMo 1986. Original rule filed June 15, 1990, effective Nov. 30, 1990. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.880 Client Records. This rule prescribed the content requirements of a clinical record maintained by a comprehensive substance treatment and rehabilitation (CSTAR) program.

PURPOSE: The requirements for client records promulgated under this rule will be incorporated in new rules being proposed under 9 CSR 10-7.030 and 9 CSR 30-3.100. The new rule 9 CSR 10-7.030 will apply not only to CSTAR and other substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.890 Personnel, Staff Qualifications, Responsibilities and Training. This rule prescribed personnel policies and procedures and staff training requirements for comprehensive substance treatment and rehabilitation (CSTAR) programs.

PURPOSE: The requirements for personnel promulgated under this rule will be incorporated in new rules being proposed under 9 CSR 10-7.110 and 9 CSR 30-3.110. The new rule 9 CSR 10-7.110 will apply not only to CSTAR and other substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Amended: Filed July 30, 1998, effective Feb. 28, 1999. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.900 Client Rights. This rule described client rights and confidentiality requirements for comprehensive substance treatment and rehabilitation (CSTAR) programs.

PURPOSE: The requirements for client rights promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.020. The new rule will apply not only to CSTAR and other substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: section 630.655, RSMo 1986. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.910 Research. This rule prescribed standards to be followed by any comprehensive substance treatment and rehabilitation (CSTAR) program that conducts research.

PURPOSE: The requirements for research promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.050. The new rule will apply not only to substance abuse

programs but also to other programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: section 630.655, RSMo 1986. Original rule filed June 15, 1990, effective Nov. 30, 1990. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.920 Governing Authority and Program Administration. This rule set out responsibilities and authority of the governing body and the director of a comprehensive substance treatment and rehabilitation (CSTAR) program.

PURPOSE: The requirements for governing authority and program administration promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.090. The new rule will apply not only to CSTAR and other substance abuse programs but also to other programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed July 30, 1998, effective Feb. 28, 1999. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.930 Fiscal Management. This rule prescribed fiscal policies and procedures for comprehensive substance treatment and rehabilitation (CSTAR) programs.

PURPOSE: The requirements for fiscal management promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.100. The new rule will apply not only to CSTAR and other substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: section 630.655, RSMo 1986. Original rule filed June 15, 1990, effective Nov. 30, 1990. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.940 Environment, Safety and Sanitation. This rule identified the requirements for the physical environment of comprehensive substance treatment and rehabilitation (CSTAR) programs.

PURPOSE: The requirements for environment, safety and sanitation promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.120. The new rule will apply not only to CSTAR and other substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: section 630.655, RSMo 1986. Original rule filed June 15, 1990, effective Nov. 30, 1990. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.950 Accessibility. This rule set out the requirements for handicapped accessibility.

PURPOSE: The requirements for accessibility promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.120. The new rule will apply not only to CSTAR and other substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: section 630.655, RSMo 1986. Original rule filed June 15, 1990, effective Nov. 30, 1990. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3. 960 Dietary Services. This rule set out requirements for preparation of meals and sanitation in the comprehensive substance treatment and rehabilitation (CSTAR) program.

PURPOSE: The requirements for dietary services promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.080. The new rule will apply not only to CSTAR and other substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed July 30, 1998, effective Feb. 28, 1999. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED RESCISSION

9 CSR 30-3.970 Medication Management. This rule set out procedures to store, administer and record medications at a comprehensive substance treatment and rehabilitation (CSTAR) program.

PURPOSE: The requirements for medication management promulgated under this rule will be incorporated in a new rule being proposed under 9 CSR 10-7.070. The new rule will apply not only to CSTAR and other substance abuse programs but also to programs serving persons who are mentally ill or mentally disordered.

AUTHORITY section 630.655, RSMo 1986. Original rule filed June 15, 1990, effective Nov. 30, 1990. Rescinded: Filed Feb. 28, 2001.

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 Core Rules Committee, Attn: Rich Overmann, Department of Mental Health, PO Box 687, 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 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED AMENDMENT

9 CSR 30-4.010 Definitions. The department is revising section (2).

PURPOSE: This amendment removes definitions that are no longer relevant or are contained in other rules.

(2) Unless the context clearly requires otherwise, the following terms as used in this chapter shall mean—

(A) Admission, the time when an agency has completed its screening and intake process and has decided to accept an applicant to receive its services;

[(B) Aftercare, outpatient supportive services to patients recently discharged from a psychiatric unit, designed to support the patients in their community;]

[(C)] **(B)** Agency, an entity responsible for the delivery of mental health services to an identified target population;

[(D)] **(C)** Assessment, evaluation of a client's strengths, weaknesses, problems and needs;

[(E) Case management, activities aimed at linking the patient to the service system and coordinating the various services for that person including:

1. Developing of a treatment plan with the patient;

2. Identifying, arranging and monitoring services provided;

3. Reviewing cases regularly and documenting progress of patients in treatment; and

4. Acting as a patient advocate;

(F) Clinical privileges, authorization by an agency to render services limited to staff with demonstrated training, experience and other qualifications;

(G) Community social living skills, training individuals to live within the community, to overcome the barriers of social isolation, to foster individual development of social skills and interpersonal relationships and to improve self-expression;

(H) Direct psychotherapy, the extended treatment of a mental disorder, utilizing a one-on-one relationship and focusing upon intrapsychic processes. As used in this rule,

psychotherapy does not refer to individual or group, goal-oriented behavioral or educational interventions which are short-term in nature or which are directed at enhancing living, interpersonal or vocational skills or which are intended to be primarily supportive in nature;

(I) Emergency care, a twenty-four (24)-hour telephone hotline service or face-to-face psychotherapy which is immediately available to ameliorate the emotional trauma precipitated by a specific event;]

[(J)] **(D)** Facility, the physical premises used by an agency to provide mental health services;

[(K) Information and education, activities designed to promote mental health principles in community agencies and increase citizens' awareness of the nature of mental health problems and available services;]

[(L)] **(E)** Initial referral or recording initial demographic information referral to an appropriate service, or both prior to intake screening;

[(M)] **(F)** Intake evaluation, the initial clinical interview for determining the level of psychological and social functioning, the need for treatment or additional evaluation service or the development of a treatment plan;

[(N) Language therapy, treating language disorders, including language reception, integration and expression;

(O) Medical psychotherapy, a goal-oriented process in which a person, interacting with a psychiatrist, wishes to relieve symptoms or resolve problems that interfere with his/her ability to perform in society;

(P) Medical services, assessment of an individual's need for medically supervised treatment and the provision of the treatment necessary following assessment including medication check;

(Q) Mental health consultation to physicians, assisting a physician providing services to an identified patient or family unit;]

[(R)] **(G)** Mental health professionals, one (1) of the following:

1. A professional counselor licensed under Missouri state law to practice counseling;

2. An individual possessing a master's or doctorate degree in counseling, psychology, family therapy or related field, with one (1) year's experience, under supervision, in treating problems related to mental illness;

3. A pastoral counselor with a degree equivalent to the Master of Science Degree in Divinity from an accredited program with specialized training in mental health services. One (1) year of experience, under supervision, in treating problems related to mental illness may be substituted for specialized training;

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

5. A psychiatrist that is a licensed physician, who in addition, has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program certified as equivalent by the department;

6. A psychologist licensed under Missouri state law to practice psychology;

7. A psychiatric nurse that is a registered professional nurse who is licensed under Chapter 335, RSMo and who has had at least two (2) years of experience as a registered professional nurse in providing psychiatric nursing treatment to individuals suffering from mental disorders; and

8. A social worker with a master's degree in social work from an accredited program and with specialized training in mental health services. One (1) year of experience, under supervision, may be substituted for training;

[(S) Occupational therapy, selected activities to promote and maintain health, to prevent disability, to evaluate behavior and to treat or train patients with a physical or psychosocial dysfunction;]

[(T)] **(H)** Outpatient program, a program providing emergency services, intake screening, psychotherapy, counseling, aftercare and information/education in a nonresidential setting for mentally disordered and mentally ill clients;

[(U) Outreach, identification of the target population to be served and efforts to inform and facilitate access to the agency's services;]

[(V)] **(I)** Program, an array of services for the mentally disordered or mentally ill in a setting organized to carry out specific procedures; that is, residential, day treatment and outpatient;

[(W) Psychiatric evaluation, mental and neurological assessment of a patient which includes a history of the present problem and a mental status examination, including an evaluation of the degree of dangerousness the patient presents to him/herself and others;

(X) Psychological evaluation, an assessment of the psychological functioning of a patient, including the administration and interpretation of standardized psychological tests;

(Y) Referral, a recommendation that a client obtain services from other support rehabilitation resources;

(Z) Research, intervention or interaction experiments on clients whether behavioral, psychological, biomedical or pharmacological;

(AA) Social service evaluation, an evaluative interview to determine the patient's social history, level of social functioning and social status;

(BB) Speech evaluation, an evaluation to determine the cause and extent of verbal communication disorder(s) and the need for corrective treatment; and

(CC) Speech therapy, activities aimed at treating disorders of speech production, language perception or expression or auditory disorders.]

*AUTHORITY: sections 630.050[, RSMo Supp. 1993] and 630.655, RSMo [1986] **2000**. Original rule filed June 14, 1985, effective Dec. 1, 1985. Emergency amendment filed July 2, 1992, effective July 12, 1992, expired Nov. 8, 1992. Emergency amendment filed July 6, 1993, effective July 16, 1993, expired Nov. 12, 1993. Amended: Filed July 6, 1993, effective March 10, 1994. Amended: Filed Feb. 28, 2001.*

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 Department of Mental Health, Attn: Julie Carel, Division of Comprehensive Psychiatric Services, PO Box 687, Jefferson City, MO 65102. To be considered comments must be in writing and must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED AMENDMENT

9 CSR 30-4.020 Procedures to Obtain Certification. The department proposes to amend section (2) and to remove sections

(3) through (14), and removing the forms that follow this rule in the *Code of State Regulations*.

PURPOSE: This amendment makes reference to a new rule which has requirements related to certification procedures.

(2) *[The department shall certify the agencies which meet its standards without requiring fees.]* **Each agency that is certified shall comply with all requirements set forth in Department of Mental Health Core Rules for Psychiatric and Substance Abuse Programs, 9 CSR 10-7.130 Procedures to Obtain Certification.**

[(3) Any agency may apply for certification by requesting an application from the Division of Comprehensive Psychiatric Services, PO Box 687, Jefferson City, MO 65102.

(A) The applicant shall complete the application and return it to the department. Within two (2) weeks after the application is received, the department will review it to determine whether the applicant's agency is appropriate for certification and notify the applicant by mail of this determination.

(B) Agencies that wish to apply for recertification shall submit their applications to the department at least sixty (60) days before expiration of their existing certificates.

(4) The department shall conduct an on-site survey of each agency that has submitted a completed application and which the department has determined is appropriate for certification.

(A) The department shall schedule and announce the survey at least six (6) weeks in advance of the visit.

(B) Before conducting its on-site survey, the department shall send each applicant for certification a copy of the survey instrument which will indicate how the requirements in each section are weighted to determine compliance with departmental standards.

(C) The department shall use a copy of the survey instrument when conducting its on-site survey.

(D) The surveyor(s) shall conduct an entrance and exit conference.

(5) The department shall certify only the agency named in the application and the agency may not transfer the certification without the written approval of the department.

(6) The agency shall display the certificate issued by the department in a conspicuous place on its premises.

(A) The certificate is the property of the department and is valid only as long as the agency is in compliance with the certification standards.

(B) The department may inspect the agency at any reasonable time to check continued compliance with the certification standards.

(C) Within seven (7) days of the time any certified agency is sold, leased, discontinued, moved to a new location, or has changed directors or services offered, the agency shall notify, the Division of Comprehensive Psychiatric Services, in writing, of the change.

(7) Certification is available as set out in this chapter for outpatient programs.

(8) The department may certify an agency program without limitations or on a probationary, provisional or temporary basis.

(A) The department shall certify an agency program without limitations only if the agency complies with at least ninety percent (90%) of each of the applicable standards.

(B) The department may certify an agency program on a probationary basis if the agency complies with at least eighty percent (80%) but less than ninety percent (90%) of each of the applicable standards.

1. Probationary certification shall not exceed three (3) months, during which time the agency may correct deficiencies and seek certification without limitations.

2. Provisional certification will be awarded based on a review of the policy and procedure manual and the physical plant. The agency will not be penalized for failure to comply with those standards which reflect on-going activities.

3. Provisional certification shall not exceed six (6) months of program operation, during which time the department shall conduct a site visit to determine compliance with the applicable standards for certification without limitations.

(C) The department may certify an agency program on a temporary basis in order to allow inspection for the purposes of recertification if the inspection process has not been completed prior to the expiration of the existing certification and the applicant is not at fault for failure to complete the inspection process.

(9) Agencies shall submit to the department a time-phase plan to correct deficiencies that are found during the on-site survey. This time-phase plan shall be submitted within one (1) month of the date the agency was notified in writing of the deficiencies.

(10) The facility shall retain and make available to the staff and the public a complete copy of each official notification of violations, deficiencies, certification or licensure approval or disapproval with responses, a description of its services and the charges for services.

(11) An agency which has had certification denied or revoked may appeal to the director of the department within thirty (30) days of receiving notice of the denial or revocation of the certification. The director of the department shall conduct a hearing under procedures set out in Chapter 536, RSMo, and issue Findings of Fact, Conclusions of Law and a decision which shall be final.

(12) An agency which has had certification denied or revoked must wait at least three (3) months before filing a new application for certification.

(13) The department shall certify an agency program for a period of one (1) year. If an agency has achieved substantial compliance with the standards for three (3) successive on-site surveys, the department shall certify the agency program for a period of two (2) years.

(14) The department shall certify, upon application, an agency which is accredited, or part of a hospital or other facility accredited, by the Joint Commission on Accreditation of Hospitals or the American Osteopathic Association. The agency shall submit a profile of agency services, staffing patterns and funding sources.]

*AUTHORITY: sections 630.050[, RSMo Supp. 1993] and 630.655, RSMo [1986] **2000**. Original rule filed June 14, 1985, effective Dec. 1, 1985. Amended: Filed Feb. 28, 2001.*

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 Department of Mental Health, Attn: Julie Carel, Division of Comprehensive Psychiatric Services, PO Box 687, Jefferson City, MO 65102. To be considered comments must be in writing and must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED AMENDMENT

9 CSR 30-4.030 Certification Standards Definitions. The department is adding a definition to section (2).

PURPOSE: This amendment defines "Intensive Community Support" by reference to another rule.

(2) As used in 9 CSR 30-4.031—9 CSR 30-4.047, unless the context clearly indicates otherwise, the following terms shall mean:

(O) Community support—as defined in 9 CSR 30-4.043(2)*[(F)]* **(G)**;

(AA) Intensive Community Support—as defined in 9 CSR 30-4.043(2)(H);

[(AA)] **(BB)** Mechanical restraint—any device, instrument or physical object used to restrict an individual's freedom of movement except when necessary for orthopedic, surgical and other medical purposes;

[(BB)] **(CC)** Medication administration—as defined in 9 CSR 30-4.043(2)(D);

[(CC)] **(DD)** Medication administration support—as defined in 9 CSR 30-4.043(2)(E);

*[(DD)]***(EE)** Medication aide—an individual as defined in 13 CSR 15-13.030 who administers medications;

*[(EE)]***(FF)** Medication services—as defined in 9 CSR 30-4.043(2)(B);

[(FF)] **(GG)** Medical technician—an individual as defined in 13 CSR 15-13.020 who administers medications;

[(GG)] **(HH)** Mental health professional—any of the following:

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

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

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

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

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

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

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

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

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

10. A psychiatric pharmacist as defined in 9 CSR 30-4.030;

[(HH)] **(II)** Psychiatric pharmacist—a registered pharmacist in good standing with the Missouri Board of Pharmacy who is a board certified psychiatric pharmacist (BCPP) through the Board of Pharmaceutical Specialties or a registered pharmacist currently in a psychopharmacy residency where the service has been supervised by a board-certified psychiatric pharmacist;

[(II)] **(JJ)** Physical abuse—handling of a patient, resident or client with more force than is reasonable or apparently necessary for proper control, treatment or management; purposefully beating, striking, wounding or injuring any patient, resident or client; or mistreating or maltreating a patient, resident or client in a brutal or inhumane manner;

[(JJ)] **(KK)** Physical restraint—physical holding of a client which restricts a client's freedom of movement to restrain temporarily in an emergency a client who presents a likelihood of serious physical harm to him/herself or to others;

[(KK)] **(LL)** Psychosocial rehabilitation—as defined in 9 CSR 30-4.043(2)*[(H)]***(I)**;

[(LL)] **(MM)** Psychosocial rehabilitation-recovery support—as defined in 9 CSR 30-4.043(2)*[(I)]***(J)**;

[(MM)] **(NN)** Research—experiments, including intervention or interaction with clients, whether behavioral, psychological, biomedical or pharmacological and program evaluation as set out in 9 CSR 60-1.010(1);

[(NN)] **(OO)** Seclusion—placement alone in a locked room for any period of time;

[(OO)] **(PP)** Sexual abuse—any touching, directly or through clothing, of the genitals, anus or breasts of a patient, resident or client for other than medical purposes by an employee, or failing to exercise duty to stop or prevent sexual harassment between patients, residents or clients or causing patients, residents or clients to touch or fondle through the clothing of the employee;

[(PP)] **(QQ)** Time-out—temporary exclusion or removal of a client from the treatment or rehabilitation setting, used as a behavior modifying technique as prescribed in the client's individual treatment plan and for periods of time not to exceed fifteen (15) minutes each; and

[(QQ)] **(RR)** Verbal abuse—staff or volunteers referring to a patient, resident or client in the patient's, resident's or client's presence with profanity or in a demeaning, undignified or derogatory manner.

*AUTHORITY: sections 630.050, [RSMo Supp. 1998 and] 630.055 and 632.050, RSMo [1994] **2000**. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 28, 2001.*

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 Department of Mental Health, Attn: Julie Carel, Division of Comprehensive Psychiatric Services, PO Box 687, Jefferson City, MO 65102. To be considered comments must be in writing and must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED AMENDMENT

9 CSR 30-4.031 Procedures to Obtain Certification for Centers. The department is adding new sections (2) and (4), renumbering section (2), and deleting the current sections (3) through (21).

PURPOSE: This amendment makes reference to another rule with requirements for certification procedures and removes the current procedural requirements of this rule.

(2) Each agency that is certified shall comply with requirements set forth in Department of Mental Health Core Rules for Psychiatric and Substance Abuse Programs, 9 CSR 10-7.130 Procedures to Obtain Certification.

[(2)] **(3)** To be eligible for certification as a CPR provider, an organization must meet one (1) of the following requirements:

(A) Performs the required functions described in section 1916(c)(4) of the Public Health Service Act;

(B) Meets the eligibility requirements for receipt of federal mental health block grant funds;

(C) Has a current and valid purchase of service contract with the Division of Comprehensive Psychiatric Services pursuant to 9 CSR 25-2;

(D) Is designated by the Division of Comprehensive Psychiatric Services under the authority of section 632.050, RSMo to serve as an entry and exit point for the public mental health service delivery system; or

(E) Has been certified at least once prior to November 7, 1993, and has maintained certification continuously since November 7, 1993.

[(3) The department shall survey and certify the CPR program without requiring fees.

(4) Any CPR provider may apply for certification by requesting an application from the Office of Departmental Affairs, P.O. Box 687, Jefferson City, MO 65102.

(A) The applicant shall complete the application and return it to the department. Within four (4) weeks after the application is received, the department will review it to determine whether the applicant offers services required for participation in the community psychiatric rehabilitation provider and for certification as a community psychiatric rehabilitation provider. The department will notify the applicant by mail of its finding.

(B) CPR providers that wish to apply for recertification shall submit applications to the department at least ninety (90) days before expiration of their existing certificates.

(C) The department will send survey methodology to any applicant upon request.]

(4) The following forms are included herein:

(A) MO 650-1722; and

(B) MO 650-0231.

[(5) The department shall conduct an on-site survey of each CPR provider which has submitted a completed application for certification and offers services required for certification as a community psychiatric rehabilitation provider.

(A) The department shall schedule the survey and notify the applicant of the site visit at least fourteen (14) days in advance of the visit.

(B) The surveyor(s) shall hold entrance and exit conferences with provider administration and staff of the CPR program to provide information on survey procedures. The governing body shall be informed of the survey results.

(C) The department shall immediately cite any health/safety/welfare standards deficiencies which could result in substantial probability of, or actual jeopardy to, client safety or welfare. The surveyors will not exit the CPR program until an acceptable plan of correction is presented which assures the surveyor(s) that there is no further risk of jeopardy to clients.

(6) The department shall certify only the CPR provider named in the application.

(7) The department may certify a CPR provider without limitations, or on a provisional, probationary or temporary basis.

(A) The department shall certify a CPR provider without limitations for a period of one (1) year only if—

1. The CPR provider has successfully completed one (1) year of provisional certification; and

2. As a result of the on-site survey, the department—

A. Has not identified any deficiencies and does not require the CPR provider to submit a plan of correction; or

B. Has identified deficiencies, the CPR provider has submitted an approved plan of correction, and the department has determined that the approved plan of correction has been fully implemented.

(B) The department shall award provisional certification to all new CPR providers for a period of one (1) year if, as a result of the on-site survey, the department—

1. Has not identified any deficiencies and does not require the CPR provider to submit a plan of correction; or

2. Has identified deficiencies, the CPR provider has submitted an approved plan of correction, and the department has determined that the approved plan of correction has been fully implemented.

(C) A CPR provider shall be considered to have successfully completed provisional certification if eighty percent (80%) of the last fifty (50) client charts (initial admissions and reauthorizations) submitted for clinical review prior to the end of the year of provisional certification, are approved as submitted or with nonclinical changes (see 9 CSR 30-4.042(1).

(D) CPR providers that do not successfully complete one (1) year of provisional certification shall not be recertified.

(E) The department shall award probationary certification to all CPR providers for a period of six (6) months if, as a result of the on-site survey, the department has identified deficiencies, the CPR provider has submitted an approved plan of correction, and the department has determined that the approved plan of correction has not been fully implemented.

(F) To allow adequate opportunity for recertification inspection, the department shall award temporary certifi-

cation to a CPR provider for a period up to sixty (60) days, if the inspection process has not been completed prior to the expiration of an existing certification, and if the applicant is not at fault for delays in the inspection process.

(8) Within fifteen (15) working days after the exit conference, the department shall notify a CPR provider of the deficiencies cited as a result of the on-site survey. The department shall send the statement by certified mail, return receipt requested.

(9) Within thirty (30) working days of the receipt of the statement, the CPR provider shall submit a plan of correction addressing each of the separate deficiencies listed in the statement of deficiencies.

(A) The plan shall specify the method of correction and the date the correction shall be completed.

(B) Within fifteen (15) working days after receipt of the plan, the department shall notify the CPR provider of its decision to accept or require revisions of the proposed plan of correction.

(C) If the CPR provider has been awarded probationary certification based on an approved plan of correction, the department shall schedule a revisit within the six (6)-month corrective action period.

(10) The CPR provider shall retain and make available to the staff and the public upon request a complete copy of each official notification of violations and deficiencies, and approval, denial or revocation of certification or licensure.

(11) A CPR provider which has had certification denied or revoked may appeal to the director of the department within thirty (30) days of receiving notice of the denial or revocation. The director of the department shall conduct a hearing under procedures set out in Chapter 536, RSMo and shall issue findings of fact, conclusions of law and a decision which shall be the final decision of the department.

(12) A CPR provider which has had certification denied or revoked shall be ineligible for participation in the department's community psychiatric rehabilitation program at least three (3) months following denial or revocation.

(13) The department shall revoke certification of a CPR provider at the time the CPR provider is found out of compliance with any of the standards which result in substantial probability of or actual jeopardy to client safety or welfare.

(14) Immediately following a decision to revoke certification based on noncompliance with health/safety/welfare standards, the department, at its discretion, may place a monitor in the program facility to protect client safety or welfare. The cost of the monitor shall be subtracted from a check due the CPR provider at the rate of seventy-five dollars ($75) per eight (8)-hour shift, plus expenses.

(A) The department shall remove the on-site monitor from the CPR provider when a determination is made that clients are no longer at risk.

(B) The department shall monitor CPR program activities on a daily basis for at least ten (10) working days following removal of the on-site monitor and at random intervals after that.

(15) A certified CPR provider may not transfer its certification without the written approval of the department.

(16) A CPR provider shall display the certificate issued by the department in a conspicuous place on its premises.

(A) The certificate is the property of the department and is valid only as long as the CPR provider is in substantial compliance with the certification standards as set out in section (7).

(B) The department may inspect the CPR program periodically to check continued compliance with the certification standards.

(C) Within seven (7) days of the time any certified CPR program is sold, leased, discontinued or moved to a new location or has changed executive directors or has discontinued one (1) of the core services offered, the CPR provider shall notify, in writing, the Division of Comprehensive Psychiatric Services of the change.

(17) A CPRC is deemed in compliance with CPRC certification standards if it is approved by the department under an outcome certification approach developed by the department and agreed to by the provider.

(18) The department shall have authority to—

(A) Administratively sanction a certified CPR provider that has been found to have committed fraud, financial abuse, client abuse or improper clinical practices or that had reason to know its staff or clinicians were engaged in improper practices; and

(B) Suspend the certification process pending completion of the investigation when an agency that has applied for certification or the staff of that agency is under investigation for fraud, financial abuse, client abuse or improper clinical practices in any government funded programs.

(19) Administrative sanctions include, but are not limited to, suspension of certification, reinstatement of clinical review, suspension of new client admission, decertification or other actions as determined by the department.

(20) The department may refuse to accept for a period of up to twenty-four (24) months an application for certification from an agency found to have committed fraud, abuse or improper clinical practices or whose staff and clinicians were engaged in improper practices.

(21) A CPR provider may appeal the sanctions pursuant to 9 CSR 30-4.031(11).]

AUTHORITY: sections 630.050, 630.655 and 632.050, RSMo [1994] ***2000****. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed Feb. 28, 2001.*

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 Department of Mental Health, Attn: Julie Carel, Division of Comprehensive Psychiatric Services, PO Box 687, Jefferson City, MO 65102. To be considered comments must be in writing and must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED AMENDMENT

9 CSR 30-4.032 Administration. The department is adding new sections (1) and (2) and removing currents sections (1), (2), (3), (4), and (5), and revising section (6).

PURPOSE: This amendment makes reference to a new rule with requirements for Administration, removes some requirements from this rule and adds two additional requirements for a governing body and a procedure manual.

[(1) Each community psychiatric rehabilitation (CPR) provider shall have a governing body which has full legal authority and responsibility for the overall functioning of the program.

(A) If publicly operated, the CPR provider shall have a description of its administrative framework and how lines of authority within the government program relate to the governing body of the CPR program.

(B) If privately operated, the CPR provider shall have written documentation of the source of authority through charter, constitution, bylaws or license.]

(1) Each agency that is certified shall comply with requirements set forth in Department of Mental Health Core Rules for Psychiatric and Substance Abuse Programs, 9 CSR 10-7.090 Governing Authority and Program Administration.

[(2) The governing body shall establish policies for and exercise general direction over the operation of the CPR program and shall describe how policy is developed and implemented.

(2) The governing body shall appoint a CPR program director whose qualifications, authority and duties are defined in writing. The director shall have responsibility and authority for all operating elements of the CPR program, including all administrative and service delivery staff. If the CPR program director is not a qualified mental health professional as defined in 9 CSR 30-4.030, then the agency shall identify a clinical supervisor who is a qualified mental health professional who has responsibility for monitoring and supervising all clinical aspects of the program.

(3) The governing body shall establish bylaws, rules and a table of organization to guide relationships between itself and the responsible administrative and professional staffs.

(A) The bylaws shall describe the selection of officers and members, appointment of committees and quorum requirements, and establish attendance requirements for members of the governing body.

(B) The bylaws shall require the governing body to meet at least quarterly. The governing body shall keep minutes of its meetings, including at least the following:

1. Date of the meeting;

2. Names of the members who attended;

3. Topics discussed;

4. Decisions reached and actions taken;

5. Dates for implementation of recommendations;

6. Summary of reports of the chief executive officer and others; and

7. Date and signature of an authority appointed by the governing body.

(C) If the community psychiatric rehabilitation program is part of a larger organization, the governing body of the CPR provider shall authorize its CPR program director to plan, organize and operate the program, subject to the governing body's authority.

(D) The governing body shall appoint a CPR program director whose qualifications, authority and duties are defined in writing. The director shall have responsibility and authority for all operating elements of the CPR program, including all administrative and service delivery staff.

(E) The governing body shall orient new governing body members to the structure and operation of the organization and shall establish a continuing education program for all members of the governing body.]

[(4) If the CPR provider does not employ qualified professionals to furnish psychiatric rehabilitation services required under these standards, the CPR provider must have in effect written agreements with agencies or persons qualified to furnish the required service(s). These agencies or persons shall be known as affiliates. Agreements must meet mandatory contract provisions set forth in the department program manual.

(A) CPR providers that enter into contracts or agreements with affiliates to provide services remain responsible for their program's compliance with the standards, criteria and reporting requirements set out in 9 CSR 30-4.030—9 CSR 30-4.047. The failure of the affiliate to satisfy applicable standards as required by department program manuals shall be construed as noncompliance for which the CPR provider is responsible. The department shall be the sole authorized survey agency for all CPR providers and their affiliates to establish compliance with these rules. CPR providers that enter into contracts or agreements with affiliates to provide community psychiatric rehabilitation services shall—

1. Develop and maintain current, written contracts or agreements governing its relationships with affiliates;

2. Assure that affiliate contracts—

A. Describe the specific services which the affiliate provides to the CPR program;

B. Stipulate the required compliance with the specific sections of these standards as listed in the department's program manual. The department shall provide affiliates with program manuals necessary to assure the affiliate's knowledge of applicable standards; and

C. Stipulate responsibility and methodology for documenting that contracted services are provided to the target population as required by 9 CSR 30-4.039—9 CSR 30-4.047; and

3. Document, through regular monitoring described in the affiliate contract, that the affiliate maintains compliance with its contractual requirements.

(5) The CPR provider shall maintain a policy and procedure manual for all aspects of its operations. The governing body of the CPR provider shall—

(A) Review all policies at least annually and update them as necessary; and

(B) Make the manual available to all staff and to the public upon request.]

[(6)] **(3) The CPR provider shall maintain a policy and procedure manual for all aspects of its operations.** CPR program plans, policies and procedures shall include descriptions, details and relevant information about—

(A) The philosophy, types of services and organization of the CPR provider;

(B) Goals and objectives;

(C) Organization and methods of personnel utilization;

(D) Relationship among components within the organization and with agencies outside of the program;

(E) Location of service sites;

(F) Hours and days of operation of each site;

(G) The outreach plan for all services offered;

(H) Infection control procedures, addressing at least those infections that may be spread through contact with bodily fluids;

(I) The scope of volunteer activities;

(J) Safety precautions and procedures for clients, volunteers, employees and others;

(K) Staff communication with the governing body;

(L) The on-site use of tobacco, alcohol and other substances;

(M) Emergency policies and procedures by staff, volunteers, clients, visitors and others for—

1. Medical emergencies;

2. Natural emergencies, such as earthquakes, fires, severe storms, tornado or flood;

3. Behavioral crisis;

4. Abuse or neglect of clients;

5. Injury or death of a client; and

6. Arrest or detention of a client; and

(N) Policies and procedures which address commonly occurring client problems such as missed appointments, appearing under the influence of alcohol or drugs, broken rules, suicide attempts, loitering, accidents, harassment and threats.

[(7)] **(4)** The governing body shall establish a formal mechanism to solicit recommendations and feedback from clients, client family members and client advocates regarding the appropriateness and effectiveness of services, continuity of care and treatment. The CPR provider shall document issues raised, including recommendations made by clients, client family members and client advocates; actions taken by the governing body, director and CPR program staff; an implementation plan and schedule to resolve issues cited.

*AUTHORITY: section 630.655, RSMo [1994] **2000**. Original rule filed Jan. 19, 1989, effective April 15, 1989. Amended: Filed Dec. 13, 1994, effective July 30, 1995. Amended: Filed Feb. 28, 2001.*

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 Department of Mental Health, Attn: Julie Carel, Division of Comprehensive Psychiatric Services, PO Box 687, Jefferson City, MO 65102. To be considered comments must be in writing and must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED AMENDMENT

9 CSR 30-4.033 Fiscal Management of Community Psychiatric Rehabilitation Programs. The department is adding a new section (1) and removing current sections (1) through (6), (8) and (9).

PURPOSE: This amendment adds reference to new rule that has regulations for fiscal policies and procedures and removes from this rule some of the existing requirements.

[(1) The community psychiatric rehabilitation (CPR) provider shall have fiscal management policies and procedures consistent with generally accepted accounting principles.]

(1) Each agency that is certified shall comply with requirements set forth in Department of Mental Health Core Rules for Psychiatric and Substance Abuse Programs, 9 CSR 10-7.100 Fiscal Management.

[(2) The CPR provider shall maintain accounting records using the accrual method and shall include adequate internal controls for safeguarding or avoiding misuse of the CPR provider's assets.

(3) The CPR provider shall have a budget of expected revenue and expenses.

(A) The budget shall categorize revenue by source and expenses by program.

(B) The CPR provider shall review the budget and gain approval by the governing body prior to the beginning of the current fiscal year.

(C) The governing body shall review and approve budget revisions.

(4) The CPR provider shall have the capacity to determine direct and indirect costs according to the methods, policies and procedures established by the department for each service provided by the CPR program.

(5) The CPR provider shall have a written fee schedule.

(A) The governing body shall approve the current schedule of rates and charges.

(B) The CPR provider shall make the fee schedule available to all staff, clients and public upon request.

(6) The CPR provider shall maintain a reporting mechanism that provides at least quarterly information on the fiscal performance of the agency.

(A) Fiscal reports shall provide information on the relationship between the budget and actual experience, including revenues and expenses by category and explanation of reasons for substantial variance.

(B) The CPR provider shall make fiscal reports available to staff who have responsibility for budget and management.

(C) The governing body shall review each fiscal report and document recommendations and actions in its official minutes.]

[(7)] **(2)** Unless prohibited by law, an independent public accountant shall conduct an annual audit of the **community psychiatric rehabilitation (**CPR**)** provider's fiscal operations.

(A) The CPR provider shall make the audit available to staff who have responsibility for budget and management.

(B) The audit shall report, according to the methods, policies and procedures established by the department, individual unit costs for each service provided by the CPR provider.

(C) The governing body shall review and approve the audit.

(D) The CPR provider shall correct or resolve adverse audit findings following approval by the governing body.

[(8) The CPR provider shall maintain written fiscal policies and procedures for the operation of its programs, including:

(A) Control of inventories, purchase authority, product selection and evaluation, supply storage and distribution; and

(B) Control of accounts receivable, cash management, credit, discounts, write-offs and billings.

(9) The CPR provider shall maintain fiscal records for seven (7) years or until all litigation or adverse audit findings or both are resolved.]

*AUTHORITY: section 630.655, RSMo [1994] **2000**. Original rule filed Jan. 19, 1989, effective April 15, 1989. Amended: Filed Dec. 13, 1994, effective July 30, 1995. Amended: Filed Feb. 28, 2001.*

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.

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED AMENDMENT

9 CSR 30-4.034 Personnel and Staff Development. The department is adding new sections (1) and (4), and revising current sections (2), (3) and (8).

PURPOSE: This amendment adds a reference to a new rule with staff requirements, adds some staffing and training requirements specific to certain psychiatric programs and adds waiver provisions.

(1) Each agency that is certified shall comply with requirements set forth in Department of Mental Health Core Rules for Psychiatric and Substance Abuse Programs, 9 CSR 10-7.110 Personnel.

[(1)] **(2)** Only qualified professionals shall provide community psychiatric rehabilitation (CPR) services. Qualified professionals for each service shall include:

(A) For intake/annual evaluations, an evaluation team consisting of, at least, a physician, one (1) other mental health professional, as defined in 9 CSR 30-4.030, and including, for the annual evaluation, the community support worker assigned to each client;

(B) For brief evaluation, an evaluation team consisting of at least, a physician and one (1) other mental health professional, as defined in 9 CSR 30-4.030;

(C) For treatment planning, a team consisting of at least a physician, one (1) other mental health professional as defined in 9 CSR 30-4.030 and the client's community support worker;

(D) For crisis intervention and resolution, any mental health professional as defined in 9 CSR 30-4.030;

(E) For medication services, a physician**,** psychiatrist, psychiatric pharmacist or advanced practice nurse, as defined in 9 CSR 30-4.030;

(F) For medication administration, a physician, registered professional nurse (RN), licensed practical nurse (LPN), advanced practice nurse, or psychiatric pharmacist;

(G) For medication administration support—a medication technician or medication aide as defined in 9 CSR 30-4.030;

(H) For community support*[—]***:**

1. A mental health professional or an individual with a bachelor's degree in social work, psychology, nursing or a related field, supervised by a psychologist, professional counselor, clinical social worker, psychiatric nurse or individual with an equivalent degree as defined in 9 CSR 30-4.030. Equivalent experience may be substituted on the basis of one (1) year of experience for each year of required educational training; or

2. A community support assistant with a high school diploma or equivalent and applicable training required by the department, *[under the direction of a community support worker,]* supervised by a qualified mental health professional as defined in 9 CSR 30-4.030**. A community support assistant may receive assignments and direction from a community support worker**; and

(I) For consultation services, a physician, a psychiatric pharmacist or advanced practice nurse as defined in 9 CSR 30-4.030.

[(2)] **(3)** The CPR provider shall ensure that an adequate number of appropriately qualified staff is available to support the functions of the program. The department shall prescribe caseload size and supervisory to staff ratios *[as necessary]*.

[(A) The CPR provider shall employ no person known by CPR program administration to have committed physical abuse, sexual abuse, Class I Neglect or a felony involving crimes against persons.

(B) The CPR provider shall employ no person known by CPR program administration to have committed verbal abuse or Class II Neglect three (3) or more times in a twelve (12)-month period.

(C) The department may issue waivers and exceptions to the staffing patterns promulgated under this section as it deems necessary and appropriate.]

(A) Caseload size may not exceed one (1) community support worker to twenty (20) clients in the rehabilitation level of care.

(B) The supervisory to staff ratio in the rehabilitation and intensive levels of care should not exceed one (1) qualified mental health professional to seven (7) community support workers.

(C) The supervisory to staff ratio in the rehabilitation and intensive levels of care should not exceed one (1) qualified mental health professional to two (2) community support assistants.

(D) The supervisory to staff ratio in the rehabilitation and Intensive levels of care should not exceed one (1) qualified mental health professional to eight (8) total staff.

(E) For intensive community support, each team shall provide for a caseload size of no more than ten (10) clients to one (1) direct care staff member.

(4) The department may issue waivers and exceptions to the staffing patterns promulgated under this section as it deems necessary and appropriate.

[(3)] **(5)** Personnel policies and procedures shall **comply with all aspects of 9 CSR 10-7.110, shall** apply to all staff and volunteers working in the CPR program and shall include:

[(A) An equal opportunity plan for hiring staff;

(B) Written job descriptions for each CPR program position, noting duties, responsibilities, supervisors and positions supervised;

(C) A current table of organization reflecting each position;

(D) Local, state or federal requirements for the identified professions;

(E) Requirements for consistent and fair practices in hiring staff;

(F) Descriptions of staff supervision practices;]

[(G)] **(A)** Requirements for an annual written job performance evaluation for each employee and procedures which provide staff with the opportunity to review the evaluation; **and**

[(H) An employee grievance mechanism;

(I) Provisions through which the CPR provider shall make available to staff a copy of the personnel policies and procedures;]

[(J)] **(B)** Client abuse and neglect and procedures for investigating alleged violations*[;]***.**

[(K) Provisions for compliances with the Federal Fair Labor Standards Act; and

(L) If volunteers are utilized, a written policy regarding recruitment, screening, training, supervision and dismissal for cause.]

[(4)] **(6)** The provider shall have and implement a process for granting clinical privileges to practitioners.

(A) Each treatment discipline shall define clinical privileges based upon identified and accepted criteria approved by the governing body.

(B) The process shall include periodic review of each practitioner's credentials, performance, education, and the like, and the renewal or revision of clinical privileges at least every two (2) years.

(C) The provider shall base initial granting and renewal of clinical privileges on—

1. Well-defined written criteria for qualifications, clinical performance and ethical practice related to the goals and objectives of the program;

2. Verified licensure, certification or registration, if applicable;

3. Verified training and experience;

4. Recommendations from the agency's program, department service, or all of these, in which the practitioner will be or has been providing service;

5. Evidence of current competence;

6. Evidence of health status related to the practitioner's ability to discharge his/her responsibility, if indicated; and

7. A statement signed by the practitioner that s/he has read and agrees to be bound by the policies and procedures established by the provider and governing body.

(D) Renewal or revision of clinical privileges also shall be based on—

1. Relevant findings from the providers quality assurance activities; and

2. The practitioner's adherence to the policies and procedures established by the provider and governing body.

(E) As part of the privileging process, the provider shall establish procedures to—

1. Afford a practitioner an opportunity to be heard, upon request, when denial, curtailment or revocation of clinical privileges is planned;

2. Grant temporary privileges on a time-limited basis; and

3. Ensure that nonprivileged staff receive close and documented supervision from privileged practitioners until training and experience are adequate to meet privilege requirements.

[(5)] **(7)** The CPR provider shall establish, maintain and implement a written plan for professional growth and development of personnel.

(A) The CPR provider shall provide orientation within thirty (30) calendar days of employment, documented, for all personnel and affiliates, and shall include, but not be limited to:

1. Client rights and confidentiality policies and procedures, including prohibition and definition of verbal/physical abuse;

2. Client management, for example, techniques which address verbal and physical management of aggressive, intoxicated or behaviorally disturbed clients;

3. CPR program emergency policies and procedures;

4. Infection control;

5. Job responsibilities;

6. Philosophy, values, mission and goals of the CPR provider; and

7. Principles of appropriate treatment.

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

(C) The CPR provider shall provide orientation for volunteers and trainees within thirty (30) calendar days of initial attendance or employment that includes, but is not limited to, the following:

1. Client rights and confidentiality policies and procedures, including verbal/physical/sexual abuse;

2. CPR program emergency policies and procedures;

3. Philosophy, values, mission and goals of the CPR provider; and

4. Other topics relevant to their assignments.

(D) Staff working within the CPR program also shall receive additional training within six (6) months of employment. This training shall include, but is not limited to:

1. Signs and symptoms of disability-related illnesses;

2. Working with families and caretakers of clients receiving services;

3. Rights, roles and responsibilities of clients and families;

4. Methods of teaching clients self-help, communication and homemaking skills in a community context;

5. Writing and implementing an individual treatment plan specific to community psychiatric rehabilitation services, including goal setting, writing measurable objectives and development of specific strategies or methodologies;

6. Basic principles of assessment;

7. Special needs and characteristics of individuals with serious mental illnesses; and

8. Philosophy, values and objectives of community psychiatric rehabilitation services for individuals with serious mental illnesses.

[(6)] **(8)** The CPR provider shall develop and implement a written plan for comprehensive training and continuing education programs for community support workers, community support assistants and supervisors in addition to those set out in section *[(5)]* **(7)**.

(A) Orientation for community support workers, community support assistants and supervisors shall include, but is not limited to, the following items:

1. Philosophy, values and objectives of community psychiatric rehabilitation services for individuals with serious and persistent mental illnesses;

2. Behavioral management, crisis intervention techniques and identification of critical situations;

3. Communication techniques;

4. Health assessment and medication training;

5. Legal issues, including commitment procedures; and

6. Identification and recognition of critical situations.

(B) The curricula for training shall include a minimum set of topics as required by the department and through consultation by a psychiatrist.

[(7)] **(9)** Each community support worker, community support assistant and supervisor shall complete ten (10) hours of initial training before receiving an assigned client caseload or supervisory caseload.

[(8)] **(10) 9 CSR 10-7.110 requires that all staff shall participate in at least thirty-six (36) clock hours of relevant training during a two (2)-year period.** All staff working within the CPR program and services shall *[also]* receive a minimum of *[sixteen (16)]* **twelve (12)** clock hours per year of continuing education **and relevant training**.

[(9)] **(11)** All training activities shall be documented in employee personnel files, to include the training topic, name of instructor, date of activity, duration, skills targeted/objective of skill, certification/continuing education units (if any) and location.

*AUTHORITY: sections 630.050, [RSMo Supp. 1998 and] 630.655 and 632.050, RSMo [1994] **2000**. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 28, 2001.*

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 Department of Mental Health, Attn: Julie Carel, Division of Comprehensive Psychiatric Services, PO Box 687, Jefferson City, MO 65102. To be considered comments must be in writing and must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED AMENDMENT

9 CSR 30-4.035 Client Records of a Community Psychiatric Rehabilitation Program. The department is adding new sections (1), (18) and (19) and renumbering, removing current sections (1), (2), (5), (6) and (20), and revising sections (4), (11), (12), (14), (18) and (19).

PURPOSE: This rule prescribes the content requirements of a clinical record maintained by a community psychiatric rehabilitation program.

[(1) The CPR provider shall maintain an organized client record system which includes a collection of client information and services provided—

(A) The CPR program director shall designate an individual to be responsible for basic client records administration;

(B) The CPR provider shall arrange and store client records according to a uniform system; and

(C) The CPR provider shall organize the content of client records so that information can be easily located and audits be conducted with reasonable efficiency.]

(1) Each agency that is certified shall comply with requirements set forth in Department of Mental Health Core Rules for Psychiatric and Substance Abuse Programs 9 CSR 10-7.030 Service Delivery Process and Documentation.

[(2) The CPR provider shall keep active records, complete with current information, readily available for review by authorized persons.

(3) The CPR provider shall store records to safeguard confidentiality.

(A) Client records are stored with access controlled and limited to authorized CPR program staff.

(B) When client records are not physically supervised, they are maintained in locked file cabinets or rooms.

(C) The CPR provider shall take usual and reasonable measures to protect against fire and water damage.]

[(4)] **(2)** The CPR provider shall implement policies and procedures to assure routine monitoring of client records for compliance with applicable standards.

[(5) All entries into the client record shall be—

(A) Clear, complete, accurate and recorded in a timely fashion;

(B) Dated and authenticated by the recorder with full signature and title (for monthly/quarterly notes and major treatment reviews);

(C) Written in indelible ink that will not deteriorate from photocopying; and

(D) Legible.

(6) The CPR provider shall retain client records for at least seven (7) years or until all litigation, adverse audit findings, or both are resolved.]

[(7)] **(3)** At intake, each CPR provider shall compile in a format acceptable to the department, and file in the client record an evaluation which shall include:

(A) Presenting problem, request for assistance, symptoms, and functional deficits;

(B) Personal, family, educational, treatment and community history;

(C) Reported physical and medical complaints and the need for screening for medical, psychiatric, or neurological assessment or other specialized evaluation;

(D) Findings of a brief mental status examination;

(E) Current functional strengths and weaknesses obtained through interview and behavioral observation;

(F) Specific problem indicators for individualized treatment;

(G) Existing personal support systems and current use of community resources;

(H) Diagnostic formulation;

(I) Specific recommendations for further evaluation and treatment;

(J) Consultation between a physician and the psychologist or other mental health professional(s) conducting the psychosocial/clinical evaluation addressing the client's need and the appropriateness of outpatient rehabilitation. Consultation may be performed by an advanced practice nurse if that individual is providing medication management services to the client; and

(K) The clinical record must support the level of care.

[(8)] **(4)** The CPR provider shall develop and maintain for each client an individual treatment plan using a standardized format furnished by the department, at its discretion, which is filed in the master client record. The treatment plans shall record, at a minimum, the following as indicated:

(A) Service Data.

1. The reason(s) for admission into rehabilitation services.
2. Criteria or plans, or both for movement.
3. Criteria for discharge.
4. A list of agencies currently providing program/services; the type(s) of service; date(s) of initiation of program/services.
5. A summary statement of prioritized problems and assets; and

(B) Treatment Goals and Objectives for the Treatment Plan and any Components.

1. Specific individualized medication, psychosocial, rehabilitation, behavior management, critical intervention, community support goals and other services and interventions as prescribed by the team.

2. The treatment regimen, including specific medical and remedial services, therapies and activities that will be used to meet the treatment goals and objectives.

3. A projected schedule for service delivery, including the expected frequency and duration of each type of planned therapeutic session or encounter.

4. The type of personnel who will furnish the services.

5. A projected schedule for completing reevaluations of the client's condition and for updating the treatment plan.

6. Resources required to implement recommended services.

7. A schedule for the periodic monitoring of the client that reflects factors which may adversely affect client functioning.

8. Level of care.

[(C) The form entitled "Individualized Treatment and Rehabilitation Plan" is incorporated by reference to this rule.]

[(9)] **(5)** A physician shall approve the treatment plan. A licensed psychologist may approve the treatment plan only in instances when the client is currently receiving no prescribed medications and the clinical recommendations do not include a need for prescribed medications. An advanced practice nurse may approve the treatment plan if that individual is providing medication management services to the client.

[(10)] **(6)** The CPR provider shall ensure that the client participates in the development of the treatment plan and signs the plan. Client signature is not required if signing would be detrimental to client's well-being. If the client does not sign the treatment plan, the CPR provider shall insert a progress note in the case record explaining the reason the client did not sign the treatment plan.

[(11)] **(7)** The treatment plan, goals and objectives shall be completed within thirty (30) days of the client's admission to services. **For clients admitted to the intensive level of community support, the treatment plan shall be developed upon admission to that level of care.**

[(12)] **(8)** Each client's record shall document services, activities or sessions that involve the client.

(A) For psychosocial rehabilitation, the clinical record shall include:

1. A weekly note that summarizes specific services rendered, client response to the services, and pertinent information reported by family members or significant others regarding a change in the client's condition, or an unusual/unexpected occurrence in the client's life, or both; and

2. Daily attendance records or logs that include actual attendance times, as well as activity or session attended. These program attendance records/logs must be available for audit and monitoring purposes, however integration into each clinical record is not required.

(B) For psychosocial rehabilitation-recovery support, the client record shall include:

1. Attendance records or logs that include actual attendance times; and

2. A monthly note that summarizes services rendered and client response to services.

(C) For all other community psychiatric rehabilitation program services, the client record shall include documentation of each session or episode that involves the client.

1. The specific services rendered.

2. The date and actual time the service was rendered.

3. Who rendered the service.

4. The setting in which the services were rendered.

5. The amount of time it took to deliver the services.

6. The relationship of the services to the treatment regimen described in the treatment plan.

7. Updates describing the client's response to prescribed care and treatment.

[(13)] **(9)** In addition to documentation required under section *[(12)]***(8)**, the CPR provider shall provide additional documentation for each service episode, unit or as clinically indicated for each service provided to the client as follows:

(A) Medication Services.

1. Description of the client's presenting condition.

2. Pertinent medical and psychiatric findings.

3. Observations and conclusions.

4. Client's response to medication, including identifying and tracking over time, one (1) or more target symptoms for each medication prescribed.

5. Actions and recommendations regarding the client's ongoing medication regimen.

6. Pertinent/significant information reported by family members or significant others regarding a change in the client's condition, an unusual or unexpected occurrence in the client's life, or both;

(B) Crisis Intervention and Resolution Services.

1. Description of the precipitating event(s)/situation, when known.

2. Description of the client's mental status.

3. Interventions initiated to resolve the client's crisis state.

4. Client response to intervention.

5. Disposition.

6. Planned follow-up by staff; and

(C) Community Support Services.

1. Phone contact reports.

2. Pertinent information reported by family members or significant others regarding a change in the client's condition, an unusual or unexpected occurrence in the client's life, or both*[; and]***.**

[(14)] **(10)** An evaluation team, consisting of at least, a qualified mental health professional and the client's community support worker, if appropriate, shall review the treatment plan, goals and objectives on a regular basis, as determined by department policy.

(A) The review will determine the client's progress toward the treatment objectives, the appropriateness of the services being furnished and the need for the client's continued participation in specific community psychiatric rehabilitation services.

(B) The team shall document the review in detail in the client record.

(C) The CPR provider shall make the review available as requested for state or federal review purposes.

(D) The CPR provider shall ensure the client participates in the treatment plan review.

(E) For clients in the rehabilitation level of care, treatment plans shall be reviewed at a minimum every ninety (90) calendar days and the review documented in the case record.

(F) For clients in the intensive level of care, treatment plans shall be reviewed at a minimum every thirty (30) calendar days and the review documented in the case record.

[(15)] **(11)** The treatment plan shall be rewritten annually and shall comply with the guidelines set forth in 9 CSR 30-4.035*[(8), (9) and (10)]* **(4), (5), and (6).**

[(16)] **(12)** The CPR program also shall include other information in the client record, if not otherwise addressed in the intake/annual evaluation or treatment plan, including:

(A) The client's medical history, including:

1. Medical screening or relevant results of physical examinations; and

2. Diagnosis, physical disorders and therapeutic orders;

(B) Evidence of informed consent;

(C) Results of prior treatment; and

(D) Condition at discharge from prior treatment.

[(17)] **(13)** Any authorized person making any entry in a client's record shall sign and date the entry, including corrections to information previously entered in the client record.

[(18)] **(14)** CPR program staff shall conduct or arrange for periodic evaluations for each client *[as required by department policy]*. **Clients in the rehabilitation and intensive levels of care shall have annual evaluations completed.** The evaluation shall be in a format approved by the department and shall include:

(A) Presenting problem and request for assistance;

(B) Changes in personal, family, educational, treatment and community history;

(C) Reported physical/medical complaints;

(D) Current functional weaknesses and strengths;

(E) Changes in existing personal support systems and use of community resources;

(F) Description of the client's apparent change in condition from one (1) year ago;

(G) Specific problem indicators required by the department;

(H) Update of the diagnostic formulation;

(I) Specific recommendations for further evaluation and/or treatment;

(J) Information obtained through interview and behavioral observations that will contribute to the formulation of a new treatment plan; **and**

(K) Consultation between a physician and/or psychologist and the mental health professional(s) conducting the psychosocial/clinical evaluation addressing the client's need and appropriateness for continued outpatient rehabilitation.

[(19)] **(15)** CPR program staff shall prepare and enter a discharge summary in the client's record when the client has been discharged from the CPR program. This discharge summary shall *[include:]* **meet all requirements in 9 CSR 10-7.030(6).**

[(A) Admission data;

(B) Referral source;

(C) Presentation of the problem, including identified functional disabilities;

(D) Client response to treatment/interventions;

(E) Progress toward objectives of the treatment plan;

(F) Referrals made, discharge date;

(G) Reason for discharge; and

(H) A follow-up plan, if applicable.]

[(20) CPR program staff shall prepare a termination note in the client's record when a client has discontinued a single service.]

[(21)] **(16)** The CPR provider shall establish and implement a procedure that assures the intercenter transfer of referral and treatment information within five (5) working days.

[(22)] **(17)** The CPR provider shall provide information, as requested, regarding client characteristics, services and costs to the department in a format established by the department.

(18) Each agency that is certified shall be subject to recoupment of all or part of Department of Mental Health payments when:

(A) The client record fails to document the service paid for was actually provided;

(B) The client record fails to document the service paid for was provided by a qualified staff person, as defined in the Department of Mental Health Purchase of Service Catalog;

(C) The client record fails to document the service that was paid meets the service definition, as defined in the Department of Mental Health Purchase of Service Catalog;

(D) The client record fails to document the amount, duration, and length of service paid for by the department; and

(E) The client record fails to document the service paid for was delivered under the direction of a current treatment plan that meets all the requirements for treatment plans set forth in 9 CSR 10-7.030 and 9 CSR 30-4.035.

(19) Form number MO 650-3190 is included herein.

AUTHORITY: section 630.655, RSMo [1994] 2000. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the ***Code of State Regulations****. Amended: Filed Feb. 28, 2001.*

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 Department of Mental Health, Attn: Julie Carel, Division of Comprehensive Psychiatric Services, PO Box 687, Jefferson City, MO 65102. To be considered comments must be in writing and must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED RESCISSION

9 CSR 30-4.036 Research by a Community Psychiatric Rehabilitation Program. This rule prescribed standards to be followed by any community psychiatric rehabilitation program which conducts research.

PURPOSE: Requirements for research are now being proposed under 9 CSR 10-7.050. The new rule will apply not only to psychiatric programs but also to substance abuse programs.

AUTHORITY: section 630.655, RSMo 1994. Original rule filed Jan. 19, 1989, effective April 15, 1989. Amended: Filed Dec. 13, 1994, effective July 30, 1995. Rescinded: Filed Feb. 28, 2001.

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 Department of Mental Health, Attn: Julie Carel, Division of Comprehensive Psychiatric Services, PO Box 687, Jefferson City,

MO 65102. To be considered comments must be in writing and must be received within thirty days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED RESCISSION

9 CSR 30-4.037 Client Environment in a Community Psychiatric Rehabilitation Program. This rule identified the requirements for client environment within a community psychiatric rehabilitation program.

PURPOSE: Requirements for environment are now being proposed under 9 CSR 10-7.120. The new rule will apply not only to psychiatric programs but also to substance abuse programs.

AUTHORITY: section 630.655, RSMo 1994. Original rule filed Jan. 19, 1989, effective April 15, 1989. Amended: Filed Dec. 13, 1994, effective July 30, 1995. Rescinded: Filed Feb. 28, 2001.

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED AMENDMENT

9 CSR 30-4.038 Client Rights for Community Psychiatric Rehabilitation Programs. The department is adding new sections (1), (2), (3) and (4) and removing the current sections (1) through (5),

PURPOSE: This amendment makes references to a new rule with requirements for client rights, and adds requirements related to treatment plans and client access to records.

[(1) The community psychiatric rehabilitation (CPR) provider shall assure to each client the following rights and privileges without limitation or restrictions:

(A) To be provided humane care and treatment;

(B) To receive prompt evaluation, care and treatment;

(C) To have the treatment plan explained orally and in writing;

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

(E) To be subject of an experiment only with consent or the consent of a person legally authorized to act on behalf of the client;

(F) To refuse hazardous treatment unless a person legally authorized to act on behalf of the client has given the CPR program permission to proceed with treatment;

(G) To request and receive a second opinion before hazardous treatment, except in an emergency;

(H) To have records kept confidential;

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

(J) To not be denied admission or services because of race, creed, marital status, sex, national origin, handicap or age;

(K) To be free from verbal or physical abuse;

(L) To have records and documents explained;

(M) Not to participate in nontherapeutic labor; and

(N) To receive an impartial review of alleged violation or rights.]

(1) Each agency that is certified shall comply with requirements set forth in Department of Mental Health Core Rules for Psychiatric and Substance Abuse Programs, 9 CSR 10-7.020 Rights, Responsibilities and Grievances.

[(2) The CPR provider shall have policies and procedures that enhance, assure and protect client rights.

(A) The CPR provider shall protect the client's right to privacy.

(B) The CPR provider shall explain to the client, in easily understood terms, service rules governing a client's participation in a specific service.

1. Staff shall document the explanation of program rules by use of a signed form placed in the client's record.

2. The CPR provider shall post program rules as house rules at each service site.

(C) CPR program staff shall obtain a consent to treatment from voluntary clients and shall include it in the clinical record.

(D)The CPR provider shall protect a client's entitlement to access to information contained in the respective clinical record, except to the extent that the director of the CPR program determines the access would be detrimental to the client. The CPR provider shall document restrictions imposed by the CPR program director in the clinical record, with a specific rationale for the decision noted.]

(2) The client shall have the right to have the treatment plan explained orally and in writing.

[(3) The CPR provider shall implement policies that prevent—

(A) Corporal punishment, verbal or physical abuse;

(B) The use of physical, mechanical or chemical restraints and seclusion within the program, except in emergency situations; and

(C) The withholding of food which is part of a regular meal, as part of a behavior management program.]

(3) The community psychiatric rehabilitation (CPR) provider shall protect a client's entitlement to access to information contained in the respective clinical record, except to the extent that the director of the CPR program determines the access would be detrimental to the client. The CPR provider shall document restrictions imposed by the CPR program director in the clinical record, with a specific rationale for the decision noted.

[(4) The CPR provider shall post the address and telephone number of the department's client rights monitor at each service site. The CPR provider shall inform all clients that the department's client rights monitor may be contacted regarding client complaints pertaining to abuse, neglect, violation of rights or confidentiality.

(4) The following forms are included herein:

(A) MO 650-1533; and
(B) MO 650-5839.

(5) The CPR provider shall implement policies and procedures for conditions of release of client-identifying information consistent with federal and state laws and regulations.

(A) The CPR provider shall implement procedures governing confidentiality of client information, release of information and securing client information from other agencies.

(B) The CPR provider shall assure that photographs of clients may not be taken without the client's written consent and knowledge of the intended use of the photograph. The CPR provider may grant staff an exception to the restriction for specific purposes of client identification, maintaining the client record or of recording special events involving clients.

(C) The CPR provider shall use a time-limited release of information form for each situation in which information is released. The form shall contain at least the following:

1. Name of the program releasing the client information;

2. Full name of the client;

3. Description of the client-identifying information to be released;

4. Purpose or need for the release of information;

5. Time limit for release not to exceed one(1) year;

6. The person, CPR provider, or both, to whom the client-identifying information is to be released;

7. A statement that consent is subject to revocation by the client at any time unless information has already been released; and

8. The witnessed signature of the client or other person who has the authority to consent to the release of the client-identifying information and the date of the signature.]

*AUTHORITY: section 630.655, RSMo [1994] **2000**. Original rule filed Jan. 19, 1989, effective April 15, 1989. Amended: Filed Dec. 13, 1994, effective July 30, 1995. Amended: Filed Feb. 28, 2001.*

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

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED AMENDMENT

9 CSR 30-4.039 Service Provision. The department proposed to revise section (13).

PURPOSE: This amendment revises the role of a community support worker with respect to a community support assistant.

(13) The CPR provider shall utilize community support assistants as adjuncts to and assistants to the treatment team. Community support assistants may not be assigned an independent client caseload, and *[must provide services under the direction of the assigned community support worker]* **may receive assignments and direction from a community support worker**.

*AUTHORITY: sections 630.050, [RSMo Supp. 1998 and] 630.655 and 632.050, RSMo [1994] **2000**. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 28, 2001.*

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED AMENDMENT

9 CSR 30-4.040 Quality Assurance. The department is adding a new section (1) and revising the current section (1).

PURPOSE: This amendment makes references to a new rule that has requirement for quality assurance and clarifies the quality assurance process.

(1) Each agency that is certified shall comply with requirements set forth in Department of Mental Health Core Rules for Psychiatric and Substance Abuse Programs, 9 CSR 10-7.040 Quality Improvement.

[(1)] **(2)** The community psychiatric rehabilitation (CPR) provider shall establish a quality assurance process that includes, but is not limited to, the following functions:

(A) *[Privileging]* **Evaluating the competencies** of clinical staff as set out in 9 CSR 40-4.034*[(4)]***(6)**;

(B) Supervising of all staff as set out in 9 CSR 30-4.034*[(1)]* **(2)**;

(C) Monitoring of clinical records as set out in 9 CSR 30-4.035*[(4)]***(2)**;

(D) Monitoring *[of key aspects]* **identified process and outcomes** of the CPR provider's community psychiatric rehabilitation program as set out in sections *[(2)–(5)]* **(3)–(6)**; and

(E) Monitoring *[of key aspects of affiliate programs as set out in 9 CSR 30-4.032(4)]* **compliance of affiliate programs and subcontractors with applicable program standards**.

[(2)] **(3)** The CPR provider shall establish, support and maintain the quality assurance process through the CPR provider's professional and administrative staff by—

(A) Delegating the administration and coordination of the quality assurance process to a quality assurance committee, group or individual; and

(B) Actively involving the CPR program's medical staff in the activities of the quality assurance process including, but not limited to, clinical care issues and practices related to the use of medications.

[(3)] **(4)** The CPR provider shall develop and implement a quality assurance plan that integrates the functions of the quality assurance process into the CPR program's psychiatric services.

(A) The CPR provider shall describe the quality assurance process in a written quality assurance plan, approved by the governing body.

(B) The quality assurance plan shall identify the persons or positions responsible for the implementation of the quality assurance program.

(C) The CPR provider and its governing body shall review the plan annually and revise it as appropriate.

[(4)] **(5)** The CPR provider shall monitor key programmatic indicators jointly identified by the CPR provider and the Division of Comprehensive Psychiatric Services.

(A) The CPR provider shall collect data for each indicator on an ongoing basis, using a standardized format, which the department, at its discretion, may require.

(B) When a significant problem or quality of care issue is identified, the CPR provider shall act to correct the problem or improve the effectiveness of care, or both. The CPR provider shall assess corrective or supportive actions through continued monitoring.

[(5)] **(6)** The CPR provider shall maintain a quality assurance record system.

(A) The record system shall contain documentation, including monitoring reviews, reports, recommendations, corrective actions and the status of previously identified problems or outcomes related to certification standards, or both.

(B) The CPR provider shall centrally maintain the record system and make it available for review.

(C) The record system shall include minutes of all quality assurance meetings with attendance, time, place, date, actions or recommendations for action noted.

*AUTHORITY: section 630.655, RSMo [1994] **2000**. Original rule filed Jan. 19, 1989, effective April 15, 1989. Amended: Filed Dec. 13, 1994, effective July 30, 1995. Amended: Filed Feb. 28, 2001.*

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED AMENDMENT

9 CSR 30-4.041 Medication Procedures at Community Psychiatric Rehabilitation Programs. The department is adding new sections (1), (2), (3), and (5) and removing current sections (1) through (5) and (7).

PURPOSE: This rule makes references to a new rule that has requirements for medications and adds two new sections with requirements for medical consultations and reviews.

[(1) The community psychiatric rehabilitation (CPR) provider shall implement policies and procedures for the storage, preparation and dispensation of medications consistent with United States Pharmacopeia Standards.]

(1) Each agency that is certified shall comply with requirements set forth in Department of Mental Health Core Rules for Psychiatric and Substance Abuse Programs, 9 CSR 10-7.070 Medications.

[(2) The CPR provider shall implement policies on how medication, including that brought to the CPR Program by clients, is to be dispensed and administered.

(A) The CPR provider shall assure that staff authorized by the CPR Program and by law to conduct medical, nursing and pharmaceutical services do so using sound clinical practices and following all applicable state and federal laws.

(B) The CPR provider shall have written policies and procedures for recording client intake of medication, to include client name, medication, dose of medication, date, frequency of intake and the name of the staff who observed the medication intake.

(C) Staff shall report adverse drug reactions and medication errors immediately to the physician responsible for the client.

(D) The CPR provider's policies shall address the administration of medications in emergency situations.

(E) The CPR provider shall establish a mechanism for the positive identification of individual clients at the time medication is dispensed or administered.

(F) The CPR provider shall implement policies that prevent the—

1. Use of medications as punishment, for the convenience of staff, as a substitute for services or other treatment or in quantities that interfere with the client's rehabilitation program;

2. Issuance of standing or pro re nata (PRN) medication orders; and

3. The issuance of chemical restraints, except in emergency situations.

(G) The CPR provider shall train all staff in the dispensing and administration of medications and observation for adverse drug reactions and medication errors as is consistent with each staff person's job duties.

1. The CPR provider shall review staff job duties and training needs at least semiannually to assure staff competence and compliance with applicable standards.

2. The CPR provider shall make available to all staff, consultation with a registered nurse or physician to check medication procedures.]

(2) The community psychiatric rehabilitation (CPR) provider shall make available to all staff, consultation with a registered nurse or physician to check medication procedures.

[(3) The CPR provider shall provide each client (or family member or caretaker, if appropriate) with medication education as needed, by enrollment in a medication awareness group or by receipt of individualized instruction concerning medication.

(4) The CPR provider shall implement written policies and procedures on how medications are to be prescribed.

(A) Medical/nursing staff shall accept telephone medication orders only from physicians who are included in the CPR provider's list of authorized physicians and who are known to the staff receiving the orders. A physician's

signature shall authenticate verbal orders within three (3) working days of the receipt of the initial telephone order.

(B) A physician shall review and evaluate medications at least every six (6) months, except as specified in the client's individualized treatment plan. Face-to-face contact with the client and review of relevant documentation in the client record, such as progress notes and treatment plan reviews, shall constitute the review and evaluation.

(C) For each client receiving a neuroleptic medication, appropriately trained staff under a physician's supervision, shall screen the client using the Abnormal Involuntary Movement Scale.

1. The screening shall occur at least every six (6) months.

2. Staff shall enter the scale into the clinical record, which shall be signed and dated by the responsible physician.

3. In cases of abnormal findings, staff shall refer the client for a medication/neurological evaluation as indicated.

(D) The client's clinical record shall include a medication profile based on evaluation of the client's drug history and current therapy, including:

1. Name;
2. Age;
3. Weight;
4. Current diagnosis;
5. Current drug therapy;
6. Allergies;
7. History of compliance; and
8. Other pertinent information related to the client's drug regimen.

(5) The CPR provider shall implement written policies and procedures on how medications are to be stored.

(A) The CPR provider shall establish a locked storage area for all medications that provides suitable conditions regarding sanitation, ventilation, lighting and moisture.

(B) The CPR provider shall store ingestible medications separately from noningestible medications and other substances.

(C) The CPR provider shall maintain a list of personnel who have been authorized access to the locked medication area and who are qualified to administer medications.

(D) All medications shall be properly labeled. Labeling for each medication shall include:

1. Drug name;
2. Strength;
3. Amount dispensed;
4. Directions for administration;
5. Expiration date;
6. Name of client;
7. Name of physician; and
8. Name of dispensing individual.]

(3) A physician shall review and evaluate medications at least every six (6) months, except as specified in the client's individualized treatment plan. Face-to-face contact with the client and review of relevant documentation in the client record, such as progress notes and treatment plan reviews, shall constitute the review and evaluation.

[(6)] **(4)** The CPR provider shall develop all medication policies and procedures in conjunction with a psychiatrist.

(5) The following publication and forms are included herein:
(A) *United States Pharmacopeia* Standards;
(B) Form number MO 650-6250; and
(C) Form number MO 650-1485.

[(7) The CPR provider shall assure that all policies and procedures regarding medication are consistent with relevant rules issued by the department.]

*AUTHORITY: section 630.655, RSMo [1994] **2000**. Original rule filed Jan. 19, 1989, effective April 15, 1989. Amended: Filed Dec. 13, 1994, effective July 30, 1995. Amended: Filed Feb. 28, 2001.*

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 Department of Mental Health, Attn: Julie Carel, Division of Comprehensive Psychiatric Services, PO Box 687, Jefferson City, MO 65102. To be considered comments must be in writing and must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED AMENDMENT

9 CSR 30-4.043 Treatment Provided by Community Psychiatric Rehabilitation Programs. The department proposes to revise section (2).

PURPOSE: This amendment adds requirements related to community support assistants and elaborates the requirements for intensive community support.

(2) The CPR provider shall provide the following community psychiatric rehabilitation services to eligible clients, as prescribed by individualized treatment plans:

(F) Community support, activities designed to ease an individual's immediate and continued adjustment to community living by coordinating delivery of mental health services with services provided by other practitioners and agencies, monitoring client progress in organized treatment programs, among other strategies. *[Community support assistants, as defined in 9 CSR 30-4.030 and 9 CSR 30-4.034, may provide community support services only under the direction of a community support worker.]* Key service functions include, but are not limited to:

1. Assessing and monitoring a client's adjustment to community living;

2. Monitoring client participation and progress in organized treatment programs to assure the planned provision of service according to the client's individual treatment plan;

3. Participating in the development or revision of a specific individualized treatment plan;

4. Providing individual assistance to clients in accessing needed mental health services including accompanying clients to appointments to address medical or other health needs;

5. Providing individual assistance to clients in accessing a variety of public services including financial and medical assistance and housing, including assistance on an emergency basis, and directly helping to meet needs for food, shelter, and clothing;

6. Assisting the client to access and utilize a variety of community agencies and resources to provide ongoing social, educational, vocational and recreational supports and activities;

7. Interceding in behalf of individual clients within the community-at-large to assist the client in achieving and maintaining their community adjustment;

8. Maintaining contact with clients who are hospitalized and participating in and facilitating discharge planning;

9. Training, coaching and supporting in daily living skills, including housekeeping, cooking, personal grooming; accessing transportation, keeping a budget, paying bills and maintaining an independent residence;

10. Assisting in creating personal support systems that include work with family members, legal guardians or significant others regarding the needs and abilities of an identified client;

11. Encouraging and promoting recovery efforts, consumer independence/self-care and responsibility; and

12. Providing support to families in areas such as treatment planning, dissemination of information, linking to services, and parent guidance;

(G) Community support assistants, as defined in 9 CSR 30-4.030 and 9 CSR 30-4.034, may provide the following community support services:

1. Providing individual assistance to clients in accessing needed mental health services including accompanying clients to appointment to address medical or other health needs;

2. Providing individual assistance to clients in accessing a variety of public services including financial and housing, including assistance on an emergency basis, and directly helping to meet needs for food, shelter, and clothing;

3. Assisting clients to access and utilize a variety of community agencies and resources to provide ongoing social, educational, vocational and recreational supports and activities;

4. Training, coaching and supporting in daily living skills, including housekeeping, cooking, personal grooming, accessing transportation, keeping a budget, paying bills and maintaining an independent residence;

5. Accompanying clients to activities in the community if appropriate;

6. Following up with clients regarding appointments, completion of forms, returning forms or receipts and other similar activities;

[(G)] **(H)** Intensive Community Support, a level of support *[designed to help consumers who are experiencing an acute psychiatric condition, to be served in the community alleviating or eliminating the need to admit them into a psychiatric hospital or residential setting. This is a comprehensive, time limited, in-the-community service which embraces the wrap-around philosophy provided by specialized clinical support teams/ specialized interventive services that will maintain the consumer within the family and significant support systems. This level of support is intended for consumers who have extended or repeated hospitalizations or crisis episodes and when symptoms interfere with individual/family life in a highly disabling manner.]* **delivered by an integrated treatment team that provides comprehensive community based treatment to consumers with serious mental illness who exhibit severe symptoms requiring an integrated multidisciplinary approach, are at risk of moving to a more restrictive living situation or who require intensive services in order to move to a more independent living situation, including persons being discharged from inpatient psychiatric care, are unable to meet their basic living needs, require assertive outreach and engagement, and either have not benefited from other community based services or are unable to participate in traditional services.**

1. This is a comprehensive, community based service that directly provides treatment, rehabilitation, and support services to high risk and high need consumers. Services are provided on a continuous basis with continuity of caregivers over time. Services emphasize outreach and engagement, relationship building, individualized services, and the use of natural supports within the consumer's community. Specific services may include, but are not limited to:

A. Community support;

B. Crisis intervention;

C. Psychosocial rehabilitation;

D. Individual and group therapy and supportive counseling;

E. Nursing services;

F. Medication administration;

G. Vocational/employment services;

H. Housing support and services;

I. Personal attendant services;

J. Outreach and engagement; and

K. Family consultation and education.

2. Services are provided with an integrated continuous treatment team approach. Each team shall assure that sufficient staff are available to provide all necessary services described. Required staff on a continuous treatment team include a mental health professional, nurse, physician or authorized substitute, and community support workers.

3. Services shall be provided twenty-four (24) hours per day seven (7) days per week. The majority of services shall be provided in the client's home community in non-office based settings.

4. There shall be at a minimum a weekly team meeting to review all intensive level clients being served at the time. The meeting shall be documented by the provider including all staff present. At the team meeting the progress and status of each intensive level client shall be reviewed and appropriate changes and adjustments to services made.

5. Priority should be given to the following individuals:

A. Long-term psychological disabilities, e.g., schizophrenia, other psychotic disorders and bipolar disorders;

B. Individuals who have not benefited from all other community-based mental health services or have the inability to participate in traditional services;

C. Individuals with high service needs such as frequent hospitalizations and/or coexisting substance abuse disorders;

D. Individuals who require assertive outreach and engagement in order to remain connected with mental health services and supports and a high level of case coordination is required;

E. Individuals exhibiting severe symptoms that require an integrated multidisciplinary treatment approach;

F. Individuals who are at risk of institutional care if the intensive clinical intervention is not provided;

G. Individuals who are unable to meet basic survival needs, are homeless, or at imminent risk of becoming homeless; and

H. Individuals residing in a supervised community residence and who have been clinically assessed to be able to live in a more independent setting if intensive services are provided;

[(H)] **(I)** Psychosocial Rehabilitation. Key service functions include, but are not limited to, the following services which must be available within the community psychiatric rehabilitation program as indicated by individual client need:

1. Initial screening to evaluate the appropriateness of the client's participation in the program;

2. Development of individualized program goals and objectives;

3. The provision of rehabilitative services which may occur during the day, evenings, weekends or a combination of these. Services should be structured but are not limited to a program site;

4. Services that enhance independent living skills;

5. Services that address basic self-care needs;

6. Services that enhance the use of personal support systems;

7. Transportation to and from community facilities and resources as a part of program strategies;

8. Services shall be provided according to individual need toward goals of community inclusion, integration, and independence; and

9. Services should be available to adults as well as children and youth who need age-appropriate developmental focused rehabilitation;

[(I)] **(J)** Psychosocial Rehabilitation—Recovery Support. A program certified by the department. Key service functions include, but are not limited to, the following services as indicated by individual client need:

1. A supervised, low demand environment that permits clients to practice skills and behaviors that will generalize to assist with personal relationships and supports, community integration and other life activities;

2. Support of informal, low demand group activities to engage the client to promote receptiveness to service delivery, cooperation with clinical interventions and medication as well as building trust to promote self-disclosure about symptoms, medication effects and other pertinent information;

3. Participation in support and self-help activities and groups that promote recovery;

4. Participation in informal and organized group activities to help reduce stress and improve coping that are normative to the community such as exercise, self-education, sports, hobbies, supportive social networks, etc.;

5. Provision of a safe environment for adaptive skills development and practice for individuals vulnerable to victimization due to the severity of their symptomatology and for those experiencing acute distress due to their psychiatric illness;

6. Ongoing informal assessment regarding participant mental status and communication of relevant information and behavioral descriptions to the team for follow-up as necessary; and

7. Participation may be scheduled or unscheduled.

*AUTHORITY: sections 630.050, [RSMo Supp. 1998 and] 630.655 and 632.050, RSMo [1994] **2000**. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 28, 2001.*

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 Department of Mental Health, Attn: Julie Carel, Division of Comprehensive Psychiatric Services, PO Box 687, Jefferson City, MO 65102. To be considered comments must be in writing and must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED RESCISSION

9 CSR 30-4.044 Behavior Management. This rule set out requirements regarding the management of client behavior by staff of community psychiatric rehabilitation providers.

PURPOSE: Requirements for behavior management are now being proposed under 9 CSR 10-7.060. The new rule will apply not only to psychiatric programs but also to substance abuse programs.

AUTHORITY: section 630.655, RSMo 1994. Original rule filed Jan. 19, 1989, effective April 15, 1989. Amended: Filed Dec. 13, 1994, effective July 30, 1995. Rescinded: Filed Feb. 28, 2001.

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

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED RESCISSION

9 CSR 30-4.100 Governing Authority. This rule required the delineation of responsibilities and authority of the governing body and director of the operation of the agency and also required the agency to maintain a policy and procedure manual.

PURPOSE: Requirements for the governing body are now being proposed under 9 CSR 10–7.090. The new rule will apply not only to psychiatric programs but also to substance abuse programs.

AUTHORITY: sections 630.050, RSMo Supp. 1993 and 630.655, RSMo 1986. Original rule filed June 14, 1985, effective Dec. 1, 1985. Rescinded: Filed Feb. 28, 2001.

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

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED RESCISSION

9 CSR 30-4.110 Client Rights. This rule assured the rights of clients receiving treatment.

PURPOSE: Requirements for client rights referral procedures are now being proposed under 9 CSR 10-7.020. The new rule will

apply not only to psychiatric programs but also to substance abuse programs.

AUTHORITY: sections 630.050, RSMo Supp. 1993 and 630.655, RSMo 1986. Original rule filed June 14, 1985, effective Dec. 1, 1985. Rescinded: Filed Feb. 28, 2001.

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

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED RESCISSION

9 CSR 30-4.120 Environment. This rule identified the requirements for a safe, clean environment for mental health agencies.

PURPOSE: Requirements for environment are now being proposed under 9 CSR 10-7.120. The new rule will apply not only to psychiatric programs but also to substance abuse programs.

AUTHORITY: sections 630.050, RSMo Supp. 1993 and 630.655, RSMo 1986. Original rule filed June 14, 1985, effective Dec. 1, 1985. Rescinded: Filed Feb. 28, 2001.

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

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED RESCISSION

9 CSR 30-4.130 Fiscal Management. This rule prescribed fiscal policies and procedures for mental health services.

PURPOSE: Requirements for fiscal management are now being proposed under 9 CSR 10-7.100. The new rule will apply not only to psychiatric programs but also to substance abuse programs.

AUTHORITY: sections 630.050, RSMo Supp. 1993 and 630.655, RSMo 1986. Original rule filed June 14, 1985, effective Dec. 1, 1985. Rescinded: Filed Feb. 28, 2001.

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

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED RESCISSION

9 CSR 30-4.140 Personnel. This rule prescribed the personnel policies and procedures for mental health agencies.

PURPOSE: Requirements for personnel are now being proposed under 9 CSR 10-7.110. The new rule will apply not only to psychiatric programs but also to substance abuse programs.

AUTHORITY: sections 630.050, RSMo Supp. 1993 and 630.655, RSMo 1986. Original rule filed June 14, 1985, effective Dec. 1, 1985. Rescinded: Filed Feb. 28, 2001.

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

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED RESCISSION

9 CSR 30-4.150 Research. This rule prescribed the guidelines to be followed by any agency which conducts research.

PURPOSE: Requirements for referral procedures are now being proposed under 9 CSR 10-7.050. The new rule will apply not only to psychiatric programs but also to substance abuse programs.

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed June 14, 1985, effective Dec. 1, 1985. Rescinded: Filed Feb. 28, 2001.

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

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED AMENDMENT

9 CSR 30-4.160 Client Records. The department proposes to revise section (1), to remove the current sections (2) through (10) and to add six new sections.

PURPOSE: This amendment makes reference to a proposed rule that has requirements for client records, and sets new requirements for treatment plans and documentation of service delivery.

(1) *[An organized record system shall be maintained on each client which contains a collection of client information and services provided.]* **Each agency that is certified shall comply with all requirements set forth in Department of Mental Health Core Rules for Psychiatric and Substance Abuse Programs, 9 CSR 10-7.030 Service Delivery Process and Documentation.**

[(2) The facility shall keep active records complete with current information and readily available for review by authorized persons.

(3) Records shall be stored in a manner so as to properly safeguard confidentiality yet readily available to staff.

(4) There shall be a written method and procedure to assure quality client records which include routine review of client records.

(5) Client records shall be retained for at least seven (7) years.

(6) Information from intake screenings shall include: client name; address; date of birth; sex; race; referral source; marital status; language spoken, if not English; admission date and diagnosis; type and legal status of admission; names, address and telephone number of parents, guardians or other responsible party; name, address, telephone number of personal physician; and pertinent medical information.

(7) At intake, each program shall make an initial assessment to include presenting problem, physical health, emotional status, behavioral functioning, family, social, substance abuse history, financial and recreational data and, when appropriate, legal, vocational, nutritional needs and prior treatment.

(8) Each client's record shall contain a treatment plan based on presenting problems and the initial assessment.

(A) The treatment plan shall specify measurable goals and outcomes with expected achievement dates.

(B) The client shall participate in the development of the treatment plan.

(C) Treatment plans shall be reviewed and updated at least every six (6) months or after every twenty (20) visits and reflect client progress and changes in treatment goals.

(9) Progress notes shall document client activities and services delivered and there shall be ongoing reference to the treatment plan. All entries in client records shall be signed and dated by the person making the entry.

(10) Upon termination, a discharge summary shall be entered in the client's records. This discharge summary shall include admission date, referral source, progress toward the goals of the treatment plan, referrals made, discharge date, discharge reason and a follow-up plan if applicable.]

(2) Treatment plans shall be reviewed and updated as necessary to reflect client progress and changes in treatment goals and services.

(3) Treatment plans shall be revised and rewritten as least annually.

(4) Treatment plans shall be developed by and approved by an individual who meets the minimum requirements for a qualified mental health professional as defined in 9 CSR 30-4.010.

(5) The provider shall ensure that the client participates in the development of the treatment plan and signs the plan. Client signature is not required if signing would be detrimental to the client's well-being. If the client does not sign the treatment plan, the provider shall insert a progress note in the case record explaining the reason why the client did not sign the plan.

(A) For children and youth, the parent or guardian shall participate in the development of the treatment plan and sign the plan. If the parent or guardian does not sign the treatment plan, the provider shall insert a progress note in the case record explaining why they did not sign the plan.

(B) The child or youth is not required to sign the treatment plan. However, the child or youth shall participate in the development of the treatment plan as appropriate.

(6) Each agency shall have a written method and procedure to assure quality client records which includes routine review of client records.

(7) Each agency that is certified shall be subject to recoupment of all or part of Department of Mental Health payments when:

(A) The client record fails to document the service paid for was actually provided;

(B) The client record fails to document a qualified staff person as defined in the Department of Mental Health Purchase of Service Catalog, provided the service;

(C) The client record fails to document the service that was paid meets the service definition as defined in the Department of Mental Health Purchase of Service Catalog;

(D) The client record fails to document the amount, duration, and length of the service paid for by the department; and

(E) The client record fails to document the service paid for was delivered under the direction of a current treatment plan that meets all the requirements for treatment plans set forth in 9 CSR 10-7.030 and 9 CSR 30-4.160.

*AUTHORITY: sections 630.050[, RSMo Supp. 1993] and 630.655, RSMo [1986] **2000**. Original rule filed June 14, 1985, effective Dec. 1, 1985. Amended: Filed Feb. 28, 2001.*

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.

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED RESCISSION

9 CSR 30-4.170 Referral Procedures. This rule prescribed referral procedure for mental health agencies.

PURPOSE: Requirements for referral procedures are now being proposed under 9 CSR 10-7.030. The new rule will apply not only to psychiatric programs but also to substance abuse programs.

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed June 14, 1985, effective Dec. 1, 1985. Rescinded: Filed Feb. 28, 2001.

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.

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED RESCISSION

9 CSR 30-4.180 Medication. This rule prescribed the procedures to safely store, administer and record medications.

PURPOSE: Requirements for medications referral procedures are now being proposed under 9 CSR 10-7.070. The new rule will apply not only to psychiatric programs but also to substance abuse programs.

AUTHORITY: sections 630.050, RSMo Supp. 1993 and 630.655, RSMo 1986. Original rule filed June 14, 1985, effective Dec. 1, 1985. Rescinded: Filed Feb. 28, 2001.

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.

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 4—Mental Health Programs

PROPOSED AMENDMENT

9 CSR 30-4.190 Treatment. The department proposes to add new sections (1), (3) and (5), revises the current sections (1) and (3), and removes current sections (2) and (4).

PURPOSE: This amendment makes reference to a new rule with requirements for treatment, establishes treatment plan requirements and specifically requires a treatment plan and requires services to be delivered by qualified professionals.

(1) Each agency that is certified shall comply with all requirements set forth in Department of Mental Health Core Rules for Psychiatric and Substance Abuse Programs, 9 CSR 10-7.030 Service Delivery Process and Documentation.

[(1)] **(2)** The program shall have written policies and procedures defining client eligibility requirements, intake procedures and client assessment.

[(A) Intake policies and procedures shall define procedures for referral of the ineligible.

(B) The need for a physical examination shall be determined.

1. The procedure shall be developed in consultation with a physician.

2. The procedure shall include health questions, date of last physical examination, awareness of any medical problems and current medications being taken.

3. The results of implementing the procedure will be used to determine if a physical examination will be requested.

4. Results of physical examinations will be kept in the client's records.

(2) An initial treatment plan shall be developed at intake during admission to the outpatient program.

(A) A master treatment plan shall be developed after ten (10) visits.

(B) The master treatment plan shall be updated every six (6) months or after twenty (20) visits.]

(3) Services shall be provided under the direction of a treatment plan.

(A) An initial treatment plan shall be developed at intake during admission to the outpatient program.

(B) A master treatment plan shall be developed after ten (10) visits.

[(3)] **(4)** The program shall provide treatment which will assist in the support and rehabilitation of client.

(A) Clients who have not received services for a six (6)-month period shall be placed on an inactive list.

(B) Clients who have not received services for a twelve (12)-month period shall be discharged from the program.

[(C) Services shall include screening, emergency services, psychotherapy, aftercare and information and education.]

[(4) Services shall be delivered by qualified professionals as follows:

(A) Aftercare—a person with a bachelor's degree with experience in social work or related fields;

(B) Case management—a person with an associate of arts or bachelor's degree in the humanities with experience and training in dealing with social programs;

(C) Community social living skills—a person with a bachelor's degree in the human service area;

(D) Emergency care—a mental health professional;

(E) Information and education—a mental health professional;

(F) Initial referral—clerical personnel who have been given specialized training;

(G) Intake evaluation—a mental health professional at the master's or doctorate level who is among the most experienced clinicians;

(H) Language therapy—a person who is licensed as a speech pathologist;

(I) Medical psychotherapy—a psychiatrist or a resident in psychiatry;

(J) Medical services—a physician licensed by Missouri;

(K) Mental health consultation to physicians—a mental health professional;

(L) Occupational therapy—a registered occupational therapist;

(M) Psychiatric evaluation—a physician who is licensed to practice medicine in Missouri and who has completed an approved residence in psychiatry or is a resident under the supervision of a psychiatrist;

(N) Psychological evaluation—a licensed psychologist;

(O) Psychotherapy—a mental health professional;

(P) Social service evaluation—a person with a bachelor's or master's degree in social work or related field;

(Q) Speech evaluation—a licensed speech pathologist; and

(R) Speech therapy—a licensed speech pathologist.]

(5) All services shall be delivered by qualified professionals as defined in the Department of Mental Health Purchase of Service Catalog.

[(5)] **(6)** The program shall maintain reasonable hours to assure accessibility.

*AUTHORITY: sections 630.050, [RSMo Supp. 1993 and] 630.655, RSMo [1986] **2000**. Original rule filed June 14, 1985, effective Dec. 1, 1985. Amended: Filed Feb. 28, 2001.*

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

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Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 5—Conduct of Gaming

PROPOSED AMENDMENT

11 CSR 45-5.030 Participation in *Gambling* Games by a Holder of a Class A *or Supplier* License, *and the* Directors, Officers, Key Persons or *[Gaming]* Employees *of Such Licensees*. The commission is amending the title, section (1) and adding a new section (2).

PURPOSE: The commission proposes to amend this rule by placing restrictions on licensees and their director and employees regarding participation in gambling games.

(1) No holder of *[a supplier's license,]* a Class A license or any director, officer, key person or any other employee of any licensed riverboat gaming operation shall play or be permitted to play any **gambling** game in the establishment where the person is so licensed or employed.

(2) No holder of a supplier's license or any director, officer, key person or any other employee of a supplier licensee shall play or be permitted to play on an excursion gambling boat any gambling game which the supplier licensee provides under the authority of the license.

*AUTHORITY: sections 313.004, 313.805[, RSMo 1994] and 313.807, RSMo [Supp. 1997] **2000**. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 26, 2001.*

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 OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. A public hearing is scheduled for 10:00 a.m. on May 10, 2001 in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.*

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 7—Security and Surveillance

PROPOSED AMENDMENT

11 CSR 45-7.030 Required Surveillance Equipment. The commission is amending section (1).

PURPOSE: This amendment modifies standards for required equipment, accommodating future technological advances without necessitating rule modification, and brings existing standards to a

level which will provide the quality of coverage and reproduction necessary to protect facilities, patrons, employees and assets and effect the prosecution and adjudication of gaming violations.

(1) Each licensee shall install, maintain and operate in the riverboat a closed circuit television system in accordance with the specifications in this rule and shall provide access and override access for the system to the commission or commission's agent. The closed circuit television system must meet or exceed the following:

(A) Solid-state, black-and-white cameras*[, one-quarter (1/4), one-third (1/3), two-third (2/3) or one-half (1/2) format,]* with minimum four hundred plus (400+) line resolution installed in fixed positions with matrix control and with pan, tilt and zoom capabilities, or a combination of them, secreted from public and non-security personnel view to effectively and clandestinely monitor in detail, from various vantage points, all views required by 11 CSR 45-7.040;

(B) Individual solid-state, color television cameras*[, one-quarter (1/4), one-third (1/3), two-third (2/3) or one-half (1/2) format,]* with minimum three hundred twenty plus (320+) line resolution with matrix or pan, tilt and zoom capabilities, or a combination of them, secreted from public and non-security personnel view which is augmented with appropriate color corrected lighting to effectively and clandestinely monitor in detail from, various vantage points, the following:

1. Baccarat and roulette tables, in a manner to clearly observe the wagers, patrons and the outcome of each game;

2. The operations conducted at the fill and credit area of the cashier's cage(s); and

3. Other areas as the commission designates.

(C) All closed circuit cameras **must be routed through a central processor before reaching the recorders, and** must be equipped with lenses of sufficient magnification to allow the camera operator to clearly distinguish the value of the chips, tokens and playing cards;

(D) Video monitors that meet or exceed the resolution requirement for video cameras with *[solid state]* **solid-state** circuitry, and time and date insertion capabilities for *[taping]* **recording** the images viewed by any camera in the system. Each video monitor screen must **be of such size that all images depicted are clearly discernable by the surveillance operator from his/her normal working position, provided, however, every monitor screen must** measure diagonally at least twelve inches (12") and all controls must be front-mounted;

(E) Video printers capable of adjustment and possessing the capability to generate instantaneously, upon command, a clear, color or black and white, or both, copy of the image depicted on the video*[tape]* recording;

(F) **Global** *[D]***d**ate and time generators based on a synchronized, central or masterclock, recorded on **an approved format** and visible on any monitor when recorded;

(G) Wiring to prevent tampering. The system and its equipment must be directly and securely wired in a way to prevent tampering with the system. The system must be supplemented with a backup *[gas/diesel]* generator as a *[backup]* power source which is automatically engaged in case of a power outage and capable of returning to full power within seven to ten (7–10) seconds**, and is capable of maintaining power until regular power is restored**;

(H) An additional uninterrupted power supply system *[so that time and date generators remains active and accurate, and switching gear memory and video surveillance of all riverboat entrances/exits and cage areas is continuous]* **capable of sustaining the entire surveillance system at full operating capacity until the backup generator achieves full power**;

(I) Video switchers capable of both manual and automatic sequential switching for the entire surveillance system;

(J) Video*[tape]* recorders capable of producing high quality first generation pictures with a **minimum** horizontal resolution of *[a minimum of two hundred forty plus (240+)]* **three hundred fifty plus (350+)** lines **for black and white and three hundred plus (300+) lines for color. Recorders shall be of** non-consumer, **professional or** industrial grade, *[and]* recording on a standard one-half (1/2) high, VHS tape **format or other format approved by the commission,** with high speed scanning and flickerless playback capability in real-time. *[These videotape recorders must possess time and date insertion capabilities for taping what is being viewed by any camera in the system. A minimum of one (1) video recorder for every eight (8) video cameras is required]*;

(K) One video recorder is required for each video camera viewing the gaming floor, entry and exit turnstiles, cages, count rooms, ticketing, and all other areas where assets are stored and/or transported. A minimum of one (1) video recorder for every four (4) video cameras is required in all other areas;

[(K)] **(L)** Audio capability in the soft count room; and

[(L)] **(M)** Adequate lighting in all areas where camera coverage is required. The lighting shall be of sufficient intensity to produce clear videotape **or digital recording** and still picture production, and correct color correction where color camera recording is required. *[The v]***V**ideo **output** must demonstrate a clear picture, in existing light under normal operating conditions.

*AUTHORITY: sections 313.004, 313.800, 313.805 and 313.824, RSMo [1994] **2000**. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Amended: Filed June 2, 1995, effective Dec. 30, 1995. Amended: Filed July 2, 1997, effective Feb. 28, 1998. Amended: Filed Feb. 19, 1998, effective Aug. 30, 1998. Amended: Filed Feb. 26, 2001.*

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 private entities more than $500 in the aggregate. Please see attached fiscal note.

*NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. A public hearing is scheduled for 10:00 a.m. on May 10, 2001, in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.*

FISCAL NOTE
PRIVATE ENTITY COST

I. RULE NUMBER

Title: 11 - DEPARTMENT OF PUBLIC SAFETY

Division: 45 - Missouri Gaming Commission

Chapter: 7 – Security and Surveillance

Type of Rulemaking: Proposed Amendment

Rule Number and Name: 11 CSR 45-7.030 Required Surveillance Equipment

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:
Twelve	Riverboat Casinos	$2,600,000.00

III. WORKSHEET (Assumed equipment and supplies required per entity)

Recorders - 250 @ $310.00 = $78,500.00
VCR Racks - 20 @ $500.00 = $10,000.00
Tapes - 250 x 3 x 15 = 11,200 @ $2.00 = $22,400.00
Tape Racks - 20 @ $500.00 = $10,000.00
Processor bays - 1 @ $50,000.00
Video cards - 8 @ $1,500.00 = $12,000.00
Misc. equipment /supplies - $30,000.00

IV. ASSUMPTIONS

The additional video recorders required by this proposed amendment drives the fiscal impact. Additional storage medium (tapes), VCR racks and tape racks will be required. Also, an additional bay may have to be added to the central processor (matrix) to accommodate the increased number video cards required for the additional cameras on the system. The exact amount of additional equipment will vary by licensee, size of property and present equipment; therefore, costs to entities will vary greatly.

The cost estimates for additional equipment and supplies was obtained from affected entities and system suppliers.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 7—Security and Surveillance

PROPOSED AMENDMENT

11 CSR 45-7.040 Required Surveillance. The commission is amending section (1).

PURPOSE: This amendment modifies the requirements for surveillance coverage, improving protection of assets, patrons, and employees in licensed riverboat gambling facilities.

(1) Every licensee shall conduct and record surveillance which allows clear, unobstructed views in the following areas of the riverboat and the land-based facilities—

(A) Overall views of the casino pit areas;

(B) All gaming or card table surfaces, including table bank trays, with sufficient clarity to permit identification of all chips, cash and card values, and the outcome of the game. Each gaming table shall have the capability of being viewed by no less than two (2) cameras**, and all tables open for play must be continuously viewed by at least one camera**;

(C) *[Dice in c]***C**raps *[games with sufficient clarity to read the dice in their stopped position after each roll]* **tables open for play must be continuously viewed by at least two (2) cameras**;

(D) All roulette tables and wheels, capable of being recorded on a split screen to permit views of both the table and the wheel on one (1) monitor screen;

(E) **Continuous views of** *[A]***a**ll areas within cashier cages and booths, including, but not limited to, customer windows, employee windows, cash drawers, vaults, safes, counters, chip **and token** storage and fill windows. Every transaction occurring within or at the casino cashier cages must be recorded with sufficient clarity to permit identification of currency, chips, tokens, fill slips, paperwork, employees and patrons;

(F) All entrance and exit doors to the casino area shall be monitored by the surveillance system. Also, elevators, stairs, *[gangplanks]* **ramps,** and loading and unloading areas shall be monitored if they are utilized for the movement of uncounted moneys, chips or tokens;

(G) **Continuous views of** *[A]***a**ll areas within a *[hard count]* **hardcount** room and any area where uncounted coin is stored during the drop and count process, including walls, doors, scales, wrapping machines, coin sorters, vaults, safes and general work surfaces;

(H) **Continuous views of** *[A]***a**ll areas within a *[soft count]* **softcount** room, including walls, doors, *[ceilings,]* drop boxes, vaults, safes and counting surfaces which shall be transparent;

(I) All areas where cards, dice, cash, chips and tokens are stored;

[(I)] **(J)** Overall views of patrons, dealers, spectators and pit personnel, with sufficient clarity to permit identification;

[(J)] **(K)** Overall views of the movement of cash, gaming chips and tokens, table numbers, drop boxes and drop buckets;

[(K)] **(L)** All areas on the general casino floor with sufficient clarity to permit identification of all players, employees, patrons and spectators;

[(L) Every licensee who exposes slot machines for play shall install, maintain, and operate at all times a casino surveillance system that possesses the capability to monitor and record clear, unobstructed, overall and continuous views of the following:]

[1.] **(M) Continuous views of** *[A]***a**ll slot change booths, including their cash drawers, countertops, counting machines, customer windows and employee windows, recorded with sufficient clarity to permit identification of all transactions, cash, paperwork, patrons and employees;

[2. The slot machine number; and]

[3.] **(N)** All areas that contain slot machines, recorded with sufficient clarity to permit identification of **slot machine numbers,** all players, employees, patrons and spectators; and

[(M)] **(O)** Other areas as the commission may designate through its approval of the licensee's surveillance plan **or as it may require**.

*AUTHORITY: sections 313.004, 313.805 and 313.824, RSMo [Supp. 1993] **2000**. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Amended: Filed Feb. 26, 2001.*

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 private entities more than $500 in the aggregate. Please see attached fiscal note.

*NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. A public hearing is scheduled for 10:00 a.m. on May 10, 2001, in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.*

FISCAL NOTE
PRIVATE ENTITY COST

I. RULE NUMBER

Title: 11 - DEPARTMENT OF PUBLIC SAFETY

Division: 45 - Missouri Gaming Commission

Chapter: 7 – Security and Surveillance

Type of Rulemaking: Proposed Amendment

Rule Number and Name: 11 CSR 45-7.040 Required Surveillance

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:
Twelve	Riverboat Casinos	$182,000.00

III. WORKSHEET

Assuming each licensee places one fixed camera over each gaming table, some 528 cameras would be added by the licensees. A fixed color camera costs approximately $250.00; therefore, the aggregate cost would be approximately $132,000.00. An additional $50,000.00 was included for cable and miscellaneous supplies. The aggregate cost of cameras should probably be less, as not all cameras would be color, and black and white cameras can be purchased at a lower price.

IV. ASSUMPTIONS

The aggregate cost assumption was based on each licensee having to add one camera for each gaming table. The number of tables was obtained from the FY-2000 Annual Report. An additional amount was included for cable and miscellaneous supplies.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 7—Security and Surveillance

PROPOSED AMENDMENT

11 CSR 45-7.050 Casino and Commission Surveillance Room Requirements. The commission is amending the Purpose and section (1).

PURPOSE: This amendment increases the minimum number of monitors required in casino surveillance rooms.

*PURPOSE: This rule establishes [security] **surveillance** room requirements.*

(1) Each riverboat shall have rooms available for the exclusive use of commission agents to monitor and record riverboat gaming operations. Each such room shall be identified as the commission surveillance room. Each riverboat shall also have at least one (1) room for riverboat employees to use for monitoring and recording riverboat gaming operations. Each such room shall be identified as the casino surveillance room. The commission shall designate where the commission surveillance room(s) will be located *[on the riverboat]*.

(F) Each riverboat shall have a minimum of *[eight (8)]* **sixteen (16)** monitors in the casino surveillance room and three (3) monitors in the commission surveillance room. Each room shall have appropriate switching capabilities to insure that all surveillance cameras are accessible to monitors in both surveillance rooms. The equipment in the commission surveillance room must be able to monitor and record anything visible by monitor to employees of the licensee. The commission shall have total control to determine what is visible on the monitors.

*AUTHORITY: sections 313.004, 313.800, 313.805 and 313.824, RSMo [1994] **2000**. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Amended: Filed June 2, 1995, effective Dec. 30, 1995. Amended: Filed March 1, 1999, effective Oct. 30, 1999. Amended: Filed Feb. 26, 2001.*

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 private entities more than $500 in the aggregate. Please see attached fiscal note.

*NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. A public hearing is scheduled for 10:00 a.m. on May 10, 2001, in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.*

FISCAL NOTE
PRIVATE ENTITY COST

I. RULE NUMBER

Title: 11 - DEPARTMENT OF PUBLIC SAFETY

Division: 45 - Missouri Gaming Commission

Chapter: 7 – Security and Surveillance

Type of Rulemaking: Proposed Amendment

Rule Number and Name: 11 CSR 45-7.050 Security and Commission Surveillance Room Requirements

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:
One	Riverboat Casinos	$1,200.00

III. WORKSHEET

The surveillance rooms at the 12 licensed riverboat casino properties in the state have, on average, 31 video monitors each. Only one has fewer than the proposed requirement of 16.

A 14" video monitor can be purchased for $389.00 or less, while a 20" monitor can be purchased for less than $400.00.

IV. ASSUMPTIONS

The average number of video monitors contained in Missouri licensed casino properties was obtained by contacting each of the properties and ascertaining the actual number of video monitors presently in place.

The cost of video monitors as stated in Item III above was the actual cost of monitors purchased by the MGC for the surveillance room in their training facility.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 7—Security and Surveillance

PROPOSED AMENDMENT

11 CSR 45-7.080 Storage and Retrieval. The commission is amending the Purpose and sections (1) and (2).

PURPOSE: The amendment allows video storage media other than tape to be utilized for the storage and retrieval of video surveillance recordings.

*PURPOSE: This rule establishes requirements for storage and retrieval of [security] **surveillance** video[tape] **recordings**.*

(1) All video*[tape]* recordings shall be retained for at least fourteen (14) days, unless a longer period is *[requested]* **required** by the commission or its agents, and shall be listed on a log by casino surveillance personnel with the date, times and identification of the person monitoring or changing the *[tape]* **recording medium** in the recorder. Original video*[tape]* recordings will be released to the commission upon demand. A receipt will be issued at that time.

(2) Any video*[tape]* recording of illegal or suspected illegal activity, upon completion of the recording, shall be removed from the recorder and etched with the date, time and identity of the casino surveillance personnel who conducted the recording. The video*[tape]* **recording** shall be placed in a separate, secure area and notification promptly given to the commission agent.

*AUTHORITY: sections 313.004, 313.800, 313.805 and 313.824, RSMo [1994] **2000**. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Amended: Filed June 2, 1995, effective Dec. 30, 1995. Emergency amendment filed Dec. 7, 1995, effective Dec. 17, 1995, expired June 13, 1996. Amended: Filed Dec. 7, 1995, effective June 30, 1996. Amended: Filed Feb. 26, 2001.*

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 OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. A public hearing is scheduled for 10:00 a.m. on May 10, 2001, in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.*

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 7—Security and Surveillance

PROPOSED AMENDMENT

11 CSR 45-7.130 Nongambling Hours. The commission is amending the Purpose and section (1).

PURPOSE: This amendment established the minimum staffing level of casino surveillance rooms during nongambling hours and at those times when money removal is occurring.

*PURPOSE: This rule establishes **required surveillance coverage during** nongambling hours.*

(1) *[Security s]***S**urveillance will be required during nongambling hours as follows:

(A) Cleanup and *[r]***R**emoval *[t]***T**ime. *[At any time]* **Anytime** cleanup operations or money removal is being conducted in the casino area, *[the security room must be staffed with a minimum of one (1)]* **at least two (2)** trained surveillance *[person]* **operators must be on duty and present in the casino surveillance room**; and

(B) Locked-*[d]***D**own *[m]***M**ode. Anytime the casino is closed and in a locked-down mode, sufficient surveillance coverage as approved by the commission must be conducted to monitor and record the casino, in general, so that security integrity is maintained. During this period it is not required that a trained *[security]* surveillance person be present.

*AUTHORITY: sections 313.004, 313.800, 313.805 and 313.824, RSMo [Supp. 1993] **2000**. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Amended: Filed Feb. 26, 2001.*

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 OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. A public hearing is scheduled for 10:00 a.m. on May 10, 2001, in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.*

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 7—Security and Surveillance

PROPOSED AMENDMENT

11 CSR 45-7.150 Compliance with this Chapter. The commission is adding a new section (2) and renumbering the remaining section.

PURPOSE: This amendment allows the commission to establish the time frame for compliance by existing licensees.

(2) Existing licensees shall comply with the requirements set forth in this chapter within the time frame established by the commission.

[(2)] **(3)** The failure of a licensee to comply with the rules of this chapter or any approved variation pursuant to 11 CSR 45-7.140 is an unsuitable method of operation.

*AUTHORITY: sections 313.004, 313.800 and 313.805, RSMo [1994] **2000**. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule*

filed Sept. 1, 1993, effective Jan. 31, 1994. Amended: Filed May 13, 1998, effective Oct. 30, 1998. Amended: Filed Feb. 26, 2001.

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 OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the ***Missouri Register****. A public hearing is scheduled for 10:00 a.m. on May 10, 2001, in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.*

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 15—Division of Aging
Chapter 4—Older Americans Act

PROPOSED AMENDMENT

13 CSR 15-4.010 Definition of Terms. The division is adding new sections (20) and (27) and amending section (58) and renumbering the remaining sections accordingly.

PURPOSE: This amendment is necessary to add new definitions.

(20) Culturally or socially isolated—For purposes of 13 CSR 15-4.050, this term shall be defined as minority individuals sixty (60) years of age or older.

*[(20)]***(21)** Department—Missouri Department of Social Services.

*[(21)]***(22)** Direct service—Any activity performed to provide services directly to an individual older person by the staff of a service provider or an area agency.

*[(22)]***(23)** Disaster preparedness plan—A regional or statewide plan to organize local effort to assist the elderly in the event of a disaster situation which affects large numbers of people.

*[(23)]***(24)** Division—The Division of Aging within the Department of Social Services, the designated state unit on aging.

*[(24)]***(25)** Education and training services—Supportive services designed to broaden the knowledge and skills of older persons, their caregivers, advocates, and the professionals serving them to cope more effectively with their economic, health and personal needs.

*[(25)]***(26)** Focal point—A facility established to encourage the maximum collocation and coordination of services for older individuals.

(27) Geographically isolated—Individuals sixty (60) years of age or older who live in nonurbanized areas and in places with populations of less than two thousand five hundred (2,500) not otherwise designated by the census as urban.

*[(26)]***(28)** Greatest economic need—The need resulting from an income level at or below the poverty line.

*[(27)]***(29)** Greatest social need—The need caused by noneconomic factors, including physical and mental disabilities, language barriers, and cultural, social, or geographic isolation, including isolation caused by racial or ethnic status, which restrict the ability of an individual to perform normal daily tasks and/or threatens the capacity of the individual to live independently.

*[(28)]***(30)** Health screening services—Services in which the service recipient's general health is reviewed, health education is provided, simple tests are provided or referral is made, if indicated.

*[(29)]***(31)** Indirect costs—Those costs allocated to AAA grant awards based on a rate approved by the organization's cognizant federal agency.

*[(30)]***(32)** Information and assistance source—A location where any public or private agency or organization—

(A) Maintains current information with respect to the opportunities and services available to older individuals;

(B) Employs, where feasible, a specially trained staff to assess the needs and capacities of older individuals, to inform older individuals of the opportunities and services which are available and to assist those individuals with economic or social needs; and

(C) Utilizes, where feasible, electronic and/or computer database information sources in the provision of information and assistance services.

*[(31)]***(33)** Legal assistance—Legal advice and representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney). Legal assistance includes counseling or representation by a nonlawyer where permitted by law but does not include community education.

*[(32)]***(34)** Local government—A political subdivision of the state, whose authority is general and not limited to only one (1) function or combination of related functions.

*[(33)]***(35)** Local match—See match.

*[(34)]***(36)** Long-term care (LTC) facility—Any facility as defined in section 198.006, RSMo.

*[(35)]***(37)** Match—The equivalent cash value of third-party in-kind contributions or cash resources representing that portion of the costs of a grant-supported project or program not borne by the federal or state government.

*[(36)]***(38)** Medicaid—Financial assistance for medical services provided under section 208.151, RSMo, in accordance with Title XIX, Public Law 89-97, 1965 amendments to the Social Security Act (42 U.S.C. 301).

*[(37)]***(39)** Monitoring—The review and evaluation of all AAA activities by the division, or of contractor activities by the AAA.

*[(38)]***(40)** Net cost—The total allowable costs, less grant-related income, for the purpose of meeting match requirements.

*[(39)]***(41)** Not-for-profit—An agency, institution or organization which is owned and operated by one (1) or more corporations or associations with no part of the net earnings benefiting any private shareholder or individual.

*[(40)]***(42)** Ombudsman—An individual assigned by the division or the area agency to investigate and resolve complaints made by or on behalf of older individuals who are residents of LTC facilities relating to administrative action which may adversely affect the health, safety, welfare and rights of these residents.

*[(41)]***(43)** Person(s) with disabilities—Anyone who has a mental or physical impairment which substantially limits one or more of their major life activities; or has a record of such impairment; or is regarded as having such an impairment.

*[(42)]***(44)** Planning and service area (PSA)—A geographic area of the state that is designated by the division for purposes of planning, developing, delivering, monitoring and administering services to older persons.

*[(43)]***(45)** Policy—A principle established by a government, organization or an individual that guides decision*[-]* making and actions.

*[(44)]***(46)** Preprint—The division's format for development and submission of the area agency plan or plan amendment.

*[(45)]***(47)** Priority services—Those service categories of access, in-home and legal assistance.

*[(46)]***(48)** Procedure—The established sequence of actions to be followed to accomplish a task or implement a policy.

*[(47)]***(49)** Program—Any service funded under the approved area plan.

*[(48)]***(50)** Program costs—Costs incurred by the area agency in managing and delivering a service.

*[(49)]***(51)** Program evaluation—The review and determination of program effectiveness in meeting recipient needs.

*[(50)]***(52)** Program monitoring—The review and determination of progress in meeting program objectives.

*[(51)]***(53)** Protective services—Services provided by the division in response to the need for protection from harm or neglect to elderly persons and persons with disabilities under sections 660.250—660.295, RSMo.

*[(52)]***(54)** Public hearing—An open hearing which provides an opportunity for older persons, the general public, officials of general purpose, local government and other interested parties to comment on a proposal.

*[(53)]***(55)** Public match—See match.

*[(54)]***(56)** Regional office—Department of Health and Human Services, Administration on Aging (AoA) office located in Kansas City, Missouri.

*[(55)]***(57)** Renovating—See altering.

*[(56)]***(58)** Request for proposal (RFP)—A formal invitation to prospective contractors to submit bids for procurement of a defined set of activities, services or goods.

*[(57)]***(59)** Request for qualifications (RFQ)—A type of RFP which is a formal invitation to prospective providers to submit information suitable for determining eligibility as a qualified provider.

*[(58)]***(60)** Rural areas—*[Any town or city with a population of twenty-thousand (20,000) or less.]* **Nonurbanized areas**.

*[(59)]***(61)** SMSA (standard metropolitan statistical area)—One (1) or more central counties with an urbanized area of at least fifty thousand (50,000) population.

*[(60)]***(62)** SSBG—Social Services Block Grant.

*[(61)]***(63)** Staff hour—An hour of staff time spent on any activity related to the service identified.

*[(62)]***(64)** Standards—The minimum requirements to be met for the operation of programs and the delivery of services.

*[(63)]***(65)** State plan—The document containing the division's priorities, goals, policy statements and objectives for enabling older persons to fulfill their potential for independent functioning.

*[(64)]***(66)** Structural change—Any change to the load-bearing members of a building.

*[(65)]***(67)** Target population—Individuals aged sixty (60) or over, with the greatest social and economic need, especially low income minority.

*[(66)]***(68)** Technical assistance—Specific guidance and expertise provided by the division staff to the area agency or by the area agency staff to the service provider staff.

*[(67)]***(69)** Transportation service—A vehicular service which facilitates access to other services.

*[(68)]***(70)** Third-party in-kind contributions—Property or services which benefit grant-supported projects or programs and which, under the grant or subgrant, are contributed by nonfederal third parties without charge to the grantee, the subgrantee or a cost-type contractor.

*[(69)]***(71)** Unit of general purpose local government—See local government.

*[(70)]***(72)** Urbanized area—An incorporated place and adjacent densely settled surrounding area that together have a minimum population of fifty thousand (50,000).

*[(71)]***(73)** USDA—United States Department of Agriculture.

*[(72)]***(74)** Waiver—The granting of a deviation from portions of service standards, prohibition of direct service delivery or any other state regulation.

*AUTHORITY section 660.050, RSMo [Supp. 1999] **2000**. This rule was previously filed as 13 CSR 15-6.005. Original rule filed Jan. 6, 1986, effective April 30, 1986. Amended: Filed Feb. 17, 1988, effective June 15, 1988. Amended: Filed June 3, 1991, effective Oct. 31, 1991. Amended: Filed Nov. 14, 1991, effective March 9, 1992. Amended: Filed Aug. 28, 2000, effective March 30, 2001. Amended: Filed March 1, 2001.*

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 Division of Aging, Richard C. Dunn, Director, PO Box 1337, 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 15—ELECTED OFFICIALS
Division 60—Attorney General
Chapter 3—Charitable Organizations and Solicitations Rules

PROPOSED AMENDMENT

15 CSR 60-3.020 Forms. The attorney general is amending sections (1) and (2).

PURPOSE: The purpose of this amendment to this rule is to facilitate compliance with the reporting requirements in a format that can evolve to track rapidly changing federal reporting requirements. As amended, this rule identifies the forms to be used by charitable organizations and professional fundraisers when complying with the reporting requirements of sections 407.450 through 407.478, RSMo.

(1) *[The following forms have been adopted and approved for filing with the attorney general's office, trade offense division:]* **The attorney general shall provide, upon request, to charitable organizations and professional fundraisers the forms the Attorney General deems necessary to satisfy the requirements of initial registration and annual reporting by charitable organizations and professional fundraisers. Persons with a legal obligation to file the forms listed in 15 CSR 60-3.020(2) shall be responsible for filing the most updated version of the corresponding form.**

(2) The Attorney General has designated the forms as follows:

(A) Form 1-A Initial Registration Statement—Charitable Organization;

(B) Form 1-B Registration Statement—Professional Fund-Raiser Organization;

(C) Form 1-C Registration Statement—Individual Professional Fund-Raiser;

(D) Form 1-D Employment Statement—Solicitor;

(E) Form 2-A Charitable Organization Annual Report;

(F) Form 2-B Professional Fund-Raiser Organization Renewal Application; and

(G) Form 2-C Individual Professional Fund-Raiser Renewal Application.

*AUTHORITY: sections 407.145, 407.462 and 407.466, RSMo [1986] **2000**. Original rule filed Jan. 9, 1987, effective June 25, 1987. Amended: Filed Feb. 28, 2001*

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 Attorney General, Jeremiah W. (Jay) Nixon, c/o Tracy McGinnis, Assistant Attorney General, PO Box 899, 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 15—ELECTED OFFICIALS
Division 60—Attorney General
Chapter 3—Charitable Organizations and Solicitations Rules

PROPOSED AMENDMENT

15 CSR 60-3.030 Initial Registration Statement—Charitable Organization. The attorney general is amending this rule and deleting the form following this chapter in the *Code of State Regulations*.

PURPOSE: As amended, this rule prescribes the procedure for obtaining from the attorney general's office the initial registration statement for use by charitable organizations.

[(See Form 1-A)] **Each charitable organization required by sections 407.450 through 407.478, RSMo, to file an initial registration shall file an initial registration statement on the form designated in 15 CSR 60-3.020(2). The most current version of the initial registration form for use by charitable organizations may be obtained by mailing a written request to the Missouri Attorney General, Charitable Organization Registry, PO Box 899, Jefferson City, MO 65102 or in person at the Missouri Attorney General's Office, Supreme Court Building, Jefferson City, Missouri, or, if technically feasible, by downloading a copy of the form from the Attorney General's Internet website.**

*AUTHORITY: sections 407.145 and 407.462, RSMo [1986] **2000**. Original rule filed Jan. 9, 1987, effective June 25, 1987. Amended: Filed Feb. 28, 2001.*

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 Attorney General, Jeremiah W. (Jay) Nixon, c/o Tracy McGinnis, Assistant Attorney General, PO Box 899, 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 15—ELECTED OFFICIALS
Division 60—Attorney General
Chapter 3—Charitable Organizations and Solicitations Rules

PROPOSED AMENDMENT

15 CSR 60-3.040 Registration Statement—Professional Fund-Raiser Organization and Employment Statement—Solicitor. The Office of Attorney General is deleting sections (1) and (2), deleting the forms, and adding a new section.

PURPOSE: As amended, this rule prescribes the procedure for obtaining from the attorney general's office the registration statement for use by professional fund-raiser organizations and the employment statement for use by solicitors.

[(1) (See Form 1-B)]

[(2) (See Form 1-D)]

Each professional fund-raiser organization and solicitor required by sections 407.450 through 407.478, RSMo, to file a registration statement or employment statement shall file a registration statement or employment statement on the form designated in 15 CSR 60-3.020(2). The most current version of the registration statement form or employment statement form for use by professional fund-raiser organizations or solicitors may be obtained by mailing a written request to the Missouri Attorney General, Charitable Organization Registry, PO Box 899, Jefferson City, MO 65102 or in person at the Missouri Attorney General's Office, Supreme Court Building, Jefferson City, Missouri, or, if technically feasible, by downloading a copy of either form from the Attorney General's Internet website.

AUTHORITY: sections 407.145 and 407.466, RSMo [1986] 2000. Original rule filed Jan. 9, 1987, effective June 25, 1987. Amended: Filed Feb. 28, 2001.

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 Attorney General, Jeremiah W. (Jay) Nixon, c/o Tracy McGinnis, Assistant Attorney General, PO Box 899, 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 15—ELECTED OFFICIALS
Division 60—Attorney General
Chapter 3—Charitable Organizations and Solicitations Rules

PROPOSED AMENDMENT

15 CSR 60-3.050 Registration Statement—Individual Professional Fund-Raiser. The attorney general is amending this rule and deleting the form following this chapter in the *Code of State Regulations*.

PURPOSE: As amended, this rule prescribes the procedure for obtaining from the attorney general's office the registration statement for use by individual professional fund-raisers.

[(See Form 1-C)] **Each individual professional fund-raiser required by sections 407.450 through 407.478, RSMo, to file a registration statement shall file a registration statement on the form designated in 15 CSR 60-3.020(2). The most current version of the registration statement form for use by individual professional fund-raisers may be obtained by mailing a written request to the Missouri Attorney General, Charitable Organization Registry, PO Box 899, Jefferson City, MO 65102 or in person at the Missouri Attorney General's Office, Supreme Court Building, Jefferson City, Missouri, or, if technically feasible, by downloading a copy of the form from the Attorney General's internet website.**

AUTHORITY: sections 407.145 and 407.466, RSMo [1986] 2000. Original rule filed Jan. 9, 1987, effective June 25, 1987. Amended: Filed Feb. 28, 2001.

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 Attorney General, Jeremiah W. (Jay) Nixon, c/o Tracy McGinnis, Assistant Attorney General, PO Box 899, 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 15—ELECTED OFFICIALS
Division 60—Attorney General
Chapter 3—Charitable Organizations and Solicitations Rules

PROPOSED AMENDMENT

15 CSR 60-3.090 Charitable Organization Annual Report Form. The attorney general is amending this rule and deleting the form following this chapter in the *Code of State Regulations*.

PURPOSE: As amended, this rule prescribes the procedure for obtaining from the attorney general's office the annual report for use by charitable organizations.

[(See Form 2-A)] **Each charitable organization required by sections 407.450 through 407.478, RSMo, to file an annual report shall file an annual report on the form designated in 15 CSR 60-3.020(2). The most current version of the annual report form for use by individual professional fund-raisers may be obtained by mailing a written request to the Missouri Attorney General, Charitable Organization Registry, PO Box 899, Jefferson City, MO 65102 or in person at the Missouri Attorney General's Office, Supreme Court Building, Jefferson City, Missouri, or, if technically feasible, by downloading a copy of the form from the Attorney General's Internet website.**

AUTHORITY: sections 407.145 and 407.462, RSMo [1986] 2000. Original rule filed Jan. 9, 1987, effective June 25, 1987. Amended: Filed Feb. 28, 2001.

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 Attorney General, Jeremiah W. (Jay) Nixon, c/o Tracy McGinnis, Assistant Attorney General, PO Box 899, 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 15—ELECTED OFFICIALS
Division 60—Attorney General
Chapter 3—Charitable Organizations and Solicitations Rules

PROPOSED AMENDMENT

15 CSR 60-3.110 Professional Fund-Raiser Organizations Renewal Application. The attorney general is amending this rule and deleting the form following this chapter in the *Code of State Regulations*.

PURPOSE: As amended, this rule prescribes the procedure for obtaining from the attorney general's office the renewal application for professional fund-raiser organizations.

[(See Form 2-B)] **Each professional fund-raiser organization required by sections 407.450 through 407.478, RSMo, to file a renewal application shall file a renewal application on the form designated in 15 CSR 60-3.020(2). The most current version of the renewal application form for use by professional fund-raiser organizations may be obtained by mailing a written request to the Missouri Attorney General, Charitable Organization**

Registry, PO Box 899, Jefferson City, MO 65102 or in person at the Missouri Attorney General's Office, Supreme Court Building, Jefferson City, Missouri, or, if technically feasible, by downloading a copy of the form from the Attorney General's Internet website.

AUTHORITY: sections 407.145 and 407.466, RSMo [1986] 2000. Original rule filed Jan. 9, 1987, effective June 25, 1987. Amended: Filed Feb. 28, 2001.

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 Attorney General, Jeremiah W. (Jay) Nixon, c/o Tracy McGinnis, Assistant Attorney General, PO Box 899, 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 15—ELECTED OFFICIALS
Division 60—Attorney General
Chapter 3—Charitable Organizations and Solicitations Rules

PROPOSED AMENDMENT

15 CSR 60-3.120 Individual Professional Fund-Raisers Renewal Application. The attorney general is amending this rule and deleting the form following this chapter in the *Code of State Regulations*.

PURPOSE: As amended, this rule prescribes the procedure for obtaining from the attorney general's office the renewal application for individual professional fund-raisers.

[(See Form 2-C)] **Each individual professional fund-raiser required by sections 407.450 through 407.478, RSMo, to file a renewal application shall file a renewal application on the form designated in 15 CSR 60-3.020(2). The most current version of the renewal application form for use by individual professional fund-raisers may be obtained by mailing a written request to the Missouri Attorney General, Charitable Organization Registry, PO Box 899, Jefferson City, MO 65102 or in person at the Missouri Attorney General's Office, Supreme Court Building, Jefferson City, Missouri, or, if technically feasible, by downloading a copy of the form from the Attorney General's Internet website.**

AUTHORITY: sections 407.145 and 407.466, RSMo [1986] 2000. Original rule filed Jan. 9, 1987, effective June 25, 1987. Amended: Filed Feb. 28, 2001.

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 Attorney General, Jeremiah W. (Jay) Nixon, c/o Tracy McGinnis, Assistant Attorney General, PO Box 899, 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 15—ELECTED OFFICIALS
Division 60—Attorney General
Chapter 13—Rules for the Establishment of a Missouri No-Call Database

PROPOSED AMENDMENT

15 CSR 60-13.060 Methods by Which a Person or Entity Desiring to Make Telephone Solicitations Will Obtain Access to the Database of Residential Subscribers' Notices of Objection to Receiving Telephone Solicitations and the Cost Assessed for Access to the Database. The attorney general is amending section (1).

PURPOSE: This amendment to 15 CSR 60-13.060(1) allows persons or entities who desire to make telephone solicitations share their copy of the no-call database with independent contractors who are regularly associated with them and engaged in the same or related business as the person or entity desiring to make telephone solicitations.

(1) A person or entity desiring to make telephone solicitations to residential subscribers residing or living in Missouri may obtain a copy of the no-call database for his, her or its lawful use, or for the lawful use by his, her or its employees, **or for the lawful use by his, her or its independent contractors for use in their business, so long as the independent contractor is regularly associated with the person or entity and is engaged in the same or related type of business as the person or entity,** by doing the following:

AUTHORITY: section 407.1101, RSMo 2000. Original rule filed Sept. 28, 2000, effective March 30, 2001. Amended: Filed Feb. 28, 2001.

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 Attorney General, Jeremiah W. (Jay) Nixon, c/o Ronald Molteni, Assistant Attorney General, P.O. Box 899, 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 20—DEPARTMENT OF INSURANCE
Division 400—Life, Annuities and Health
Chapter 1—Life Insurance and Annuity Standards

PROPOSED AMENDMENT

20 CSR 400-1.100 Universal Life. The department is amending sections (1)–(7), adding a new section (2) and renumbering the remaining sections.

PURPOSE: This rule is being amended to supplement existing regulations on life insurance policies in order to accommodate the development and issuance of universal life insurance policies and to be consistent as reasonably practicable with recent changes to

the National Association of Insurance Commissioners' Universal Life Insurance Model Regulation.

(1) Definitions.

(A) Universal life insurance policy means *[any individual]* **a** life insurance policy *[under the provisions of which]* **where** separately identified interest credits (other than in connection with dividend accumulations, premium deposit funds or other supplementary accounts) and mortality and expense charges are made to the policy. A universal life insurance policy may provide for other credits and charges, such as charges for the cost of benefits provided by rider.

[(H) May is permissive.

(I) Shall is mandatory.]

[(J)] **(H)** Director means the insurance director of this state.

(2) This regulation applies to all individual universal life insurance policies except variable universal life.

[(2)] **(3)** Valuation.

(A) Requirements. The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method, as *[follows]* **described below** for *[these]* **such** policies, and the tables and interest rates specified **below**. The terminal reserve for the basic policy and any benefits and/or riders for which premiums are not paid separately as of any policy anniversary shall be equal to the net level premium reserves less *C* and less *D* where—

1. Reserves by the net level premium method shall be equal to (A–B)r **where *A*, *B* and *r* are defined below**;

2. *A* is the present value of all future guaranteed benefits at the date of valuation;

3. *B* is the quantity

$$[\frac{PVFB}{\ddot{a}} \quad \ddot{a}_{x} + t$$

$$\frac{\mathbf{PVFB}}{\ddot{\mathbf{a}}_{\mathbf{x}}} \quad \ddot{\mathbf{a}}_{\mathbf{x+t}}$$

where PVFB is the present value of all benefits guaranteed at issue assuming future guaranteed maturity premiums are paid by the policy owner and taking into account all guarantees contained in the policy or declared by the *[11]* insurer;

4.

$$[\ddot{a}_{x} \quad and \quad \ddot{a}_{x+t}]$$

$$\ddot{\mathbf{a}}_{\mathbf{x}} \textbf{ and } \ddot{\mathbf{a}}_{\mathbf{x+t}}$$

are present values of an annuity of one (1) year payable on policy anniversaries beginning at ages *x* and *[x + t] x+t,* respectively, and continuing until the highest attained age at which a premium may be paid under the policy. *x* is defined as the issue age and *t* is defined as the duration of the policy;

5. The guaranteed maturity premium for flexible premium universal life insurance policies shall be that level gross premium, paid at issue and periodically thereafter over the period during which premiums are allowed to be paid, which will mature the policy on the latest maturity date, if any, permitted under the policy (otherwise at the highest age in the valuation mortality table), for an amount which is in accordance with the policy structure. The guaranteed maturity premium is calculated at issue based on all policy guarantees at issue (excluding guarantees linked to an external referent). The guaranteed maturity premium for fixed premium universal life insurance policies shall be the premium defined in the policy which at issue provides the minimum policy guarantees;

6. *r* is equal to one (1), unless the policy is a flexible premium policy and the policy value is less than the guaranteed maturity fund, in which case *r* is the ratio of the policy value to the guaranteed maturity fund;

7. The guaranteed maturity fund at any duration is that amount which, together with future guaranteed maturity premiums, will mature the policy based on all policy guarantees at issue;

8. *C* is the quantity

$$[\frac{\ddot{a}_{x+t}}{\ddot{a}_{x}} \quad r$$

$$((a)-(b))\ \frac{\ddot{\mathbf{a}}_{\mathbf{x+t}}}{\ddot{\mathbf{a}}_{\mathbf{x}}} \quad \mathbf{r}$$

where a–b is as described in section 376.380.1(3)b*[.]*, RSMo *[(]*1986*[)]* for the plan of insurance defined at issue by the Guaranteed Maturity Premiums and all guarantees contained in the policy or declared by the insurer;

9.

$$[\ddot{a}x+t \text{ and } \ddot{a}x]$$

$$\ddot{\mathbf{a}}_{\mathbf{x+t}} \textbf{ and } \ddot{\mathbf{a}}_{\mathbf{x}}$$

are defined in paragraphs *[(2)]* **(3)**(A)3. and 4.;

10. *D* is the sum of any additional quantities analogous to *C* which arise because of structural changes in the policy, with each such quantity being determined on a basis consistent with that of *C* using the maturity date in effect at the time of the change;

11. The Guaranteed Maturity Premium, the Guaranteed Maturity Fund and B shall be recalculated to reflect any structural changes in the policy. This recalculation shall be done in a manner consistent with the preceding descriptions;

12. Future guaranteed benefits are determined by—1) projecting the greater of the Guaranteed Maturity Fund and the policy value, taking into account future Guaranteed Maturity Premiums, if any, and using all guarantees of interest, mortality, expense deductions, etc., contained in the policy or declared by the insurer; and 2) taking into account any benefits guaranteed in the policy or by declaration which do not depend on the policy value; and

13. All present values shall be determined using—1) an interest rate(s) specified in section 376.380**,** RSMo, for policies issued in the same year; 2) the mortality rates specified in section 376.380, RSMo for policies issued in the same year or contained in such other table as may be approved by the director for this purpose; and 3) any other tables needed to value supplementary benefits provided by a rider which is being valued together with the policy.

(B) Alternative Minimum Reserves. If, in any policy year, the Guaranteed Maturity Premium on any universal life insurance policy is less than the valuation net premium for the policy, calculated by the valuation method actually used in calculating the reserve on it but using the minimum valuation standards of mortality and rate of interest, the minimum reserve required for the contract shall be the greater of—

1. The reserve calculated according to the method, the mortality table and the rate of interest actually used; or

2. The reserve calculated according to the method actually used but using the minimum valuation standards of mortality and rate of interest and replacing the valuation net premium by the Guaranteed Maturity Premium in each policy year for which the valuation net premium exceeds the Guaranteed Maturity Premium; and

3. For universal life insurance reserves on a net level premium basis, the valuation net premium is

$$\frac{[PVFB}{a_{x]}} \qquad \frac{\mathbf{PVFB}}{\mathbf{a_x}}$$

and for reserves on a Commissioners Reserve Valuation Method the valuation net premium is

$$\frac{[PVFB}{a_{x}} + \frac{a-b}{a_{x]}} \qquad \frac{\mathbf{PVFB}}{\mathbf{a_x}} + \frac{\mathbf{(a)-(b)}}{\ddot{\mathbf{a}}_{\mathbf{x}}}$$

[(3)] **(4)** Nonforfeiture.

(A) Minimum cash surrender values for flexible premium universal life insurance policies shall be determined separately for the basic policy and any benefits and riders for which premiums are paid separately. The following requirements pertain to a basic policy and any benefits and riders for which premiums are not paid separately:

1. The minimum cash surrender value (before adjustment for indebtedness and dividend credits) available on a date as of which interest is credited to the policy shall be equal to the accumulation to that date of the premiums paid minus the accumulations to that date of—

A. The benefit charges;

B. The averaged administrative expense charges for the first policy year and any insurance-increase years,

C. Actual administrative expense charges for other years;

D. Initial and additional acquisition expense charges not exceeding the initial or additional expense allowances, respectively;

E. Any service charges actually made (excluding charges for cash surrender or election of a paid-up nonforfeiture benefit); and

F. Any deductions made for partial withdrawals; all accumulations being the actual rate(s) of interest at which interest credits have been made unconditionally to the policy (or have been made conditionally, but for which the conditions have since been met), and minus any unamortized unused initial and additional expense allowances;

2. Interest on the premiums and on all charges referred to in subparagraphs *[(3)]***(4)**(A)1.A.–F. shall be accumulated from and to the dates that are consistent with the manner in which interest is credited in determining the policy value;

3. The benefit charges shall include the charges made for mortality and any charges made for riders or supplementary benefits for which premiums are not paid separately. If benefit charges are substantially level by duration and develop low or no cash values, then the director shall have the right to require higher cash values unless the insurer provides adequate justification that the cash values are appropriate in relation to the policy's other characteristics;

4. The administrative expenses charges shall include charges per premium payment, charges per dollar of premium paid, periodic charges per thousand dollars of insurance, periodic per policy charges and any other charges permitted by the policy to be imposed without regard to the policyholder's request for services;

5. The averaged administrative expense charges for any year shall be those which would have been imposed in that year if the charge rate(s) for each transaction or period within the year had been equal to the arithmetic average of the corresponding charge rates which the policy states will be imposed in policy years two through twenty (2–20) in determining the policy value;

6. The initial acquisition expense charges shall be the excess of the expense charges, other than service charges, actually made in the first policy year over the averaged administrative expense charges for that year. Additional acquisition expense charges shall be the excess of the expense charges, other than service charges, actually made in an insurance-increase year over the averaged administrative expense charges *[of]* **for** that year. An insurance-increase year shall be the year beginning on the date of increase in the amount of insurance by policy owner request (or by the terms of the policy);

7. Service charges shall include charges permitted by the policy to be imposed as the result of a policy owner's request for a service by the insurer (such as the furnishing of future benefit illustrations) or of special transactions;

8. The initial expense allowance shall be the allowance provided in section 376.670.6(2)–(4) or 376.670.10b*[.]*(1)(b) and (c), RSMo, as applicable for a fixed premium, fixed benefit endowment policy with a face amount equal to the initial face amount of the flexible premium universal life insurance policy, with level premiums paid annually until the highest attained age at which a premium may be paid under the flexible premium universal life insurance policy, and maturing on the latest maturity date permitted under the policy, if any, otherwise at the highest age in the valuation mortality table. The unused initial expense allowance shall be the excess, if any, of the initial expense allowance over the initial acquisition expense charges as defined;

9. If the amount of insurance is subsequently increased upon request of the policy owner (or by the terms of the policy), an additional expense allowance and an unused additional expense allowance shall be determined on a basis consistent with paragraph *[(3)]***(4)**(A)8. and section 376.670.10b*[.]*(5), RSMo, using the face amount and the latest maturity date permitted at that time under the policy; and

10. The unamortized unused initial expense allowance during the policy year beginning on the policy anniversary at age x *[*$\times$*]* $+ t$ (where x is the **same** issue age) shall be unused initial expense allowance multiplied by

$$\frac{[\ddot{a}_{x+}}{\ddot{a}_{x]}} \quad \text{where } \ddot{a}_{x+t} \quad \text{and } \ddot{a}_{\mathbf{x+t}} \qquad \frac{\ddot{\mathbf{a}}_{\mathbf{x+t}}}{\ddot{\mathbf{a}}_{\mathbf{x}}}$$

where $\ddot{\mathbf{a}}_{\mathbf{x+t}}$ **and** $\ddot{\mathbf{a}}_{\mathbf{x}}$ are present values of an annuity of one (1) per year payable on policy anniversaries beginning at ages *[*x*t]* $x+t$ **and** x, respectively, and continuing until the highest *[*x*]* attained age at which a premium may be paid under the policy, both on the mortality and interest bases guaranteed in the policy. An unamortized unused additional expense allowance shall be the unused additional expense allowance multiplied by a similar ratio of annuities, with

$$\frac{[a_{x]}}{\mathbf{a_x}}$$

replaced by an annuity beginning on the date as of which the additional expense allowance was determined.

(B) For fixed premium universal life insurance policies, the minimum cash surrender values shall be determined separately for the

basic policy and any benefits and riders for which premiums are paid separately. The following requirements pertain to a basic policy and any benefits and riders for which premiums are not paid separately:

1. The minimum cash surrender value (before adjustment for indebtedness and dividend credits) available on a date as of which interest is credited to the policy shall be equal to A-B-C-D, where—

A. *A* is the present value of future guaranteed benefits;

B. *B* is the present value of future adjusted premiums. The adjusted premiums are calculated as described in section 376.670.6*[.]* and 376.670.10*[.]* or in 376.670.10b*[.]*(1), RSMo, as applicable. If section 376.670.10b*[.]*(1), RSMo, is applicable, the nonforfeiture net level premium is equal to the quantity

$$\frac{[PVFB}{a\ x]}$$

$$\frac{\mathbf{PVFB}}{\mathbf{a_x}}$$

where PVFB is the present value of all benefits guaranteed at issue assuming future premiums are paid by the policyholder and all guarantees contained in the policy or declared by the insurer;

C.

$$\frac{[\ddot{a}}{x]}$$

$$\ddot{\mathbf{a}}_{\mathbf{x}}$$

is the present value of an annuity of one (1) per year payable on policy anniversaries beginning at age x and continuing until the highest attained age at which a premium may be paid under the policy;

D. *C* is the present value of any quantities analogous to the nonforfeiture net level premium which arise because of guarantees declared by the insurer after the issue date of the policy.

$$\frac{[\ddot{a}}{x]}$$

$$\ddot{\mathbf{a}}_{\mathbf{x}}$$

shall be replaced by an annuity beginning on the date as of which the declaration became effective and payable until the end of the period covered by the declaration; and

E**.** *D* is the sum of any quantities analogous to *B* which arise because of structural changes in the policy;

2. Future guaranteed benefits are determined by—1) projecting the policy value, taking into account future premiums, if any, and using all guarantees of interest, mortality, expense deductions, etc., contained in the policy or declared by the insurer and 2) taking into account any benefits guaranteed in the policy or by declaration which do not depend on the policy value; and

3. All present values shall be determined using—1) an interest rate(s) specified by section 376.670, RSMo for policies issued in the same year and 2) the mortality rates specified by section 376.670, RSMo for policies issued in the same year or contained in another table as may be approved by the director for this purpose.

(C) Minimum Paid-Up Nonforfeiture Benefits. If a universal life insurance policy provides for the optional election of a paid-up nonforfeiture benefit, *[the parties]* **it shall be such that its** present value shall be at least equal to the cash surrender value provided for by the policy on the effective date of the election. The present value shall be based on mortality and interest standards at least as favorable to the policy **owner** as—1) in the case of a flexible premium universal life insurance policy, the mortality and interest basis guaranteed in the policy for determining the policy value or 2) in the case of a fixed premium policy, the mortality and interest standards permitted for paid-up nonforfeiture benefits by section 376.670, RSMo. In lieu of the paid-up nonforfeiture benefit, the insurer may substitute, upon proper request no later than sixty (60) days after the due date of the premium in default, an actuarially equivalent alternative paid-up nonforfeiture benefit which provides a greater amount or longer period of death benefits or, if applicable, a greater amount or earlier payment of endowment benefits.

[(4)] **(5)** Mandatory Policy Provisions.

(A) Periodic Disclosure to Policy *[o]***O**wner. The policy shall provide that the policy owner will be sent, without charge, at least annually, a report which will serve to keep the policy owner advised as to the status of the policy. The end of the current report period must be not more than three (3) months previous to the date of the mailing of the report. Specific requirements of this report are detailed in section (6).

(B) *[Illustrative Report]* **Current Illustrations**. The *[policy]* **annual report** shall provide *[for an illustrative report which will be sent to the policy owner upon request. Minimum requirements of the report are the same as those set forth in section (5). The insurer may charge the policy owner a reasonable fee for providing the report.]* **notice that the policyholder may request an illustration of current and future benefits and values.**

(C) Policy Guarantees. The policy shall provide guarantees of minimum interest credits and maximum mortality and expense charges. All values and data shown in the policy shall be based on guarantees. No figures based on nonguarantees shall be included in the policy.

(D) Calculation of Cash Surrender Values. The policy shall contain at least a general description of the calculation of cash surrender values including the following information:

1. The guaranteed maximum expense charges and loads;

2. Any limitation on the crediting of additional interest. Interest credits shall not remain conditional for a period longer than *[twelve (12)]* **twenty-four (24)** months;

3. The guaranteed minimum rate(s) of interest;

4. The guaranteed maximum mortality charges;

5. Any other guaranteed charges; and

6. Any surrender or partial withdrawal charges.

(E) Changes in Basic Coverage. If the policy owner has the right to change the basic coverage, any limitation on the amount or timing of this change shall be stated in the policy. If the policy owner has the right to increase the basic coverage, the policy shall state whether a new period of contestability*[,]* **and/or** suicide*[, or both,]* is applicable to the additional coverage.

(F) Grace Period and Lapse.

1. The policy shall provide for written notice to be sent to the policyowner's last known address at least thirty (30) days prior to the termination of coverage.

2. A flexible premium policy shall provide for a grace period of at least thirty (30) days (or as required by state statute) after lapse. Unless otherwise defined in the policy, lapse shall occur on that date on which the net cash surrender value first equals zero (0).

(G) Misstatement of Age or Sex. If there is a misstatement of age or sex in the policy, the amount of the death benefit shall be that which would be purchased by the most recent mortality charge at the correct age or sex. The director may approve other methods which are deemed satisfactory.

(H) Maturity Date. If a policy provides for a maturity date, end date or similar date, then the policy shall also contain a statement, in close proximity to that date, that it is possible that coverage may

not continue to the maturity date even if scheduled premiums are paid in a timely manner, if this is the case.

[(5)] **(6)** *[Disclosure Requirements]* **Disclosure of information about the policy being applied for shall follow the standards in section 375.1500 to 375.1530, RSMo**.

[(A) In connection with any advertising, solicitation, negotiation or procurement of a universal life insurance policy—

1. Any statement of policy cost factors or benefits shall contain:

A. The corresponding guaranteed policy cost factors or benefits, clearly identified;

B. A statement explaining the nonguaranteed nature of any current interest rates, charges or other fees applied to the policy, including the insurer's rights to alter any of these factors; and

C. Any limitations on the crediting of interest, including identification of those portions of the policy to which a specified interest rate shall be credited;

2. Any illustration of the policy value shall be accompanied by the corresponding net cash surrender value;

3. Any statement regarding the crediting of a specific current interest rate shall also contain the frequency and timing by which this rate is determined;

4. If any statement refers to the policy being interest-indexed, the index shall be described. In addition, a description shall be given of the frequency and timing of determining the interest rate and of any adjustments made to the index in arriving at the interest rate credited under the policy;

5. Any illustrated benefits based upon nonguaranteed interest, mortality or expense factors shall be accompanied by a statement indicating that these benefits are not guaranteed; and

6. If the guaranteed cost factors or initial policy cost factor assumptions would result in policy values becoming exhausted prior to the policy's maturity date, this fact shall be disclosed, including notice that coverage will terminate under these circumstances.]

[(6)] **(7)** Periodic Disclosure to Policyowner.

(A) Requirements. The policy shall provide that the policy owner will be sent, without charge, at least annually, a report which will serve to keep the policy owner advised of the status of the policy. The end of the current report period shall be not more than three (3) months previous to the date of the mailing of the report.

1. This report shall include the following:

A. The beginning and end of the current report period;

B. The policy value at the end of the previous report period and at the end of the current report period;

C. The total amounts which have been credited or debited to the policy value during the current report period, identifying each by type (for example, interest, mortality, expense and riders);

D. The current death benefit at the end of the current report period on each life covered by the policy;

E. The net cash surrender value of the policy as of the end of the current report period;

F. The amount of outstanding loans, if any, at the end of the current report period;

G. For fixed premium policies—If assuming guaranteed interest, mortality and expense *[loans]* **loads** and continued scheduled premium payments, the policy's net cash surrender value is such that it would not maintain insurance in force until the end of the next reporting period, a notice to this effect shall be included in the report; and

H. For flexible premium policies—If, assuming guaranteed interest, mortality and expense loads, the policy's net cash surrender value will not maintain insurance in force until the end of the next reporting period, unless further premium payments are made, a notice to this effect shall be included in the report.

[(7)] **(8)** Interest-Indexed Universal Life Insurance Policies.

(A) Initial Filing Requirements. The following information shall be submitted in connection with any filing of interest-indexed universal life insurance policies (interest-indexed policies). All this information received shall be treated confidentially to the extent permitted by law:

1. A description of how the interest credits are determined, including:

A. A description of the index;

B. The relationship between the value of the index and the actual interest rate to be credited;

C. The frequency and timing of determining the interest rate; and

D. The allocation of interest credits, if more than one (1) rate of interest applies to different portions of the policy value;

2. The insurer's investment policy, which includes a description of the following:

A. How the insurer addressed the reinvestment risks;

B. How the insurer plans to address the risk of capital loss on cash outflows;

C. How the insurer plans to address the risk that appropriate investments may not be available or not available in sufficient quantities;

D. How the insurer plans to address the risk that the indexed interest rate may fall below the minimum contractual interest rate guaranteed in the policy;

E**.** The amount and type of assets currently held for interest-indexed policies; and

F. The amount and type of assets expected to be acquired in the future;

3. If policies are linked to an index for a specified period less than to the maturity date of the policy, a description of the method used (or currently contemplated) to determine interest credits upon the expiration of this period;

4. A description of any interest guaranteed in addition to or in lieu of the index; and

5. A description of any maximum premium limitations and the conditions under which they apply.

(B) Additional Filing Requirements.

1. Annually, every insurer shall submit a Statement of Actuarial Opinion by the insurer's actuary similar to the example contained in subsection *[(7)]* **(8)**(C).

2. Annually, every insurer shall submit a description of the amount and type of assets currently held by the insurer with respect to its interest-indexed policies.

3. Prior to implementations, every domestic insurer shall submit a description of any material change in the insurer's investment strategy or method of determining the interest credits. A change is considered to be material if it would affect the form or definition of the index (that is, any change in the information supplied in paragraphs *[(7)]***(8)**(A)1. and 2. of this rule) or if it would significantly change the amount or type of assets held for interest-indexed policies.

(C) Statement of Actuarial Opinion for Investment-Indexed Universal Life Insurance Policies.

I _____, am
(*Name*)

_____ for the
(*Position or Relationship to Insurer*)

XYZ Life Insurance Company (The Insurer) in the state of

_____.
(*State of Domicile of Insurer*)

I am a member of the American Academy of Actuaries (or if not, state other qualifications to sign annual statement actuarial opinions).

I have examined the interest-indexed universal life insurance policies of the Insurer in force as of December 31, *[19]* **20**XX, encompassing*[.]* _____*[.]* number of policies and $*[.]*_____*[.]* of insurance in force.

I have considered the provisions of the policies. I have considered any reinsurance agreements pertaining to such policies, the characteristics of the identified assets and the investment policy adopted by the Insurer as they affect future insurance and investment cash flows under such policies and related assets. My examination included such tests and calculations as I considered necessary to form an opinion concerning the insurance and investment cash flows arising from the policies and related assets.

I relied on the investment policy of the Insurer and on projected investment cash flows as provided by _____*[,]***.**
(*Chief Investment Officer of the Insurer*)*[.]*

Tests were conducted under various assumptions as to future interest rates, and particular attention was given to those provisions and characteristics that might cause future insurance and investment cash flows to vary with changes in the level of prevailing interest rates.

In my opinion, the anticipated insurance and investment cash flows referred to make good and sufficient provision for the contractual obligations of the Insurer under these insurance policies.

_____
(*Signature of Actuary*)

*AUTHORITY: section 374.045, RSMo [1986] **2000**. This rule was previously filed as 4 CSR 190-13.240. Original rule filed Oct. 15, 1984, effective April 11, 1985. Amended: Filed Feb. 21, 2001.*

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 OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed amendment at 10:00 a.m. on May 9, 2001. The public hearing will be held at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or nor heard, may submit a written statement in support of or in opposition to the proposed amendment, until 5:00 p.m. on May 9, 2001. Written statements shall be sent to Kimberly A. Grinston, Department of Insurance, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the American With Disabilities Act, please notify us at (573) 751-6798 or (573) 526-4636 at least five working days prior to the hearing.