

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

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 If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission.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

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

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

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

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

Proposed Amendment Text Reminder:

**Boldface text indicates new matter.**

*[Bracketed text indicates matter being deleted.]*

## Title 2—DEPARTMENT OF AGRICULTURE Division 30—Animal Health Chapter 10—Food Safety and Meat Inspection

### PROPOSED AMENDMENT

**2 CSR 30-10.010 Inspection of Meat and Poultry.** The director proposes amending section (2).

*PURPOSE:* This proposed change updates regulations for the state meat inspection program to be in compliance with federal regulations promulgated in the most current publication of Title 9, the *Code of Federal Regulations*.

*PUBLISHER'S NOTE:* The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be

*made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.*

(2) The standards used to inspect Missouri meat and poultry slaughter and processing shall be those shown in Part 300 to end of Title 9, the *Code of Federal Regulations* (January [2000] 2004), herein incorporated by reference and made a part of this rule as published by the Office of the Federal Register, National Archives and Records Administration, PO Box 371954, Pittsburgh, PA 15250-7954. This rule does not incorporate any subsequent amendment or additions.

*AUTHORITY:* section 265.020, RSMo [Supp. 1999] 2000. Original rule filed Sept. 14, 2000, effective March 30, 2001. Amended: Filed Nov. 10, 2004.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Agriculture, Division of Animal Health, Taylor H. Woods, D.V.M., State Veterinarian, PO Box 630 Jefferson City, MO 65102, by facsimile at (573) 751-6919 or via e-mail at Taylor.Woods@mda.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

## Title 2—DEPARTMENT OF AGRICULTURE Division 30—Animal Health Chapter 22—Requirements for the Ice Cream and Related Frozen Foods Law

### PROPOSED RESCISSION

**2 CSR 30-22.010 Identification Tag on All Ice Cream Mix Containers.** This rule required the identification of each container of ice cream mix or related frozen foods products mix to include the manufacturer's name, address and date of pasteurization.

*PURPOSE:* This rule is being rescinded because section 196.861 was repealed in 1980 by Senate Bill 707.

*AUTHORITY:* section 196.861, RSMo 1986. Original rule filed Dec. 4, 1964, effective Dec. 14, 1964. Rescinded: Filed Nov. 10, 2004.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Department of Agriculture, Division of Animal Health, Taylor H. Woods, D.V.M., State Veterinarian, PO Box 630, Jefferson City, MO 65102, by facsimile at (573) 751-6919 or via e-mail at Taylor.Woods@mda.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

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

**PROPOSED AMENDMENT**

**9 CSR 30-3.132 Opioid Treatment Program.** The department proposes to amend subsection (1)(B).

*PURPOSE:* This amendment will exempt agencies from specific eligibility requirements for Opioid Treatment Programs. The public health, safety, or welfare is at stake due to the limited number of agencies allowed to submit proposals for new state funded requests for proposals. The amendment will allow a greater number of agencies to make bids on new contracts.

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

(B) An agency applying for provisional certification as an opioid treatment program in the state of Missouri must have provided other certified alcohol and drug services within the state for two (2) years prior to the application. **Agencies responding to a department-funded request for proposal will be exempt from this requirement.**

*AUTHORITY:* sections 630.655 and 631.102, RSMo 2000. This rule originally filed as 9 CSR 30-3.610. Original rule filed May 13, 1983, effective Sept. 13, 1983. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed Nov. 8, 2004, effective Nov. 18, 2004, expires May 16, 2004. Amended: Filed Nov. 8, 2004.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed amendment by writing to Rosie Anderson-Harper, Mental Health Manager, Division of Alcohol and Drug Abuse, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 45—Division of Mental Retardation and  
Developmental Disabilities  
Chapter 2—Eligibility for Services**

**PROPOSED RULE**

**9 CSR 45-2.017 Utilization Review Process**

*PURPOSE:* The purpose of this rule is to formally establish a statewide utilization review process to: ensure individuals eligible for division services with similar needs are treated consistently and fairly throughout the state; ensure each individual's annual plan accurately reflects the individual's needs; ensure levels of service are defined and documented within the outcomes of each individual's plan; ensure each individual's plan meets all local, state, and federal requirements; and ensure accountability of public funds.

*PUBLISHER'S NOTE:* The secretary of state has determined that the publication of the entire text of the material which is incorporat-

ed by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) The Utilization Review Committee (URC)—In Home and Residential Services and Supports. Each regional center will appoint a core committee.

(A) The committee shall meet a minimum of once per week.

(B) The committee shall review the following personal plans:

1. All initial plans/budgets with funds;
2. Amended plans that raise the dollar amounts;
3. Plans that add new services; and
4. Plans at the discretion of the local URC.

(C) Other personal plan reviews will continue to be completed by the service coordinator and/or service coordination supervisor, as directed by the regional center director.

(2) If the URC recommends approval of the plan as written, the committee chairperson will sign off and forward to the center director or designee for final action.

(3) If the URC determines a plan/budget cannot be recommended for approval, or finds it necessary to make any change in the budget/service authorization associated with a plan, then the URC will provide notice to the service coordinator, consumer, and provider agencies in the following manner:

(A) The URC will send written notification to the service coordinator within three (3) working days;

(B) The notification will identify the changes made, reasons for non-approval and/or action necessary to obtain URC recommendation for approval; and

(C) The service coordinator shall respond to the URC or director designee within ten (10) working days of the review date.

(4) Any time the URC returns a plan/budget to the service coordinator for further action, or when the URC recommends any change in a budget/service authorization, the URC will send notice to the consumer and providers affected by the change within three (3) working days of the review decision. This notice may be sent by fax or mail, informing the provider and consumer of the changes made, or need for further action. The consumer and provider shall contact the service coordinator to respond with corrective action.

(5) Upon action by the regional center director (or designee) to approve/disapprove a plan, a copy of the plan and the URC recommendations will be faxed to the provider(s) and the service coordinator will immediately notify the family. The recommendations will then be mailed to the consumer/family/guardian, in an attachment to a letter from the director or designee stating his/her final decision.

(6) No new services/supports will begin before the budget is approved through the URC.

(7) Utilization review levels for budgets are determined by the total cost of all services/supports paid through billing system of the Department of Mental Health (DMH)—including DMH funds, SB40 waiver and non-waiver match, and Medicaid Waiver match dollars. "Family," "Community Partner" and "Other System" dollars are not included.

(8) Once a budget is approved via the established utilization review/approval process, any request for additional funds must be added to the approved budget (the total cost of all services/supports—including DMH, SB40 waiver and non-waiver match, and Medicaid Waiver match dollars) to determine the new utilization review level.

The additional request may not be considered in isolation of other services/supports the individual and family are receiving.

(9) A review of a single service should not delay the implementation of other services in the plan.

(10) Prioritization of Need for Services/Support.

(A) The URC will consider a service/support for inclusion on a prioritized waiting list if the service/support meets each of the following criteria:

1. It is identified as a need in a person-centered plan;
2. It is specifically related to the person's disability (i.e., not something that would be needed regardless of the person's disability); and
3. It is unavailable through natural support systems or other funding sources.

(B) Prioritization of need reviews must be conducted and evaluated by the URC according to the format and guidelines depicted on the department's form entitled "Prioritization of Need for Services/Supports" which is incorporated by reference and available to the public from the Department of Mental Health, Division of Mental Retardation and Developmental Disabilities, PO Box 687, Jefferson City, MO 65102. This rule does not include any later amendment or additions.

(11) Review/Approval Levels. This section applies only to In Home Supports and Services.

(A) When multiple family members are receiving division services, this shall be noted. All of the budgets shall be considered together in the utilization review (UR) process in order to have a comprehensive picture of all services/supports going into a single home so the necessary level of services can be determined. This does not require each family member's plan be on the same plan year, but does require all of the current supports in the home be considered.

(B) Applicable Medicaid State Plan services must be accessed first when the person is Medicaid-eligible and the services will meet the person's needs.

(C) If the decision of the regional center director results in the denial, reduction, or termination of a specific service, then the person must—

1. Be informed in writing at least ten (10) days in advance of the adverse action;
2. Be given the reason for the action; and
3. Be given information on his/her rights to appeal the decision of the regional center director.

(12) Utilization Review Timeline.

(A) Plan Development: Two (2) months prior to plan implementation, the service coordinator/agency shall meet with the individual/family to prepare a plan with justification for the individual's support needs. The initial plan shall be agreed to and signed by the individual/family and the service coordinator. A copy of the plan shall be given to the individual/family at the time of signing. If plan submission would be unreasonably delayed because the individual/family is not readily available for signature, the service coordinator may annotate his/her efforts to obtain the signature on the plan and submit it without the signature. However, a copy of the plan will be mailed to the family by registered mail, before submission.

(B) Plan Submission: One (1) month prior to plan implementation, the service coordinator shall submit the signed plan to the URC.

(C) Utilization Review: The URC must review the plan within six (6) working days of receipt. If the URC needs more information in order to make a recommendation, information shall be requested from the service coordinator and the service coordinator has three (3) days to respond. The URC shall make a recommendation to the

regional center director no later than six (6) days after receipt of all needed information.

(D) Decision of the Regional Center Director: The regional center director or their designee shall approve or reject the recommendation within five (5) working days of receipt of the URC recommendation.

(E) Notification: The individual/family and agency will be notified in writing of the final decision of the regional center director at least two (2) weeks in advance of service implementation. If, at any level of the utilization review process, an adverse action is recommended, the individual/family shall be—

1. Informed in writing at least ten (10) days in advance of the adverse action;
2. Given the reason for the action in writing; and
3. Given written information on his/her appeal rights.

(F) Services may not be denied, terminated or reduced for Medicaid Home and Community-Based Waiver participants based solely on lack of regional center funds.

*AUTHORITY: section 630.050, RSMo 2000. Original rule filed Nov. 12, 2004.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule by writing to Kay Green, Deputy Division Director – Federal Programs, Division of Mental Retardation and Developmental Disabilities, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

## Title 12—DEPARTMENT OF REVENUE Division 10—Director of Revenue Chapter 23—Motor Vehicle

### PROPOSED AMENDMENT

**12 CSR 10-23.290 Use of License Plates After Name Change.** The director proposes to amend sections (1), (2) and (4), and add section (5).

*PURPOSE: This amendment clarifies the various name-change situations with regard to license plates.*

(1) In title transactions which involve a name change only, with no change of ownership, the owner may change the name on the certificate of title and continue to use the same license plates assigned to the vehicle *[until they expire]*.

(2) It will be the owner's responsibility to submit proof that the name s/he is changing from and the name s/he is changing to are the same owner(s), and no change of ownership has occurred. *[This proof may be by certified copy of the name-change document issued by the Office of the Secretary of State or court order.]*

(4) *[Examples.] In the following examples, the current license plates may be used as long as the required name change document is submitted. If a name change document is not presented, new license plates must be purchased. No transfer fee will be charged as long as the license plates remain on the same vehicle.*

(A) Corporate Name Change. ABC Corporation changes its name to DEF Corporation with no change of owners. A name-change

document from the secretary of state is required. *[The old license plate may be used. No transfer fee will be charged unless the corporation is transferring the license from one (1) vehicle to another. If a name-change document is not presented, new license plates must be purchased.]*

(B) *[Corporate Name Change—Additional Owners. ABC Corporation owned by two (2) people changes its name to DEF Corporation which will be owned by four (4) people. A change of ownership is involved. New license plates are required. New license plates will not be required for any commercial motor vehicles involved in the change of ownership. A statement from the seller will be required.]* **Company Name Change.** XYZ Company changes its name to ABC Company with no change of ownership. A name-change document from the secretary of state is required.

(C) *[Corporate Distribution to Shareholder. ABC Corporation, owned by John Doe, wants to retitle a vehicle with the corporation's name to the individual's name. A change of ownership is involved. New license plates are required. New license plates will not be required for any commercial motor vehicles involved in the change of ownership. A statement from the seller will be required.]* **Individual to Company Name Change.** John Doe wants to retitle his privately owned vehicle to his privately owned company, John's Delivery Company. A copy of Registration of Fictitious Name form filed with the secretary of state is required.

(D) *[Shareholder Contribution to Corporation. John Doe wants to retitle his privately owned vehicle to his corporation's name, ABC Corporation. A change of ownership is involved. New license plates are required. New license plates will not be required for any commercial motor vehicles involved in the change of ownership. A statement from the seller will be required.]* **Individual Name Change.** Because of marriage, divorce or establishment of name by common usage, Mary Jones changes her last name on a certificate of title to Mary Johnson. Mary must present her Missouri driver's license showing her name. This will constitute sufficient proof of name change. If Mary does not have a Missouri driver's license, or has not applied for a new driver's license which reflects her name change, she must submit a certified copy of her marriage license, divorce decree, or court order.

(E) *[Incorporation of a Company. XYZ Company incorporates and changes to XYZ Corporation. A change of ownership is involved. New license plates are required. New license plates will not be required for any commercial motor vehicles involved in the change of ownership. A statement from the seller will be required.]* **Court Authorized Individual Name.** John Brown wants to change his name to Bobby Smith on a certificate of title. A certified copy of the court order authorizing the name change is required.

*[(F) Company Name Change. XYZ Company changes its name to ABC Company with no change of ownership. A name-change document from the secretary of state is required. The old license plates may be used. No transfer fee is charged unless the company or corporation is transferring the license from one (1) vehicle to another. If a name change document cannot be presented, new license plates must be purchased.]*

(G) *Individual to Company Name Change.* John Doe wants to retitle his privately owned vehicle to his privately owned company, John's Delivery Company. A copy of Registration of Fictitious Name form filed with the secretary of state is required. The old license plates may be used. No transfer fee is charged unless John Doe is transferring the license plates from one (1) vehicle to another. If the Registration of Fictitious Name form cannot be presented, new license plates must be purchased.

*(H) Company Name Change—Additional Owners.* ABC Company owned by two (2) people changes its name to XYZ Company owned by four (4) people. A change of ownership is involved. New license plates are required. New license plates will not be required for any commercial motor vehicles involved in the change of ownership. A statement from the seller will be required.

*(I) Individual Name Change.* Because of marriage, divorce or establishment of name by common usage, Mary Jones changes her last name on a certificate of title to Mary Johnson. Mary must present her Missouri driver's license showing her name. This will constitute sufficient proof of name change. If Mary does not have a Missouri driver's license, or has not applied for a new driver's license which reflects her name change, she must complete an affidavit stating her name change was due to marriage or divorce, or present three (3) affidavits stating the name change was due to establishment of name by common usage. Her old license plates may be used if Mary's previous name was on the original title.

*(J) Court Authorized Individual Name.* John Brown wants to change his name to Bobby Smith on a certificate of title. A certified copy of the court order authorizing the name change is required. His old license plates may be used.]

(5) In the following examples, new license plates are required except for any commercial motor vehicles involved in the change of ownership. A statement from the seller is required authorizing the use of license plates on any commercial motor vehicles involved.

(A) **Corporate Name Change—Additional Owners.** ABC Corporation owned by two (2) people changes its name to DEF Corporation which will be owned by four (4) people.

(B) **Corporate Distribution to Shareholder.** ABC Corporation, owned by John Doe, wants to retitle a vehicle with the corporation's name to the individual's name.

(C) **Shareholder Contribution to Corporation.** John Doe wants to retitle his privately owned vehicle to his corporation's name, ABC Corporation.

(D) **Incorporation of a Company.** XYZ Company incorporates and changes to XYZ Corporation.

(E) **Company Name Change—Additional Owners.** ABC Company owned by two (2) people changes its name to XYZ Company owned by four (4) people.

*AUTHORITY: sections 301.140[, RSMo Supp. 1987] and 301.442, RSMo [1986] 2000. Original rule filed April 21, 1986, effective Aug. 11, 1986. Amended: Filed Nov. 8, 2004.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Revenue, Office of Legislation and Regulations, PO Box 629, Jefferson City, MO 65105. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

## PROPOSED RULE

### 13 CSR 35-20.010 Screening and Classification of Child Abuse/Neglect Hotline Reports

*PURPOSE: This rule establishes the use of the Structured Decision Making (SDM) process in the screening and classification of calls at the Child Abuse/Neglect Hotline Unit (CANHU).*

(1) The division shall utilize protocol based upon structured decision-making principles for classification purposes of all child abuse and neglect reports received by the Child Abuse/Neglect Hotline Unit ("Hotline"). The protocols developed by the division shall obtain and classify information, and shall give priority to ensuring the safety and well-being of the child.

(2) All child abuse and neglect reports received by the Hotline shall be initiated within twenty-four (24) hours of receipt and shall be classified based upon the reported safety risk and injury to the child, including, but not limited to, the following factors:

(A) If there is serious physical abuse alleged and siblings remaining in the home;

(B) If there is a child fatality due to alleged abuse or neglect and siblings remain in the home;

(C) If there is alleged physical abuse currently occurring;

(D) If there are injuries or symptoms of injuries evident that require immediate medical care, or if the child is in need of immediate psychiatric care due to alleged abuse;

(E) If there were severe or inhumane measures used;

(F) Does the alleged perpetrator have access to the child in the next twenty-four (24) hours or is the child afraid to go home;

(G) Did the alleged abuse occur within the last thirty (30) days;

(H) If the child is currently in a protected environment;

(I) If the current situation is immediately dangerous;

(J) If there are prior non-harassment child abuse or neglect reports;

(K) If the allegation is one of educational neglect only;

(L) If the child is exhibiting severe emotional trauma or physical injury due to alleged sexual abuse;

(M) If the child appears seriously ill or injured or in need of immediate care;

(N) If the child has a chronic illness or injuries that require attention.

(3) In all cases, the division must have face-to-face contact with all children in the alleged victim's household within seventy-two (72) hours.

(4) CA/N Screen-In Criteria—Criteria concerning whether a call is classified as a child abuse and neglect (CA/N) report or a documented call (DOC). If the call is screened-in, it will be accepted as a CA/N report and sent to the county office. If the call is screened out, the call will be documented and entered into the database, but no further action will be taken, unless the division, pursuant to policy decides to refer it for appropriate community service.

(5) Track Assignment Guidelines—Criteria designed to determine if the screened-in CA/N report will require the investigation response or family assessment response. After response assignment, the report is sent to the local division office for review. The local division office has the option to change the response assignment, given additional information or prior history with the family.

(6) Response Priority—Criteria to determine the time frame in which the family should be contacted. Each investigation will be classified as a three (3) hour, twenty-four (24) hour, or seventy-two (72) hour call, based upon information received by the hotline. Face-to-face contact can be made by members of the multidisciplinary team (mandated reporters such as juvenile officer, or law enforcement person-

nel). Initial contacts can include phone calls or contact with appropriate persons in an attempt to make a home visit. Each level will require face-to-face contact based upon the following:

(A) Three (3) hour—Face-to-face contact with victim(s) listed on the report must be made within three (3) hours from the receipt of the report. A face-to-face contact with all other children living in the household must be made within seventy-two (72) hours. Available resources shall be utilized to locate the children, including law enforcement assistance;

(B) Twenty-four (24) hour—Face-to-face contact with victim(s) listed on the report must be made within twenty-four (24) hours from receipt of the report. A face-to-face contact with other children residing in the home must occur within seventy-two (72) hours;

(C) Seventy-two (72) hour—Face-to-face contact with all children (victims and home residents) must be made within seventy-two (72) hours from receipt of the report.

*AUTHORITY: section 210.145, RSMo Supp. 2004. Original rule filed Nov. 2, 2004.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Children's Division, Frederic M. Simmens, Director, PO Box 88, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

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

### PROPOSED RESCISSION

**15 CSR 40-3.120 Calculation and Revision of Property Tax Rates.** This rule applied to all political subdivisions and was designed to implement section 137.073, RSMo as it applied to revision property tax rates.

*PURPOSE: The State Auditor's Office is proposing to rescind this rule and promulgate four (4) new rules to implement the procedures of Senate Bill No. 960, 92nd General Assembly—2004 amending section 137.073.6, RSMo as it applies to calculating and revising property tax rates and to comply with provisions of Article X, Section 22 of the Missouri Constitution. 15 CSR 40-3.130, 15 CSR 40-3.140, 15 CSR 40-3.150, and 15 CSR 40-3.160, will replace 15 CSR 40-3.120.*

*AUTHORITY: section 137.073.6, RSMo Supp. 1999. A version of this rule was previously filed as 15 CSR 40-3.100 and 15 CSR 40-3.110. Emergency rule filed July 14, 2000, effective July 24, 2000, expired Feb. 22, 2001. Original rule filed July 14, 2000, effective Feb. 28, 2001. Emergency rescission filed Sept. 24, 2004, effective Oct. 4, 2004, expires April 1, 2005. Rescinded: Filed Nov. 10, 2004.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the State Auditor's Office, 224 State Capitol, Jefferson City, MO 65101. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

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

**PROPOSED RULE**

**15 CSR 40-3.130 Calculation and Revision of Property Tax Rates by School Districts Calculating a Separate Property Tax Rate for Each Sub-Class of Property**

*PURPOSE: This rule applies to school districts that calculate a separate property tax rate for each sub-class of property and is designed to implement section 137.073, RSMo as it applies to calculating and revising property tax rates.*

(1) The following forms with instructions, included herein, have been adopted and approved for use by the school districts to calculate a separate property tax rate for each sub-class of property. These forms should be used to compute and substantiate the annual tax rate ceiling(s) pursuant to requirements of the *Missouri Constitution* Article X, Section 22 and section 137.073, RSMo:

- (A) Tax Rate Summary Page;
- (B) Form A Computation of Reassessment Growth and Rate for Compliance with Article X, Section 22, *Missouri Constitution* and section 137.073, RSMo;
- (C) Form B New Voter Approved Tax Rate or Tax Rate Increase;
- (D) Form C Debt Service Calculation for General Obligation Bonds Paid for with Property Taxes;
- (E) Form G Initial Calculation of Allowed Recoupment and Calculation of First Year of Recoupment Taken; and
- (F) Form H Calculation of Second and/or Third Year of Recoupment Taken.

*AUTHORITY: section 137.073.6, RSMo Supp. 2004. A version of this rule was previously filed as 15 CSR 40-3.120. Emergency rule filed Sept. 24, 2004, effective Oct. 4, 2004, expires April 1, 2005. Original rule filed Nov. 10, 2004.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the State Auditor's Office, 224 State Capitol, Jefferson City, MO 65101. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
TAX RATE SUMMARY PAGE - FOR SCHOOL DISTRICTS USING SB 960**

(2004)

(Name of School District) \_\_\_\_\_ (School District Code) \_\_\_\_\_ (Purpose of Levy) \_\_\_\_\_

**COMPLETE THE HIGHLIGHTED CELLS TO USE THIS TAX RATE CALCULATOR. PRINT OFF SUMMARY PAGE, IF DESIRED.**

	Real Estate			Personal
	Residential	Agricultural	Commercial	Property
A. <b>Prior Year Tax Rate Ceiling</b> as defined in Chapter 137, RSMo. Revised if Prior Year Assessed Valuation Changed. (Prior Year Tax Rate Summary Page, Line F)	_____	_____	_____	_____
B. <b>Current Year Rate Computed</b> Pursuant to Article X, Section 22 of the Missouri Constitution and Section 137.073, RSMo (Form A, Line 41)	_____	_____	_____	_____
C1. <b>Tax Rate Ceiling at the Time of the Election</b> If Applicable	_____	_____	_____	_____
C2. <b>Amount of Rate Increase Authorized By Voters</b> (Form B, Line 2 If Same Purpose) or Increase due to Amend. 2. Date of Board's Decision to use Amendment 2: _____	_____	_____	_____	_____
D. <b>Total</b> [Line B (if no election), Line B + Line C2 (if using Amend 2), otherwise Line C1 + Line C2]	_____	_____	_____	_____
E. <b>Maximum Authorized Levy</b> [Greater of Prior Year Line E or Current Year Line D (If there was an election), Otherwise Prior Year Line E]	_____	_____	_____	_____
F. <b>Current Year Tax Rate Ceiling</b> (Lower of Line D or E) Maximum Legal Rate to Comply with Missouri Laws	_____	_____	_____	_____
G. <b>Less Required Prop C Tax Reduction</b> If Applicable	_____	_____	_____	_____
H. <b>Less Voluntary Reduction By School District</b>	_____	_____	_____	_____
I. <b>Plus Allowable Recoupment Rate</b> If Applicable (Attach Form G or H)	_____	_____	_____	_____
J. <b>Tax Rate To Be Levied</b> Rate to be Certified MUST be ≤ Line F (Line F - Line G - Line H + Line I)	_____	_____	_____	_____
AA. <b>Rate To Be Levied For Debt Service</b> If Applicable (Form C, Line 12)	_____	_____	_____	_____
BB. <b>Additional Special Purposed Rate Authorized By Voters</b> After The Prior Year Tax Rates Were Set, If Applicable (Form B, Line 2 if a Different Purpose)	_____	_____	_____	_____

**CERTIFICATION**

I, the undersigned, \_\_\_\_\_ (Office) of \_\_\_\_\_ (School District)  
levying a rate in \_\_\_\_\_ (County or Counties) do hereby certify that the data set forth above and on  
the accompanying forms is true and accurate to the best of my knowledge and belief.

**Please complete Lines G - BB, sign this form, and return to either the County Clerk(s) for final certification OR the State Auditor's Office for a math check.**

\_\_\_\_\_  
(Date) (Signature) (Printed Name) (Telephone)

**Proposed rate to be entered on tax books by County Clerk**

**Based on Certification from the School District:** Lines: J  
Section 137.073.7 RSMo, states that no tax rate shall be AA \_\_\_\_\_  
extended on the tax rolls by the county clerk unless the BB \_\_\_\_\_  
political subdivision has complied with the foregoing \_\_\_\_\_  
provisions of this section.

\_\_\_\_\_  
(Date) (County Clerk's Signature) (County)

**Please submit only 1 copy directly to the State Auditor's Office - if you fax it, DON'T mail it & vice versa.**

**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
COMPUTATION OF REASSESSMENT GROWTH AND RATE FOR COMPLIANCE WITH ARTICLE X, SECTION 22 AND SECTION 137.073 RSMo  
FORM A - FOR SCHOOL DISTRICTS USING SB 960 (2004)**

	(Name of School District)	(School District Code)			(Purpose of Levy)	(Prior Method) Single Rate Calculation
		(a) Residential	(b) Real Estate Agricultural	(c) Commercial		
<p><b>** - Mandatory Required Fields to Complete</b></p>						
<p>1. <b>** Current Year (2004) Assessed Valuation</b> Include the current locally and stated assessed valuation obtained from the County Clerk, Assessor, or comparable office finalized by the local board of equalization.</p>						
<p>2. <b>** Assessed Valuation of New Construction &amp; Improvements</b> 2(a) (b) &amp; (c) - May be obtained from the County Clerk or Assessor. 2(d) = [Line 1(d) - 3(d) - 6(d) + 7(d) + 8(d)] If negative, enter zero</p>						
<p>3. <b>** Assessed Value of Newly Added Territory</b> Obtained from the County Clerk or Assessor</p>						
<p>4. <b>** Assessed Value of Real Property that Changed Subclass from the Prior Year (Added to a New Subclass in the Current Year)</b> Obtained from the County Clerk or Assessor</p>						
<p>5. <b>Adjusted Current Year Assessed Valuation</b> (Line 1 - Line 2 - Line 3 - Line 4)</p>						
<p>6. <b>** Prior Year (2003) Assessed Valuation</b> Include the prior year locally and state assessed valuation obtained from the County Clerk, Assessor or comparable office finalized by the local board of equalization. <b>Note:</b> If this is different than the amount on the 2003 Form A, Line 1 then revise the 2003 tax rate form to re-calculate the 2003 tax rate ceiling. Enter the revised 2003 tax rate ceiling on the 2004 Tax Rate Summary Page, Line A.</p>						
<p>7. <b>** Assessed Value in Newly Separated Territory</b> Obtained from the County Clerk or Assessor</p>						
<p>8. <b>** Assessed Value of Property Locally Assessed in Prior Year, but State Assessed in Current Year</b> Obtained from the County Clerk or Assessor</p>						
<p>9. <b>** Assessed Value of Real Property that Changed Subclass from the Prior Year (Subtracted from the Previously Reported Subclass)</b> Obtained from the County Clerk or Assessor</p>						
<p>10. <b>Adjusted Prior Year Assessed Valuation</b> (Line 6 - Line 7 - Line 8 - Line 9)</p>						0
<p>HASH TOTAL (To be computed and used by the State)</p>						



QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
COMPUTATION OF REASSESSMENT GROWTH AND RATE FOR COMPLIANCE WITH ARTICLE X, SECTION 22 AND SECTION 137.073 RSMo  
FORM A - FOR SCHOOL DISTRICTS USING SB 960 (2004)

	(Name of School District)	(School District Code)				(Prior Method) Single Rate Calculation
		(Purpose of Levy)				
		(a) Residential	(b) Real Estate Agricultural	(c) Commercial	(d) Personal Property	
<b>** - Mandatory Required Fields to Complete</b>						
11.	<b>Percentage Increase in Adjusted Valuation</b> of existing property in the current year over the prior year's assessed valuation [(Line 5 - Line 10) / Line 10] * 100					
12.	<b>Increase in Consumer Price Index</b> Certified by the State Tax Commission					
13.	<b>Adjusted Prior Year Assessed Valuation</b> (Line 10)					
14.	<b>Prior Year (2003) Tax Rate Ceiling</b> Current Method = Tax Rate Summary Page, Line A Prior Method = The 2003 Form A, Line 23 (Prior Method) + the 2003 Tax Rate Summary Page, Line C					
15.	<b>Maximum Prior Year Adjusted Revenue Permitted from Locally Assessed Property</b> from property that existed in both years [(Line 13 * Line 14) / 100]					
16. **	<b>Maximum Prior Year Revenue from State Assessed Property (before reductions)</b> . Provided by the DESE & allocated to each subclass of real estate based on its % of assessed valuation.					
17.	<b>Total Adjusted Prior Year Revenue</b> (Line 15 + Line 16)					
18.	<b>Permitted Reassessment Revenue Growth</b> Enter the lower of the actual growth (Line 11), the CPI (Line 12), or 5%. If Line 11 is negative, enter 0%. Do not enter less than 0%, nor more than 5%.					
19.	<b>Additional Reassessment Revenue Permitted</b> (Line 17 * Line 18)					
20.	<b>Revenue Permitted in the Current Year</b> from property that existed in both years. (Line 17 + Line 19)					
21. **	<b>Estimated Current Year Revenue from State Assessed Property (before reductions)</b> The school district should use its best estimate. (i.e. same amount as Line 16, Line 16 multiplied by the % increase in state assessed valuation per the State Tax Commission, or using the educated guess). If this amount declines substantially from the amount on Line 16, please provide written documentation to the State Auditor's Office to explain the reasons for such difference.					

QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
COMPUTATION OF REASSESSMENT GROWTH AND RATE FOR COMPLIANCE WITH ARTICLE X, SECTION 22 AND SECTION 137.073 RSMo  
FORM A - FOR SCHOOL DISTRICTS USING SB 960 (2004)

	(Name of School District)	(School District Code)				(Purpose of Levy)	(Prior Method) Single Rate Calculation
		(a) Residential	(b) Real Estate Agricultural	(c) Commercial	(d) Personal Property		
22.	<b>Revenue Permitted from Existing Locally Assessed Property</b> (Line 20 - Line 21)						
23.	<b>Adjusted Current Year Assessed Valuation</b> (Line 5)						
24.	<b>Tax Rate Permitted Using Prior Method</b> Tax Rate Permitted Prior to HB1150 & SB960 (Line 22 / Line 23 * 100)						
25.	<b>Limit Personal Property to the Prior Year Ceiling</b> [Lower of Line 24 (Personal Property) or Line 14 (Personal Property)]						
26.	<b>Maximum Authorized Levy</b> Current Method = The 2003 Tax Rate Summary Page, Line E Prior Method = The Greater of the 2003 Form A, Line 23 (Prior Method) + the 2003 Tax Rate Summary Page, Line C or the 2003 Tax Rate Summary Page, Line E						
27.	<b>Limit to the Prior Year Maximum Authorized Levy</b> [Lower of Line 24, Line 25 (for Personal Property only), or Line 26]						
28.	<b>Calculate Revised Rate(s)</b> Tax Revenue [(Line 1 * Line 27) / 100]						
29.	Total Assessed Valuation [Line 1 (Total)]						
30.	Blended Rate [Line 28 (Total) / Line 29] * 100						
31.	Revenue Difference due to SB 960 [Line 28 (Total) - Line 28 (Prior Method)]						
32.	Rate(s) to be Revised <b>Note: Revision Can Not Increase Personal Property Rate</b> [(If Line 31 < or > 0 & Line 27 < Line 27 (Prior Method), Then Line 27, Otherwise 0]						
33.	Current Year Adjusted Assessed Valuation of Rates being Revised (If Line 32 > 0, Then Line 5, Otherwise 0)						
34.	Relative Ratio of Current Year Adjusted Assessed Valuation of Rates being Revised [Line 33 / Line 33 (Total)]						
35.	Revision to Rate [If Line 32 > 0, Then (-Line 34 * Line 31 / Line 5) * 100, Otherwise 0]						
36.	Revised Rate (Line 27 + Line 35)						
37.	Revised Rate Rounded (If Line 36 < 1, Then Round to a 3-digit rate, Otherwise Round to a 4-digit rate)						

QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
COMPUTATION OF REASSESSMENT GROWTH AND RATE FOR COMPLIANCE WITH ARTICLE X, SECTION 22 AND SECTION 137.073 RSMo  
FORM A - FOR SCHOOL DISTRICTS USING SB 960 (2004)

	(Name of School District)	(School District Code)				(Purpose of Levy)	(Prior Method) Single Rate Calculation		
		(a)		(b)				(c)	(d)
		Residential	Real Estate Agricultural	Commercial	Personal Property				
<b>** - Mandatory Required Fields to Complete</b>									
<b>Calculate Final Blended Rate</b>									
38.	Tax Revenue [(Line 1 * Line 37) / 100]								
39.	Total Assessed Valuation [Line 1 (Total)]								
40.	Final Blended Rate [(Line 38 (Total) / Line 39) * 100]								
41.	Tax Rate(s) Permitted Calculated Pursuant to Article X, Section 22 and Section 137.073 RSMo. (Line 37) Enter Rate(s) on the Tax Rate Summary Page, Line B								
<b>FOR INFORMATIONAL PURPOSES ONLY</b>									
<b>Impact of SB 960</b>									
42.	Revenue Calculated Using SB 960 [(Line 41 * Line 1) / 100]								
43.	Revenue Calculated Using the Prior Method [Line 27 (Prior Method) * Line 1 / 100]								
44.	Revenue Differences Using the Different Methods (Line 42 - Line 43)								
45.	Percent Change (Line 44 / Line 43)								
<b>Blended Rate Calculation for DESE Purposes</b>									
46.	Tax Rate Ceiling (Tax Rate Summary Page, Line F)								
47.	Assessed Valuation (Line 1)								
48.	Revenue from Tax Rate Ceiling [(Line 46 * Line 47) / 100]								
49.	Blended Tax Rate Ceiling [(Line 48 / Line 47) * 100]								
50.	Voluntary Reduction (Tax Rate Summary Page, Line H)								
51.	Unadjusted Levy (Line 46 - Line 50)								
52.	Assessed Valuation (Line 1)								
53.	Revenue from Unadjusted Levy [(Line 51 * Line 52) / 100]								
54.	Blended Tax Rate from the Unadjusted Levy [(Line 53 / Line 52) * 100]								
55.	Prop C Reduction (Tax Rate Summary Page, Line G)								
56.	Adjusted Levy (Line 51 - Line 55)								
57.	Assessed Valuation (Line 1)								
58.	Revenue from Adjusted Levy [(Line 56 * Line 57) / 100]								
59.	Blended Tax Rate from the Adjusted Levy [(Line 58 / Line 57) * 100]								

**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
NEW VOTER APPROVED TAX RATE OR TAX RATE INCREASE  
FORM B - FOR SCHOOL DISTRICTS USING SB 960**

**(2004)**

\_\_\_\_\_ (Name of School District) \_\_\_\_\_ (School District Code) \_\_\_\_\_ (Purpose of Levy)

**\*\* - Mandatory Required Fields to Complete** (if your district had a recent voter approved tax rate or tax rate increase).

Since the prior year tax rate computation, some school districts may have held elections where voters approved an increase in an existing tax or approved a new tax. Form B is designed to document the election.

1. **\*\*Date of Election** \_\_\_\_\_

2. **\*\*Amount of Increase Approved by Voters** (An "increase of" or "increase by")

Enter this rate on the Tax Rate Summary Page, Line C  
(if this is an increase to an existing rate).

or

Enter this rate on the Tax Rate Summary Page, Line BB  
(if this is a new rate or replaces a rate that has expired).

**\*\*Stated Rate Approved by Voters** (An "increase to")

Enter this rate on the Tax Rate Summary Page, Line D and put the difference between  
the Tax Rate Summary Page, Line C1 & the Tax Rate Summary Page, Line D on the  
Tax Rate Summary Page, Line C2 (if this is an increase to an existing rate).

**OR**

or

Enter this rate on the Tax Rate Summary Page, Line BB  
(if this is a new rate or replaces a rate that has expired).

3. **\*\*Ballot Language**

Attach a sample ballot or state the proposition posed to the voters exactly as it appeared on the ballot.

4. **\*\*Election Results**

\_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

5. **\*\*Expiration Date**

Enter the last year the levy will be in effect, if applicable.

\_\_\_\_\_

6. **\*\*Proposition C Waiver**

- Indicate whether the district obtained a new waiver to eliminate  
part or all of the required Proposition C Reduction.

\_\_\_\_\_ (Full or Partial)

- Attach a sample ballot or state the proposition posed exactly  
as it appeared on the ballot.

- Also indicate the election results of the Proposition C Waiver.

\_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

-----  
HASH TOTAL (To be computed and used by the State)

\_\_\_\_\_

**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
 DEBT SERVICE CALCULATION FOR GENERAL OBLIGATION BONDS  
 PAID FOR WITH PROPERTY TAXES  
 FORM C - FOR SCHOOL DISTRICTS USING SB 960**

**(2004)**

(Name of School District)	(School District Code)	Debt Service (Purpose of Levy)
<p>The tax rate for Debt Service will be considered valid if, after making the payment(s) for which the tax was levied, the bonds remain outstanding, and the debt fund reserves do not exceed the following year's payments. Since the property taxes are levied and collected on a calendar year basis (January - December), it is recommended that this levy be computed using calendar year data.</p>		
1. <b>** Total current year assessed valuation</b> obtained from the County Clerk or County Assessor. (Form A, Line 1 Total)		_____
2. <b>** Amount required to pay debt service requirements during the next calendar year (January 2005 – December 2005).</b> Include the principal and interest payments due on outstanding general obligation bond issues plus anticipated fees of any transfer agent or paying agent.		_____
3. <b>** Estimated costs of collection (collector fees and commissions and Assessment Fund withholdings) and anticipated delinquencies.</b> Experience in prior years is the best guide for estimating un-collectible taxes. (Usually 2% to 10% of Line 2 above)		_____
4. <b>** Reasonable reserve up to one year's payment</b> - It is important that the Debt Service Fund have sufficient reserves to prevent any default on the bonds. This will include payments for January 2006 – December 2006.		_____
5. <b>Total required for debt service</b> (Line 2 + Line 3 + Line 4)		_____
6. <b>** Anticipated balance at end of current calendar year.</b> Show the anticipated bank balance at December 31, 2004 (account for any principal or interest due and estimated investment earning in the fund).		_____
7. <b>Property tax revenue required for debt service</b> (Line 5 - Line 6) Any current balance in the fund available to meet the Debt Service requirements in the next calendar year is deducted from the total revenues required for Debt Service purposes.		_____
8. <b>** Estimated Revenue from state assessed property for debt service for the next calendar year (January - December)</b> - Must be estimated by the school district. In most instances, a good estimate would be the same amount as the state assessed revenues actually placed in the Debt Service in the prior year.		_____
9. <b>Revenue required from locally assessed property for debt service</b> (Line 7 - Line 8)		_____
10. <b>Computation of debt service tax rate*</b> [(Line 9 / Line 1) x 100] Round a fraction to the nearest one/one hundredth of a cent. See the rounding worksheet.		_____
11. <b>** Less Voluntary Reduction By Political Subdivision</b>		_____
12. <b>Actual rate to be levied for debt service purposes *</b> (Line 10 - Line 11) <b>Enter this rate on the Tax Rate Summary Page, Line AA</b>		_____

\* The tax rate levied may be lower than the rate computed as long as adequate funds are available to service the debt requirements.

\*\* Mandatory Required Fields to Complete (For General Obligation Bonds Paid for by Property Taxes).

**FORM G - RECOUPMENT FORM FOR COMPLIANCE WITH SECTION 137.073.3(2)(a) and (b)  
FOR SCHOOL DISTRICTS IMPLEMENTING SB960**

**(2004)**

\_\_\_\_\_  
(Name of School District)

\_\_\_\_\_  
(School District Code)

\_\_\_\_\_  
(Purpose of Levy)

If assessments are reduced after tax rates are set and the reductions are due to decisions of the State Tax Commission or a judicial court or are due to clerical corrections, the existing tax rate ceiling may be revised to compensate for the changes described above. A political subdivision may document these changes by filing revised copies of each of the tax rate forms for each year that is affected. These changes should be clearly marked on the revised forms and a written explanation of the revised should be attached.

Before completion of this form, revisions are required to the prior year(s) tax rate forms to determine the revised assessed valuation and revised tax rate ceiling. Revised forms must be filed with the State Auditor before or at the time the recoupment form is filed. **See tab "2001 and 2002 Input Data" of the Recoupment Calculator for Schools Using SB960 on the State Auditor's web site to update the tax rate computation for years 2001 and 2002 and/or tab "2003 Input Data" of the Recoupment Calculator for School Using SB960 on the State Auditor's web site to update the tax rate computation for year 2003. Otherwise, manually revise the tax rate computation for years 2003, 2002, and/or 2001.**

After making revisions, a political subdivision may be permitted to levy an additional tax for up to three years to recoup the revenues it was entitled to receive for the preceding one to three year period affected by the revisions. The steps below determine if a recoupment is permissible and document to what extent the political subdivision desires to recoup in the current year.

**Start with the third prior year (if applicable) and work forward to the present.**

Please provide a written explanation in the space below (or by attaching an explanation) as to why the political subdivision would be eligible for the recoupment process.

**CERTIFICATION**

I, the undersigned hereby do certify that the data set forth below is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Name of School District

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
District Number

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Purpose of Levy

FORM G - RECOUPMENT FORM FOR COMPLIANCE WITH SECTION 137.073.3(2)(a) and (b)  
 FOR SCHOOL DISTRICTS IMPLEMENTING SB960

(2004)

(Name of School District) (School District Code) (Purpose of Levy)

YEAR 2002 and 2001 - COMPLETE LINES 1 THROUGH 9 FOR THE THIRD AND SECOND PRIOR YEAR (IF APPLICABLE)

	2002	2001	Total
1. <b>Revised Locally Assessed Valuation</b> After the changes to 2002 and/or 2001 tax rate(s) have been made. (Revised Form A, Line 1 Total)			
2. <b>Revised Tax Rate Ceiling</b> After the revision to the assessed valuation was made. (Revised Tax Rate Summary Page, Line F)			
3. <b>Revised Permissible Locally Assessed Tax Revenue</b> [(Line 1 x Line 2) / 100]			
4. <b>Revised Locally Assessed Valuation</b> (Form G, Line 1)			
5. <b>Original Tax Rate Ceiling</b> (Original Tax Rate Summary Page, Line F)			
6. <b>Total Locally Assessed Tax Revenue Actually Produced</b> [(Line 4 x Line 5) / 100]			
7. <b>Revenue Loss Due to Local Assessment Reductions</b> (Line 3 - Line 6)			
8. <b>Estimated Lost Revenue from State Assessed Property Due to Revised Rates or State Assessment Reductions</b> This amount <u>must be</u> estimated by the District on the "Input Data" tabs.			
9. <b>Total Lost Revenue Allowed to be Recouped</b> (Line 7 + Line 8)			

YEAR 2003 - COMPLETE LINES 10 THROUGH 18 FOR THE PRIOR YEAR (IF APPLICABLE)

	Real Estate			Personal Property	Total
	Residential	Agricultural	Commercial		
10. <b>Revised Locally Assessed Valuation</b> After the changes to 2003 tax rate(s) have been made. (Revised Form A, Line 1)					
11. <b>Revised Tax Rate Ceiling</b> After the revision to the assessed valuation was made. (Revised Tax Rate Summary Page, Line F)					
12. <b>Revised Permissible Locally Assessed Tax Revenue</b> [(Line 10 x Line 11) / by 100]					
13. <b>Revised Locally Assessed Valuation</b> (Form G, Line 10)					
14. <b>Original Tax Rate Ceiling</b> (Original Tax Rate Summary Page, Line F)					
15. <b>Total Locally Assessed Tax Revenue Actually Produced</b> [(Line 13 x Line 14) / 100]					
16. <b>Revenue Loss Due to Local Assessment Reductions</b> (Line 12 - Line 15)					
17. <b>Estimated Lost Revenue from State Assessed Property Due to Revised Rates or State Assessment Reductions</b> This amount <u>must be</u> estimated by the District on the "Input Data" tabs.					
18. <b>Total Lost Revenue to be Recouped</b> (Line 16 + Line 17)					

**FORM G - RECOUPMENT FORM FOR COMPLIANCE WITH SECTION 137.073.3(2)(a) and (b)  
FOR SCHOOL DISTRICTS IMPLEMENTING SB960**

**(2004)**

\_\_\_\_\_  
(Name of School District) (School District Code) (Purpose of Levy)

**Determination of Recoupment Rate(s)**

	Real Estate			Personal	Total
	Residential	Agricultural	Commercial	Property	
19. <b>Total Revenue Loss</b> [Line 9 (Total) + Line 18 (Total)]					
20. <b>Revenue Desired to Recoup in Current Year</b> Revenue the District chooses to recoup in the current year. Enter the desired revenue to recoup in the highlighted cell. (Do Not Enter Less than Line 9 for the Year 2001 Nor More than Line 19)					
21. <b>Estimated Amount of Current Collections from State Assessed Property for Recoupment of Loss</b> This amount <u>must</u> be estimated by the District. Enter the estimate in the highlighted cell.					
22. <b>Amount to be Recouped from Locally Assessed Property</b> (Line 20 - Line 21)					
23. <b>Total Current Year (2004) Locally Assessed Property</b> Enter the assessed valuation in the highlighted cells. [Current (2004) Form A, Line 1]					
24. <b>Relative Ratio of Current Year Assessed Valuation</b> Ratio of the assessed valuation of each subclass to the total assessed valuation. (Line 23 / Line 24)					
25. <b>Total Revenue Desired To Recoup Allocated To Each Subclass Based on the Relative Ratio of Assessed Valuation</b> (Line 22 x Line 24)					
26. <b>Rate(s) to be Levied to Partially or Fully Recoup the Loss</b> [(Line 25 / Line 23) x 100] Enter these rates on the currently year (2004) Tax Rate Summary Page, Line I.					

**Complete lines 27 and 28 IF Line 20 is less than Line 19**

**Form H will Need to be Completed to Continue this Recoupment in the 2nd or 3rd Year**

- 27. Portion of revenue on Line 9 for year 2002 reserved for second year of recoupment \_\_\_\_\_
- 28. Portion of revenue on Line 19 for year 2003 reserved for second or third year of recoupment \_\_\_\_\_



**FORM H - RECOUPMENT FORM FOR COMPLIANCE WITH SECTION 137.073.3(2)(a) and (b)  
 FOR POLITICAL SCHOOL DISTRICTS IMPLEMENTING SB960**

\_\_\_\_\_  
 (Name of School District) (School District Code) (Purpose of Levy)

Assessment reductions ordered after tax rates are set may result in a loss of revenue. In certain instances, a separate recoupment rate may be levied in a subsequent year to replace the revenue lost (see Form G). A political subdivision may choose not to fully recoup the revenue lost in one year. A three-year period following the year in which the loss occurred is allowed by statute for recouping the lost revenues. Form H is used to document the revenue remaining to be recouped and the allowable recoupment rate when there is a carry over.

**COMPUTATION OF RECOUPMENT RATE**

	Residential	Agricultural	Commercial	Personal	Total
1. <b>Total Revenue Lost Due to Assessment Reductions</b> (Form G, Line 9)					
2. <b>Revenue Recouped in Prior Year(s)</b>					
____ Year					
a. Assessed Valuation (Locally Assessed Only)					
b. Recoupment Rate (Certified)					
c. Revenue Recouped [(Line 2a x Line 2b) / 100]					
d. Revenue Recouped from State Assessed Property					
____ Year					
e. Assessed Valuation (Locally Assessed Only)					
f. Recoupment Rate (Certified)					
g. Revenue Recouped [(Line 2e x Line 2f) / 100]					
h. Revenue Recouped from State Assessed Property					
3. <b>Total Revenue Recouped in Prior Year(s)</b> [Line 2c (Total) + Line 2d (Total) + Line 2g (Total) + Line 2h (Total)]					
4. <b>Revenue Remaining to be Recouped</b> (Line 1 - Line 3)					
5. <b>Revenue Desired to be Recouped in the Current Year</b> The law provides for recoupment no further back than the third prior year. For example, if the recoupment rate is being computed for 2004, the revenue lost from 2001 must be recouped or waived.					
6. <b>Revenue that will be recouped from State Assessed Property in the Current Year</b>					
7. <b>Revenue to be Recouped form Locally Assessed Property in the Current Year</b> (Line 5 - Line 6)					
8. <b>Total Current Year Assessed Valuation</b> Obtained from the County Clerk or Assessor (Form A, Line 1)					
9. <b>Relative Ratio of Current Year Assessed Valuation</b> Ratio of the assessed valuation of each subclass to the total assessed valuation. [Line 8 / Line 8 (Total)]					
10. <b>Total Revenue Desired to Recoup Allocated To Each Subclass</b> Based on the Relative Ratio of Assessed Valuation (Line 7 x Line 9)					
11. <b>Rate(s) to be Levied to Partially or Fully Recoup the Lost Revenue</b> [(Line 10 / Line 8) x 100]					

**CERTIFICATION**

I, the undersigned hereby do certify that the data set forth below is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
 Name of Political Subdivision (Telephone) (Signature)

\_\_\_\_\_  
 Political Subdivision No. (Date) (Print Name)

\_\_\_\_\_  
 Purpose of Levy

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

**PROPOSED RULE**

**15 CSR 40-3.140 Calculation and Revision of Property Tax Rates by School Districts that Calculate a Single Property Tax Rate Applied to All Property**

*PURPOSE:* This rule applies to school districts that calculate a single property tax rate applied to all property and is designed to implement section 137.073, RSMo as it applies to calculating and revising property tax rates.

(1) The following forms with instructions, included herein, have been adopted and approved for use by the school districts to calculate a separate property tax rate for all property. These forms should be used to compute and substantiate the annual tax rate ceiling(s) pursuant to requirements of the *Missouri Constitution* Article X, Section 22 and section 137.073, RSMo:

- (A) Tax Rate Summary Page;
- (B) Form A Computation of Reassessment Growth and Rate for Compliance with Article X, Section 22, *Missouri Constitution* and section 137.073, RSMo;
- (C) Form B New Voter Approved Tax Rate or Tax Rate Increase;
- (D) Form C Debt Service Calculation for General Obligation Bonds Paid for with Property Taxes;
- (E) Form G Initial Calculation of Allowed Recoupment and Calculation of First Year of Recoupment Taken; and
- (F) Form H Calculation of Second and/or Third Year of Recoupment Taken.

*AUTHORITY:* section 137.073.6, RSMo Supp 2004. A version of this rule was previously filed as 15 CSR 40-3.120. Emergency rule filed Sept. 24, 2004, effective Oct. 4, 2004, expires April 1, 2005. Original rule filed Nov. 10, 2004.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rule with the State Auditor's Office, 224 State Capitol, Jefferson City, MO 65101. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
TAX RATE SUMMARY PAGE - FOR SCHOOL DISTRICTS (2004)**

\_\_\_\_\_  
(Name of School District) (School Code) (Purpose of Levy)

The information to be shown on the Tax Rate Summary Page is either available from prior year forms, computed on the attached forms, or computed directly on the Tax Rate Summary Page.

- A. **Prior Year Tax Rate Ceiling** as defined in Chapter 137, RSMo. Revised if the Prior Year Assessed Valuation or Estimated State Assessed Revenue Changed. (Prior Year Tax Rate Summary Page, Line F) \_\_\_\_\_
- B. **Current Year Rate Computed** Pursuant To Article X, Section 22 of the Missouri Constitution and Section 137.073, RSMo. (Form A, Line 22) \_\_\_\_\_
- C1. **Tax Rate Ceiling at the Time of the Election** \_\_\_\_\_
- C2. **Amount of Rate Increase Authorized By Voters** or Increase due to Amendment 2, if applicable. (Form B, Line 2 if same purpose) Enter the Date the School Board Decided to Use Amendment 2. \_\_\_\_\_
- D. **Total** [Line B (if no election) otherwise Line C1 + Line C2] \_\_\_\_\_
- E. **Maximum Authorized Levy** [Greater of Prior Year Line E or Current Year Line D (if there was an election)] \_\_\_\_\_
- F. **Current Year Tax Rate Ceiling** (Lower of Line D or E) Maximum legal rate to comply with Missouri laws \_\_\_\_\_
- G. **Less Required Proposition C (Sales Tax) Reduction** (If Applicable) Circle the type of waiver your district has Full Partial No Please attach a copy of the DESE Prop C Reduction Worksheet there is no waiver. \_\_\_\_\_
- H. **Less Voluntary Reduction By School District** \_\_\_\_\_
- I. **Plus Allowable Recoupment Rate** If Applicable (Attach Form G or H) \_\_\_\_\_
- J. **Tax Rate To Be Levied** Rate to be Certified MUST be  $\leq$  Line F (Line F - Line G - Line H + Line I) \_\_\_\_\_
- AA. **Rate To Be Levied For Debt Service** If Applicable (Form C, Line 12) \_\_\_\_\_
- BB. **Additional Special Purpose Rate Authorized By Voters** After The Prior Year Tax Rates Were Set, If Applicable (Form B, Line 2 if a different purpose) \_\_\_\_\_

**CERTIFICATION**

I, the undersigned, \_\_\_\_\_ (Office) of \_\_\_\_\_ (School District) levying a rate in \_\_\_\_\_ County(ies) do hereby certify that the data set forth above and on the accompanying forms is true and accurate to the best of my knowledge and belief.

**Please complete Lines G – BB, sign this form, and return to either the County Clerk(s) for final certification or the State Auditor's Office for a math check.**

\_\_\_\_\_  
(Print Name) (Date) (Signature) (Telephone)

**Proposed rate to be entered on tax books by County Clerk**  
**Based on Certification from the School District:** Lines J \_\_\_\_\_ AA \_\_\_\_\_ BB \_\_\_\_\_

Section 137.073.7 RSMo, states that no tax rate shall be extended on the tax rolls by the county clerk unless the political subdivision has complied with the foregoing provisions of this section.

\_\_\_\_\_  
(County) (County Clerk's Signature) (Date)

**Please submit only 1 copy directly to the State Auditor's Office – if you fax it, DON'T mail it and vice versa.**

**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
COMPUTATION OF REASSESSMENT GROWTH AND RATE FOR COMPLIANCE  
WITH ARTICLE X, SECTION 22 AND SECTION 137.073 RSMo  
FORM A - FOR SCHOOL DISTRICTS**

**(2004)**

(Name of School District) \_\_\_\_\_ (School Code) \_\_\_\_\_ (Purpose of Levy) \_\_\_\_\_  
.....

**1.\*\* Current Year (2004) Assessed Valuation**

Include the current locally assessed valuation obtained from the County Clerk, County Assessor, or comparable office finalized by the local board of equalization.

(a) \_\_\_\_\_ + (b) \_\_\_\_\_ = \_\_\_\_\_  
(Real Estate) (Personal) (Total)

**2.\*\* Assessed Value of New Construction and Improvements**

2(a) - May be obtained from the County Clerk or County Assessor.

2(b) - Increase in personal property. Use the formula listed under Line 2(b).

(a) \_\_\_\_\_ + (b) \_\_\_\_\_ = \_\_\_\_\_  
(Real Estate) Line 1(b) - 3(b) - 5(b) + 6(b) + 7(b) (Total)  
**If Line 2b is Negative, Enter Zero**

**3.\*\* Assessed Value of Newly Added Territory**

May be obtained from the County Clerk or County Assessor.

(a) \_\_\_\_\_ + (b) \_\_\_\_\_ = \_\_\_\_\_  
(Real Estate) (Personal) (Total)

**4. Adjusted Current Year Assessed Valuation**

[Line 1 (Total) - Lines 2 (Total) - Line 3 Total]

.....  
**5.\*\* Prior Year (2003) Assessed Valuation**

Include the prior year locally assessed valuation obtained from the County Clerk, County Assessor, or comparable office finalized by the local board of equalization.

Note: If this is different than the amount on the 2003 Form A, Line 1, then revise the 2003 tax rate form to re-calculate the 2003 tax rate ceiling.

Enter the revised 2003 tax rate ceiling on the 2004 Tax Rate Summary Page, Line A.

(a) \_\_\_\_\_ + (b) \_\_\_\_\_ = \_\_\_\_\_  
(Real Estate) (Personal) (Total)

**6.\*\* Assessed Value of Newly Separated Territory**

May be obtained from the County Clerk or County Assessor.

(a) \_\_\_\_\_ + (b) \_\_\_\_\_ = \_\_\_\_\_  
(Real Estate) (Personal) (Total)

**7.\*\* Assessed Value of Property Locally Assessed in Prior Year, but State Assessed in Current Year**

May be obtained from the County Clerk or County Assessor.

(a) \_\_\_\_\_ + (b) \_\_\_\_\_ = \_\_\_\_\_  
(Real Estate) (Personal) (Total)

**8. Adjusted Prior Year Assessed Valuation**

[Line 5 (Total) - Line 6 (Total) - Line 7 (Total)]

.....  
**\*\* - Mandatory Required Fields to Complete**

**Continue to Form A, Page 2 of 3 for Computation of the Tax Rate.**

HASH TOTAL (To be computed and used by the State) \_\_\_\_\_

QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
COMPUTATION OF REASSESSMENT GROWTH AND RATE FOR COMPLIANCE  
WITH ARTICLE X, SECTION 22 AND SECTION 137.073 RSMo

FORM A - FOR SCHOOL DISTRICTS

(2004)

(Name of School District)	(School Code)	(Purpose of Levy)
.....		
9.	<b>Percentage Increase in Adjusted Valuation</b> of existing property in the current year over the prior year's assessed valuation [(Line 4 - Line 8) / Line 8] x 100	_____ %
10.	<b>Increase in Consumer Price Index</b> as certified by the State Tax Commission.	<u>2.3000</u> %
11.	<b>Adjusted Prior Year Assessed Valuation</b> (Line 8) If Negative, Enter Zero	_____
12.	<b>Tax Rate Ceiling from Prior Year (2003)</b> (Tax Rate Summary Page, Line A)	_____
13.	<b>Maximum Prior Year Adjusted Revenue from Locally Assessed Property</b> that existed in both years. [(Line 11 x Line 12) / 100]	_____
14.**	<b>Maximum Prior Year Revenue from State Assessed Property (before reductions)</b> Provided by the Department of Elementary and Secondary Education.	_____
15.	<b>Total Adjusted Prior Year Revenue</b> (Line 13 + Line 14)	_____
16.	<b>Permitted Reassessment Revenue Growth</b> <u>The percentage entered on Line 16 should be the lower of the actual growth (Line 9), the CPI (Line 10), or 5%.</u> A negative figure on Line 9 is treated as a zero for Line 16 purposes. Do not enter less than 0, nor more than 5%.	_____ %
17.	<b>Additional Reassessment Revenue Permitted</b> (Line 15 x Line 16)	_____
18.	<b>Total Revenue Permitted in the Current Year</b> from property that existed in both years (Line 15 + Line 17)	_____
19.**	<b>Estimated Current Year Revenue from State Assessed Property (before reductions)</b> The school district should use its best estimate. (i.e. same amount as Line 14, current year's Line 14 multiplied by the percentage increase in state assessed valuation per the State Tax Commission, or using the best educated guess). If this amount declines substantially from the amount on Line 14, please provide written documentation to the State Auditor's Office to explain the reasons for the difference.	_____

.....  
\*\* - Mandatory Required Fields to Complete

Continue to Form A, Page 3 of 3 for Computation of the Tax Rate.

**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
COMPUTATION OF REASSESSMENT GROWTH AND RATE FOR COMPLIANCE  
WITH ARTICLE X, SECTION 22 AND SECTION 137.073 RSMo**

**FORM A - FOR SCHOOL DISTRICTS (2004)**

(Name of School District)	(School Code)	(Purpose of Levy)
20.	<b>Revenue Permitted from Existing Locally Assessed Property.*</b> (Line 18 - Line 19)	_____
21.	<b>Adjusted Current Year Assessed Valuation</b> (Line 4) If Negative, Enter Zero	_____
22.	<b>Maximum Tax Rate Permitted by Article X, Section 22 and Section 137.073 RSMo. [(Line 20 / Line 21) x 100]</b>	_____
	Round a fraction to the nearest one/one hundredth of a cent. See the rounding worksheet	
	<b>Enter this rate on Line B of the Tax Rate Summary Page</b>	=====

\* To compute the total property tax revenues BILLED for the current year (including revenues from all new construction and improvements and annexed property), multiply Line 1 by the rate on Line 22 and divide by 100. The property tax revenues BILLED would be used in estimating budgeted revenues.

**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
NEW VOTER APPROVED TAX RATE OR TAX RATE INCREASE  
FORM B - FOR SCHOOL DISTRICTS (2004)**

(Name of School District) \_\_\_\_\_ (School Code) \_\_\_\_\_ (Purpose of Levy) \_\_\_\_\_

**\*\* - Mandatory Required Fields to Complete** (if there was a new voter approved tax rate or tax rate increase).  
.....

Since the prior year tax rate computation, some school districts may have held elections where voters approved an increase in an existing tax or approved a new tax. Form B is designed to document the election.

1.\*\* **Date of election** \_\_\_\_\_

2.\*\* **Amount of Increase Approved by Voters** (An "Increase of" or "Increase by")  
Enter this rate on the Tax Rate Summary Page, Line C  
(if this is an increase to an existing rate).  
or  
Enter this rate on the Tax Rate Summary Page, Line BB  
(if it is a new rate or replaces a rate that has expired). \_\_\_\_\_

**State Rate Approved by Voters** (An "Increase to")  
Enter this rate on the Tax Rate Summary Page, Line D and put  
the difference between the Tax Rate Summary Page, Line C1 & the  
Tax Rate Summary Page, Line D on the Tax Rate Summary Page, Line C  
(if this is an increase to an existing rate). **OR**  
or  
Enter this rate on the Tax Rate Summary Page, Line BB  
(if it is a new rate or replaces a rate that has expired) \_\_\_\_\_

3.\*\* **Ballot Language**  
Attach a sample ballot or state proposition posed to the voters exactly as it appeared on the ballot.

4.\*\* **Election results** \_\_\_\_\_  
(Yes) (No)

5.\*\* **Expiration Date**  
Enter the last year the levy will be in effect, if applicable. \_\_\_\_\_

6.\*\* **Proposition C Waiver**  
-Indicate whether the district obtained a new waiver to  
eliminate part or all of the required Proposition C Reduction. \_\_\_\_\_  
(Full) (Partial)

-Attach a sample ballot or state the proposition posed  
exactly as it appeared on the ballot.  
-Also indicate the election results on the Proposition C Waiver. \_\_\_\_\_  
(Yes) (No)

.....  
HASH TOTAL (To be computed and used by the State) \_\_\_\_\_

**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
DEBT SERVICE CALCULATION FOR GENERAL OBLIGATION BONDS  
PAID FOR WITH PROPERTY TAXES  
FORM C - FOR SCHOOL DISTRICTS (2004)**

(Name of School District)	(School Code)	Debt Service (Purpose of Levy)
---------------------------	---------------	-----------------------------------

The tax rate for Debt Service will be considered valid if, after making the payment(s) for which the tax was levied, the bonds remain outstanding, and the debt fund reserves do not exceed the following year's payments. Since property taxes are levied and collected on a calendar year basis (January – December), it is recommended that this levy be computed using calendar year data.

- 1.\*\* **Total current year assessed valuation** obtained from the County Clerk or County Assessor. (Form A, Line 1 Total) \_\_\_\_\_
- 2.\*\* **Amount required to pay debt service requirements during the next calendar year (January 2005 – December 2005).** Include the principal and interest payments due on outstanding general obligation bond issues plus anticipated fees of any transfer agent or paying agent. \_\_\_\_\_
- 3.\*\* **Estimated costs of collection (collector fees and commissions and Assessment Fund withholdings) and anticipated delinquencies.** Experience in prior years is the best guide for estimating un-collectible taxes. (Usually 2% to 10% of Line 2 above) \_\_\_\_\_
- 4.\*\* **Reasonable reserve up to one year's payment** - It is important that the Debt Service Fund have sufficient reserves to prevent any default on the bonds. This will include payments for January 2006 – December 2006. \_\_\_\_\_
5. **Total required for debt service** (Line 2 + Line 3 + Line 4) \_\_\_\_\_
- 6.\*\* **Anticipated balance at end of current calendar year.** Show the anticipated bank balance at December 31, 2004 (account for any principal or interest due and estimated investment earning in the fund). \_\_\_\_\_
7. **Property tax revenue required for debt service** (Line 5 - Line 6) Any current balance in the fund available to meet the Debt Service requirements in the next calendar year is deducted from the total revenues required for Debt Service purposes. \_\_\_\_\_
- 8.\*\* **Estimated revenue from state assessed property for debt service for the next calendar year (January – December)** - Must be estimated by the school district. In most instances a good estimate would be the same amount as the state assessed revenues actually placed in the Debt Service Fund in the prior year. \_\_\_\_\_
9. **Revenue required from locally assessed property for debt service** (Line 7 - Line 8) \_\_\_\_\_
10. **Computation of debt service tax rate** [(Line 9 / Line 1) x 100] Round a fraction to the nearest one/one hundredth of a cent. See the rounding worksheet. \_\_\_\_\_
11. **Less Voluntary Reduction By School District** \_\_\_\_\_
12. **Actual rate to be levied for debt service purposes \*** (Line 10 – Line 11) Enter this rate on the Tax Rate Summary Page, Line AA. \_\_\_\_\_

\* - The tax rate levied may be lower than the rate computed as long as adequate funds are available to service the debt requirements.

\*\* - **Mandatory Required Fields to Complete**

HASH TOTAL (To be computed and used by the State) \_\_\_\_\_



**FORM G - RECOUPMENT FORM FOR COMPLIANCE WITH SECTION 137.073.3(2)(a) and (b)  
FOR SCHOOL DISTRICTS NOT IMPLEMENTING SB960 (2004)**

\_\_\_\_\_  
(Name of School District) (School District Code) (Purpose of Levy)

If assessments are reduced after tax rates are set and the reductions are due to decisions of the State Tax Commission or a judicial court or are due to clerical corrections, the existing tax rate ceiling may be revised to compensate for the changes described above. A political subdivision may document these changes by filing revised copies of each of the tax rate forms for each year that is affected. These changes should be clearly marked on the revised forms and a written explanation of the revised should be

Before completion of this form, revisions are required to the prior year(s) tax rate forms to determine the revised assessed valuation and revised tax rate ceiling. Revised forms must be filed with the State Auditor before or at the time the recoupment form is filed. **See tab "Input Data" of the Recoupment Calculator for Schools Not Using SB960 on the State Auditor's web site to update the tax rate computation for years 2003, 2002, and/or 2001. Otherwise, manually revise the tax rate computation for years 2003, 2002, and/or 2001.**

After making revisions, a political subdivision may be permitted to levy an additional tax for up to three years to recoup the revenues it was entitled to receive for the preceding one to three year period affected by the revisions. The steps below determine if a recoupment is permissible and document to what extent the political subdivision desires to recoup in the current year.

**Start with the third prior year (if applicable) and work forward to the present.**

Please provide a written explanation in the space below (or by attaching an explanation) as to why the political subdivision would be eligible for the recoupment process.

**CERTIFICATION**

I, the undersigned hereby do certify that the data set forth on the accompanying forms is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Name of School District (Telephone) (Signature)

\_\_\_\_\_  
District Number (Date) (Printed Name)

\_\_\_\_\_  
Purpose of Levy

**FORM G - RECOUPMENT FORM FOR COMPLIANCE WITH SECTION 137.073.3(2)(a) and (b)  
FOR SCHOOL DISTRICTS NOT IMPLEMENTING SB960 (2004)**

(Name of School District)	(School District Code)		(Purpose of Levy)
	2003	2002	2001
1. <b>Revised Locally Assessed Valuation</b> After the changes to 2003, 2002 &/or 2001 tax rate(s) have been made. (Revised Form A, Line 1 Total)			
2. <b>Revised Tax Rate Ceiling</b> After the revision to the assessed valuation was made. (Revised Tax Rate Summary Page, Line F)			
3. <b>Revised Permissible Locally Assessed Tax Revenue</b> [(Line 1 x Line 2)/100]			
4. <b>Revised Locally Assessed Valuation</b> (Form G, Line 1 Total)			
5. <b>Original Tax Rate Ceiling</b> (Original Tax Rate Summary Page, Line F)			
6. <b>Total Locally Assessed Tax Revenue Actually Produced</b> [(Line 4 x Line 5)/100]			
7. <b>Revenue Loss Due to Local Assessment Reduction</b> (Line 3 - Line 6)			
8. <b>Estimated Lost Revenue from State Assessed Property Due to Revised Rates or State Assessment Reductions</b> This amount <u>must</u> be estimated by the District on the "Input Data" tab.			
9. <b>Total Lost Revenue Allowed to be Recouped</b> (Line 7 + Line 8)			
10. <b>Total Revenue Loss</b> (Total of Line 9)			
11. <b>Revenue Desired to Recoup in Current Year</b> Revenue the District chooses to recoup in the current year. Enter the desired revenue to recoup in the highlighted cell. (Do Not Enter Less than Line 9 for the Year 2001 Nor More than Line 10)			
12. <b>Estimated Amount of Current Collections from State Assessed Property for Recoupment of Loss</b> This amount <u>must</u> be estimated by the District. Enter the estimate in the highlighted cell.			
13. <b>Amount to be Recouped from Locally Assessed Property</b> (Line 11 - Line 12)			
14. <b>Total Current Year (2004) Locally Assessed Valuation</b> Enter the assessed valuation in the highlighted cell. [Current (2004) Form A, Line 1]			
15. <b>Rate to be Levied to Partially or Fully Recoup the Loss</b> (Line 13 / Line 14 x 100) Enter this rate on the current year (2004) Tax Rate Summary Page, Line I.			

**Complete lines 16 and 17 IF Line 11 is less than Line 10**

**Form H will Need to be Completed to Continue this Recoupment in the 2nd & / or 3rd Year**

16. Portion of revenue on Line 9 for year 2002 reserved for second year of recoupment	
17. Portion of revenue on Line 9 for year 2003 reserved for second or third year of recoupment	

**FORM H COMPUTATION OF RECOUPMENT RATE FOR SCHOOL DISTRICTS (2004)**

\_\_\_\_\_  
(Name of Political Subdivision) (Political Subdivision Code) (Purpose of Levy)  
.....

Assessment reductions ordered after tax rates are set may result in a loss of revenue. In certain instances, a separate recoupment rate may be levied in a subsequent year to replace the revenue lost (See Form G). A school district may choose not to fully recoup the revenue lost in one year. A three-year period following the year in which the loss occurred is allowed by statute for recouping the lost revenues. Form H is used to document the revenue remaining to be recouped and the allowable recoupment rate when there is a carry over. **Before completion of this form, Form G must have been completed in a prior year.**

**COMPUTATION OF RECOUPMENT RATE**

1. **Total revenue lost due to assessment reductions**  
from Form G, Line 9 (Form G was completed in a previous year) \_\_\_\_\_
2. **Revenue recouped in prior years**
  - a.  $\frac{\text{_____}}{\text{(Year)}} \times \frac{\text{_____}}{\text{(Assessed Valuation x Recoupment Rate)}} / 100$  \_\_\_\_\_
  - b. Plus: Revenues recouped from state assessed property \_\_\_\_\_
  - c.  $\frac{\text{_____}}{\text{(Year)}} \times \frac{\text{_____}}{\text{(Assessed Valuation x Recoupment Rate)}} / 100$  \_\_\_\_\_
  - d. Plus: Revenues recouped from state assessed property \_\_\_\_\_
3. **Total revenue recouped in prior years**  
(Line 2a + Line 2b + Line 2c + Line 2d) \_\_\_\_\_
4. **Revenue remaining to be recouped**  
(Line 1 - Line 3) \_\_\_\_\_
5. **Revenue desired to be recouped in the current year**  
The law provides for recoupment no further back than the third prior year. For example, if the recoupment rate is being computed for 2004, the revenue lost from 2001 must be recouped or waived. \_\_\_\_\_
6. **Revenue that will be recouped from state assessed property in the current year** \_\_\_\_\_
7. **Revenue to be recouped from locally assessed property in the current year** (Line 5 - Line 6) \_\_\_\_\_
8. **Total current year assessed valuation**  
Obtained from the County Assessor or County Clerk  
(Form A, Line I Total) \_\_\_\_\_
9. **Recoupment rate for the current year**  
[(Line 7 / Line 8) x 100] \_\_\_\_\_

**CERTIFICATION**

I, the undersigned, \_\_\_\_\_ of \_\_\_\_\_  
(Office) (School District)  
located in \_\_\_\_\_ do hereby certify that the data set forth above is true and accurate  
County(ies)  
to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature) (Date)  
\_\_\_\_\_  
(Print Name) (Telephone)

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

**PROPOSED RULE**

**15 CSR 40-3.150 Calculation and Revision of Property Tax Rates by Political Subdivisions Other Than School Districts Calculating a Separate Property Tax Rate for Each Sub-Class of Property**

*PURPOSE:* This rule applies to political subdivisions other than school districts that calculate a separate property tax rate for each sub-class of property and is designed to implement section 137.073, RSMo as it applies to calculating and revising property tax rates.

(1) The following forms with instructions, included herein, have been adopted and approved for use by the political subdivisions other than school districts to calculate a separate property tax rate for each sub-class of property. These forms should be used to compute and substantiate the annual tax rate ceiling(s) pursuant to requirements of the *Missouri Constitution* Article X, Section 22 and section 137.073, RSMo:

(A) Tax Rate Summary Page;

(B) Form A Computation of Reassessment Growth and Rate for Compliance with Article X, Section 22, *Missouri Constitution* and section 137.073, RSMo;

(C) Form B New Voter Approved Tax Rate or Tax Rate Increase;

(D) Form C Debt Service Calculation for General Obligation Bonds Paid for with Property Taxes;

(E) Form G Initial Calculation of Allowed Recoupment and Calculation of First Year of Recoupment Taken; and

(F) Form H Calculation of Second and/or Third Year of Recoupment Taken.

*AUTHORITY:* section 137.073.6, RSMo Supp 2004. A version of this rule was previously filed as 15 CSR 40-3.120. Emergency rule filed Sept. 24, 2004, effective Oct. 4, 2004, expires April 1, 2005. Original rule filed Nov. 10, 2004.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rule with the State Auditor's Office, 224 State Capitol, Jefferson City, MO 65101. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
TAX RATE SUMMARY PAGE - FOR POLITICAL SUBDIVISIONS OTHER THAN SCHOOL DISTRICTS USING SB 960 (2004)**

(Name of Political Subdivision) \_\_\_\_\_ (Political Subdivision Code) \_\_\_\_\_ (Purpose of Levy) \_\_\_\_\_

**COMPLETE THE HIGHLIGHTED CELLS TO USE THIS TAX RATE CALCULATOR. PRINT OFF SUMMARY PAGE, IF DESIRED.**

	Real Estate			Personal
	Residential	Agricultural	Commercial	Property
A. <b>Prior Year Tax Rate Ceiling</b> as defined in Chapter 137, RSMo. Revised if Prior Year Assessed Valuation Changed. (Prior Year Tax Rate Summary Page, Line F)	_____	_____	_____	_____
B. <b>Current Year Rate Computed</b> Pursuant to Article X, Section 22 of the Missouri Constitution and Section 137.073, RSMo (Form A, Line 37)	_____	_____	_____	_____
C1. <b>Tax Rate Ceiling at the Time of the Election</b> If Applicable	_____	_____	_____	_____
C2. <b>Amount of Rate Increase Authorized By Voters</b> (Form B, Line 2 If Same Purpose)	_____	_____	_____	_____
D. <b>Total</b> [Line B (if no election) otherwise Line C1 + Line C2]	_____	_____	_____	_____
E. <b>Maximum Authorized Levy</b> [Greater of Prior Year Line E or Current Year Line D (if there was an election), Otherwise Prior Year Line F]	_____	_____	_____	_____
F. <b>Current Year Tax Rate Ceiling</b> (Lower of Line D or E) Maximum Legal Rate to Comply with Missouri Laws	_____	_____	_____	_____
G. <b>Less Required Sales Tax Reduction</b> If Applicable	_____	_____	_____	_____
H. <b>Less Voluntary Reduction By Political Subdivision</b>	_____	_____	_____	_____
I. <b>Plus Allowable Recoupment Rate</b> If Applicable (Attach Form G or H)	_____	_____	_____	_____
J. <b>Tax Rate To Be Levied</b> Rate to be Certified MUST be ≤ Line F (Line F - Lines G - H + Line I)	_____	_____	_____	_____
AA. <b>Rate To Be Levied For Debt Service</b> If Applicable (Form C, Line 10)	_____	_____	_____	_____
BB. <b>Additional Special Purposed Rate Authorized By Voters</b> After The Prior Year Tax Rates Were Set, If Applicable (Form B, Line 2 if a Different Purpose)	_____	_____	_____	_____

**CERTIFICATION**

I, the undersigned \_\_\_\_\_ (Office) of \_\_\_\_\_ (Political Subdivision)  
levying a rate in \_\_\_\_\_ (County or Counties) do hereby certify that the data set forth above and on  
the accompanying forms is true and accurate to the best of my knowledge and belief.

**Please complete Lines G - BB, sign this form, and return to either the County Clerk(s) for final certification OR the State Auditor's Office for a math check.**

(Date) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Telephone) \_\_\_\_\_

**Proposed rate to be entered on tax books by County Clerk**

**Based on Certification from the Political Subdivision:** Lines: J  
Section 137.073.7 RSMo, states that no tax rate shall be extended AA \_\_\_\_\_  
on the tax rolls by the county clerk unless the political subdivision BB \_\_\_\_\_  
has complied with the foregoing provisions of this section.

(Date) \_\_\_\_\_ (County Clerk's Signature) \_\_\_\_\_ (County) \_\_\_\_\_

**Please submit only 1 copy directly to the State Auditor's Office - if you fax it, DON'T mail it & vice versa.**

**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
COMPUTATION OF REASSESSMENT GROWTH AND RATE FOR COMPLIANCE WITH ARTICLE X, SECTION 22 AND SECTION 137.073 RSMo  
FORM A - FOR POLITICAL SUBDIVISION OTHER THAN SCHOOL DISTRICTS USING SB 960 (2004)**

	(Name of Political Subdivision)	(Political Subdivision Code)				(Purpose of Levy)	Prior Method of Calculating Tax Rates		
		(a)		(b)				(c)	(d)
		Residential	Agricultural	Real Estate	Commercial				
<b>** - Mandatory Required Fields to Complete</b>									
1. <b>** Current Year (2004) Assessed Valuation</b> Include the current locally and stated assessed valuation obtained from the County Clerk, Assessor, or comparable office finalized by the local board of equalization.									
2. <b>** Assessed Valuation of New Construction &amp; Improvements</b> 2(a) (b) & (c) - May be obtained from the County Clerk or Assessor. 2(d) = [Line 1(d) - 3(d) - 6(d) + 7(d) + 8(d)] if negative, enter zero									
3. <b>** Assessed Value of Newly Added Territory</b> Obtained from the County Clerk or Assessor									
4. <b>** Assessed Value of Real Property that Changed Subclass from the Prior Year and Was Added to a New Subclass in the Current Year</b> Obtained from the County Clerk or Assessor									
5. <b>Adjusted Current Year Assessed Valuation</b> (Line 1 - Line 2 - Line 3 - Line 4)									
6. <b>** Prior Year (2003) Assessed Valuation</b> Include the prior year locally and state assessed valuation obtained from the County Clerk, Assessor or comparable office finalized by the local board of equalization. <u>Note:</u> If this is different than the amount on the 2003 Form A, Line 1 then revise the 2003 tax rate form to re-calculate the 2003 tax rate ceiling. Enter the revised 2003 tax rate ceiling on the 2004 Tax Rate Summary Page, Line A.									
7. <b>** Assessed Value in Newly Separated Territory</b> Obtained from the County Clerk or Assessor									
8. <b>** Assessed Value of Property Locally Assessed in Prior Year, but State Assessed in Current Year</b> Obtained from the County Clerk or Assessor									
9. <b>** Assessed Value of Real Property that Changed Subclass from the Prior Year and Was Subtracted from the Previously Reported Subclass</b> Obtained from the County Clerk or Assessor									
10. <b>Adjusted Prior Year Assessed Valuation</b> (Line 6 - Line 7 - Line 8 - Line 9)									
<b>HASH TOTAL (To be computed and used by the State)</b>									

QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
COMPUTATION OF REASSESSMENT GROWTH AND RATE FOR COMPLIANCE WITH ARTICLE X, SECTION 22 AND SECTION 137.073 RSMo  
FORM A - FOR POLITICAL SUBDIVISION OTHER THAN SCHOOL DISTRICTS USING SB 960 (2004)

	(Name of Political Subdivision)	(Political Subdivision Code)				(Purpose of Levy)	Prior Method of Calculating Tax Rates		
		(a)		(b)				(c)	(d)
		Residential	Real Estate	Agricultural	Commercial				
<b>** - Mandatory Required Fields to Complete</b>									
11.	<b>Percentage Increase in Adjusted Valuation of existing property</b> in the current year over the prior year's assessed valuation [(Line 5 - Line 10) / Line 10] * 100								
12.	<b>Increase in Consumer Price Index</b> Certified by the State Tax Commission								
13.	<b>Adjusted Prior Year Assessed Valuation</b> (Line 10)								
14.	<b>Prior Year (2003) Tax Rate Ceiling</b> Current Method = Tax Rate Summary Page, Line A Prior Method = The 2003 Form A, Line 19 (Prior Method) + the 2003 Tax Rate Summary Page, Line C								
15.	<b>Maximum Prior Year Adjusted Revenue Permitted</b> from property that existed in both years [(Line 13 * Line 14) / 100]								
16.	<b>Permitted Reassessment Revenue Growth</b> Enter the lower of the actual growth (Line 11), the CPI (Line 12), or 5%. If Line 11 is negative, enter 0%. Do not enter less than 0%, nor more than 5%.								
17.	<b>Additional Reassessment Revenue Permitted</b> (Line 15 * Line 16)								
18.	<b>Revenue Permitted in the Current Year</b> from property that existed in both years. (Line 15 + Line 17)								
19.	<b>Adjusted Current Year Assessed Valuation</b> (Line 5)								
20.	<b>Tax Rate Permitted Using Prior Method</b> Tax Rate Permitted Prior to HB1150 & SB960 (Line 18 / Line 19 * 100)								
21.	<b>Limit Personal Property to the Prior Year Ceiling</b> [Lower of Line 20 (Personal Property) or Line 14 (Personal Property)]								
22.	<b>Maximum Authorized Levy</b> Current Method = The 2003 Tax Rate Summary Page, Line E Prior Method = The Greater of the 2003 Form A, Line 19 (Prior Method) + the 2003 Tax Rate Summary Page, Line C or the 2003 Tax Rate Summary Page, Line E								
23.	<b>Limit to the Prior Year Maximum Authorized Levy</b> [Lower of Line 20, Line 21 (for Personal Property only), or Line 22]								

QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
COMPUTATION OF REASSESSMENT GROWTH AND RATE FOR COMPLIANCE WITH ARTICLE X, SECTION 22 AND SECTION 137.073 RSMo  
FORM A - FOR POLITICAL SUBDIVISION OTHER THAN SCHOOL DISTRICTS USING SB 960

(2004)

	(Name of Political Subdivision)	(Political Subdivision Code)				(Purpose of Levy)	Prior Method of Calculating Tax Rates		
		(a)		(b)				(c)	(d)
		Residential	Agricultural	Real Estate	Commercial				
<b>Calculate Revised Rate(s)</b>									
24.	Tax Revenue [(Line 1 * Line 23) / 100]								
25.	Total Assessed Valuation [Line 1 (Total)]								
26.	Blended Rate [Line 24 (Total) / Line 25 * 100]								
27.	Revenue Difference due to SB 960 [Line 24 (Total) - Line 24 (Prior Method)]								
28.	Rate(s) to be Revised <b>Note: Revision Can Not Increase Personal Property Rate</b> [(If Line 27 < or > 0 & Line 23 < Line 23 (Prior Method), Then Line 23, Otherwise 0)]								
29.	Current Year Adjusted Assessed Valuation of Rates being Revised [(If Line 28 > 0, Then Line 5, Otherwise 0)]								
30.	Relative Ratio of Current Year Adjusted Assessed Valuation [Line 29 / Line 29 (Total)]								
31.	Revision to Rate [(If Line 28 > 0, Then (-Line 30 * Line 27 / Line 5) * 100, Otherwise 0)]								
32.	Revised Rate (Line 23 + Line 31)								
33.	Revised Rate Rounded [(If Line 32 < 1, Then Round to a 3-digit rate, Otherwise Round to a 4-digit rate)]								
<b>Calculate Final Blended Rate</b>									
34.	Tax Revenue [(Line 1 * Line 33) / 100]								
35.	Total Assessed Valuation [Line 1 (Total)]								
36.	Final Blended Rate [(Line 34 (Total) / Line 35) * 100]								
37.	Tax Rate(s) Permitted Calculated Pursuant to Article X, Section 22 and Section 137.073 RSMo. (Line 33) Enter Rate(s) on the Tax Rate Summary Page, Line B								



**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
 COMPUTATION OF REASSESSMENT GROWTH AND RATE FOR COMPLIANCE WITH ARTICLE X, SECTION 22 AND SECTION 137.073 RSMo  
 FORM A - FOR POLITICAL SUBDIVISION OTHER THAN SCHOOL DISTRICTS USING SB 960**

(2004)

	(Name of Political Subdivision)		(Political Subdivision Code)		(Purpose of Levy)		Prior Method of Calculating Tax Rates
	(a)	(b)	(c)	(d)	(e)	(f)	
	Residential	Real Estate Agricultural	Commercial	Personal Property	Total		
<b>38.</b>							
	<b>For Informational Purposes Only</b>						
	Revenue Calculated Using SB 960 [(Line 37 * Line 1) / 100]						
<b>39.</b>							
	Revenue Calculated Using the Prior Method [Line 23 (Prior Method) * Line 1] / 100]						
<b>40.</b>							
	Revenue Differences Using the Different Methods (Line 38 - Line 39)						
<b>41.</b>							
	Percent Change (Line 40 / Line 39)						



**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
 DEBT SERVICE CALCULATION FOR GENERAL OBLIGATION BONDS  
 PAID FOR WITH PROPERTY TAXES (2004)  
 FORM C - FOR POLITICAL SUBDIVISIONS OTHER THAN SCHOOL DISTRICTS USING SB 960**

(Name of Political Subdivision)	(Political Subdivision Code)	Debt Service (Purpose of Levy)
---------------------------------	------------------------------	-----------------------------------

The tax rate for Debt Service will be considered valid if, after making the payment(s) for which the tax was levied, the bonds remain outstanding, and the debt fund reserves do not exceed the following year's payments. Since the property taxes are levied and collected on a calendar year basis (January - December), it is recommended that this levy be computed using calendar year data.

1. **\*\* Total current year assessed valuation** obtained from the County Clerk or County Assessor. (Form A, Line 1 Total) \_\_\_\_\_
2. **\*\* Amount required to pay debt service requirements during the next calendar year (January 2005 – December 2005).** Include the principal and interest payments due on outstanding general obligation bond issues plus anticipated fees of any transfer agent or paying agent. \_\_\_\_\_
3. **\*\* Estimated costs of collection (collector fees and commissions and Assessment Fund withholdings) and anticipated delinquencies.** Experience in prior years is the best guide for estimating un-collectible taxes. (Usually 2% to 10% of Line 2 above) \_\_\_\_\_
4. **\*\* Reasonable reserve up to one year's payment** - It is important that the Debt Service Fund have sufficient reserves to prevent any default on the bonds. This will include payments for January 2006 – December 2006. \_\_\_\_\_
5. **Total required for debt service** (Line 2 + Line 3 + Line 4) \_\_\_\_\_
6. **\*\* Anticipated balance at end of current calendar year.**  
 Show the anticipated bank balance at December 31, 2004 (account for any principal or interest due and estimated investment earning in the fund). \_\_\_\_\_
7. **Property tax revenue required for debt service** (Line 5 - Line 6)  
 Any current balance in the fund available to meet the Debt Service requirements in the next calendar year is deducted from the total revenues required for Debt Service purposes. \_\_\_\_\_
8. **Computation of debt service tax rate** [(Line 7 / Line 1) x 100]  
 Round a fraction to the nearest one/one hundredth of a cent.  
 See the rounding worksheet. \_\_\_\_\_
9. **\*\* Less Voluntary Reduction By Political Subdivision** \_\_\_\_\_
10. **Actual rate to be levied for debt service purposes \*** (Line 8 - Line 9)  
**Enter this rate on the Tax Rate Summary Page, Line AA.** \_\_\_\_\_

\* The tax rate levied may be lower than the rate computed as long as adequate funds are available to service the debt requirements.

\*\* Mandatory Required Fields to Complete (For General Obligation Bonds Paid for by Property Taxes).

HASH TOTAL (To be computed and used by the State) \_\_\_\_\_

**FORM G - RECOUPMENT FORM FOR COMPLIANCE WITH SECTION 137.073.3(2)(a) and (b)  
FOR POLITICAL SUBDIVISIONS OTHER THAN SCHOOL DISTRICTS IMPLEMENTING SB960**

\_\_\_\_\_  
(Name of Political Subdivision)

\_\_\_\_\_  
(Political Subdivision Code)

\_\_\_\_\_  
(Purpose of Levy)

If assessments are reduced after tax rates are set and the reductions are due to decisions of the State Tax Commission or a judicial court or are due to clerical corrections, the existing tax rate ceiling may be revised to compensate for the changes described above. A political subdivision may document these changes by filing revised copies of each of the tax rate forms for each year that is affected. These changes should be clearly marked on the revised forms and a written explanation of the revised should be attached.

**Before** completion of this form, revisions are required to the prior year(s) tax rate forms to determine the revised assessed valuation and revised tax rate ceiling. Revised forms must be filed with the State Auditor before or at the time the recoupment form is filed. **See tab "2001 and 2002 Input Data" of the Recoupment Calculator for Political Subdivisions Other Than Schools Using SB960 on the State Auditor's web site to update the tax rate computation for years 2001 and 2002 and/or tab "2003 Input Data" of the Recoupment Calculator for Political Subdivisions Other Than Schools Using SB960 on the State Auditor's web site to update the tax rate computation for year 2003. Otherwise, manually revise the tax rate computation for years 2003, 2002, and/or 2001.**

After making revisions, a political subdivision may be permitted to levy an additional tax for up to three years to recoup the revenues it was entitled to receive for the preceding one to three year period affected by the revisions. The steps below determine if a recoupment is permissible and document to what extent the political subdivision desires to recoup in the current year.

**Start with the third prior year (if applicable) and work forward to the present.**

Please provide a written explanation in the space below (or by attaching an explanation) as to why the political subdivision would be eligible for the recoupment process.

**CERTIFICATION**

I, the undersigned hereby do certify that the data set forth below is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Name of Political Subdivision

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Political Subdivision No.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Purpose of Levy

**FORM G - RECOUPMENT FORM FOR COMPLIANCE WITH SECTION 137.073.3(2)(a) and (b)  
FOR POLITICAL SUBDIVISIONS OTHER THAN SCHOOL DISTRICTS IMPLEMENTING SB960**

(Name of Political Subdivision) (Political Subdivision Code) (Purpose of Levy)

**YEAR 2002 and 2001 - COMPLETE LINES 1 THROUGH 9 FOR THE THIRD AND SECOND PRIOR YEAR (IF APPLICABLE)**

	2002	2001	Total
1. <b>Revised State &amp; Locally Assessed Valuation</b> After the changes to 2002 and/or 2001 tax rate(s) have been made. (Revised Form A, Line 1 Total)			
2. <b>Revised Tax Rate Ceiling</b> After the revision to the assessed valuation was made. (Revised Tax Rate Summary Page, Line F)			
3. <b>Revised Permissible State &amp; Locally Assessed Tax Revenue</b> [(Line 1 x Line 2) / 100]			
4. <b>Revised State &amp; Locally Assessed Valuation</b> (Form G, Line 1)			
5. <b>Original Tax Rate Ceiling</b> (Original Tax Rate Summary Page, Line F)			
6. <b>Total State &amp; Locally Assessed Revenue Actually Produced</b> [(Line 4 x Line 5) / 100]			
7. <b>Total Lost Revenue Allowed to be Recouped</b> (Line 3 - Line 6)			

**YEAR 2003 - COMPLETE LINES 10 THROUGH 13 FOR THE PRIOR YEAR (IF APPLICABLE)**

	Real Estate			Personal Property	Total
	Residential	Agricultural	Commercial		
8. <b>Revised State &amp; Locally Assessed Valuation</b> After the changes to 2003 tax rate(s) have been made. (Revised Form A, Line 1 Total)					
9. <b>Revised Tax Rate Ceiling</b> After the revision to the assessed valuation was made. (Revised Tax Rate Summary Page, Line F)					
10. <b>Revised Permissible State &amp; Locally Assessed Tax Revenue</b> [(Line 8 x Line 9) / by 100]					
11. <b>Revised State &amp; Locally Assessed Valuation</b> (Form G, Line 8)					
12. <b>Original Tax Rate Ceiling</b> (Original Tax Rate Summary Page, Line F)					
13. <b>Total State &amp; Locally Assessed Revenue Actually Produced</b> [(Line 11 x Line 12) / 100]					
14. Total lost revenue to be recouped (Line 10 - Line 13)					

**FORM G - RECOUPMENT FORM FOR COMPLIANCE WITH SECTION 137.073.3(2)(a) and (b)  
FOR POLITICAL SUBDIVISIONS OTHER THAN SCHOOL DISTRICTS IMPLEMENTING SB960**

(Name of Political Subdivision)	(Political Subdivision Code)	(Purpose of Levy)
---------------------------------	------------------------------	-------------------

**Determination of Recoupment Rate(s)**

15. **Total Revenue Loss**  
[Line 7 (Total) + Line 14 (Total)] \_\_\_\_\_

16. **Revenue Desired to Recoup in Current Year**  
Revenue the political subdivision chooses to recoup in the current year.  
Enter the desired revenue to recoup in the highlighted cell. (Do Not  
Enter Less than Line 7 for the Year 2001 Nor More than Line 15) \_\_\_\_\_

17. **Total Current Year (2004) State & Locally Assessed Property**  
Enter the assessed valuation in the highlighted cells.  
[Current (2004) Form A, Line 1] \_\_\_\_\_

18. **Relative Ratio of Current Year Assessed Valuation**  
Ratio of the assessed valuation of each subclass to the  
total assessed valuation. [Line 17 / Line 17 (total)] \_\_\_\_\_

19. **Total Revenue Desired to Recoup Allocated  
To Each Subclass Based on the  
Relative Ratio of Assessed Valuation**  
(Line 16 x Line 18) \_\_\_\_\_

20. **Rate(s) to be Levied to Partially or Fully  
Recoup the Loss** [(Line 19 / Line 17) x 100] \_\_\_\_\_

**Complete lines 21 and 21 IF Line 16 is less than Line 15**

**Form H will Need to be Completed to Continue this Recoupment in the 2nd or 3rd Year**

21. Portion of revenue on Line 7 for year 2002 reserved for second year of recoupment \_\_\_\_\_

22. Portion of revenue on Line 14 for year 2003 reserved for second or third year of recoupment \_\_\_\_\_

**FORM H - RECOUPMENT FORM FOR COMPLIANCE WITH SECTION 137.073.3(2)(a) and (b)  
FOR POLITICAL SUBDIVISIONS OTHER THAN SCHOOL DISTRICTS IMPLEMENTING SB960**

\_\_\_\_\_  
(Name of Political Subdivision)    (Political Subdivision Code)    (Purpose of Levy)

Assessment reductions ordered after tax rates are set may result in a loss of revenue. In certain instances, a separate recoupment rate may be levied in a subsequent year to replace the revenue lost (see Form G). A political subdivision may choose not to fully recoup the revenue lost in one year. A three-year period following the year in which the loss occurred is allowed by statute for recouping the lost revenues. Form H is used to document the revenue remaining to be recouped and the allowable recoupment rate when there is a carry over.

**COMPUTATION OF RECOUPMENT RATE**

	<u>Residential</u>	<u>Agricultural</u>	<u>Commercial</u>	<u>Personal</u>	<u>Total</u>
<b>1. Total Revenue Lost Due to Assessment Reductions</b> (Form G, Line 7)					
<b>2. Revenue Recouped in Prior Year(s)</b>					
_____ Year					
a. Assessed Valuation	_____	_____	_____	_____	
b. Recoupment Rate	_____	_____	_____	_____	
c. Revenue Recouped [(Line 2a x 2b) / 100]	_____	_____	_____	_____	
_____ Year					
d. Assessed Valuation	_____	_____	_____	_____	
e. Recoupment Rate	_____	_____	_____	_____	
f. Revenue Recouped [(Line 2d x 2e) / 100]	_____	_____	_____	_____	
<b>3. Total Revenue Recouped in Prior Year(s)</b> [Line 2c (Total) + Line 2f (Total)]					
<b>4. Revenue Desired to be Recouped in the Current Year</b> The law provides for recoupment no further back than the third prior year. For example, if the recoupment rate is being computed for 2004, the revenue lost from 2001 must be recouped or waived.					
<b>5. Total Current Year Assessed Valuation</b> Obtained from the County Clerk or Assessor (Form A, Line 1)					
<b>6. Relative Ratio of Current Year Assessed Valuation</b> Ratio of the assessed valuation of each subclass to the total assessed valuation. [Line 5 / Line 5 (Total)]					
<b>7. Total Revenue Desired to Recoup Allocated To Each Subclass</b> Based on the Relative Ratio of Assessed Valuation (Line 4 x Line 6)					
<b>8. Rate(s) to be Levied to Partially or Fully Recoup the Lost Revenue [(Line 7 / Line 5) x 100]</b>					

**CERTIFICATION**

I, the undersigned hereby do certify that the data set forth below is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Name of Political Subdivision    (Telephone)    (Signature)

\_\_\_\_\_  
Political Subdivision No.    (Date)    (Print Name)

\_\_\_\_\_  
Purpose of Levy

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

**PROPOSED RULE**

**15 CSR 40-3.160 Calculation and Revision of Property Tax Rates by Political Subdivisions Other Than School Districts that Calculate a Single Property Tax Rate Applied to All Property**

*PURPOSE:* This rule applies to political subdivisions other than school districts that calculate a single property tax rate applied to all property and is designed to implement section 137.073, RSMo as it applies to calculating and revising property tax rates.

(1) The following forms with instructions, included herein, have been adopted and approved for use by the political subdivisions other than school districts to calculate a separate property tax rate for all property. These forms should be used to compute and substantiate the annual tax rate ceiling(s) pursuant to requirements of the *Missouri Constitution* Article X, Section 22 and section 137.073, RSMo:

- (A) Tax Rate Summary Page;
- (B) Form A Computation of Reassessment Growth and Rate for Compliance with Article X, Section 22, *Missouri Constitution* and section 137.073, RSMo;
- (C) Form B New Voter Approved Tax Rate or Tax Rate Increase;
- (D) Form C Debt Service Calculation for General Obligation Bonds Paid for with Property Taxes;
- (E) Form G Initial Calculation of Allowed Recoupment and Calculation of First Year of Recoupment Taken; and
- (F) Form H Calculation of Second and/or Third Year of Recoupment Taken.

*AUTHORITY:* section 137.073.6, RSMo Supp 2004. A version of this rule was previously filed as 15 CSR 40-3.120. Emergency rule filed Sept. 24, 2004, effective Oct. 4, 2004, expires April 1, 2005. Original rule filed Nov. 10, 2004.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rule with the State Auditor's Office, 224 State Capitol, Jefferson City, MO 65101. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.



**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
TAX RATE SUMMARY PAGE - FOR POLITICAL SUBDIVISIONS OTHER THAN SCHOOLS (2004)**

(Name of Political Subdivision) (Political Subdivision Code) (Purpose of Levy)

The information to be shown on the Tax Rate Summary Page is either available from prior year forms, computed on the attached forms, or computed directly on the Tax Rate Summary Page.

- A. **Prior Year Tax Rate Ceiling** as defined in Chapter 137, RSMo. Revised if the Prior Year Assessed Valuation Changed. (Prior Year Tax Rate Summary Page, Line F) \_\_\_\_\_
- B. **Current Year Rate Computed** Pursuant To Article X, Section 22 of the Missouri Constitution and Section 137.073, RSMo. (Form A, Line 18) \_\_\_\_\_
- C1. **Tax Rate Ceiling at the Time of the Election (If Applicable)** \_\_\_\_\_
- C2. **Amount of Rate Increase Authorized By Voters** (Form B, Line 2 if same purpose) \_\_\_\_\_
- D. **Total** [Line B (if no election) otherwise Line C1 + Line C2] \_\_\_\_\_
- E. **Maximum Authorized Levy** [Greater of Prior Year Line E or Current Year Line D (if there was an election)] \_\_\_\_\_
- F. **Current Year Tax Rate Ceiling** (Lower of Line D or E) Maximum legal rate to comply with Missouri laws. \_\_\_\_\_
- G. **Less Required Sales Tax Reduction** (If Applicable) \_\_\_\_\_
- H. **Less Voluntary Reduction By Political Subdivision** \_\_\_\_\_
- I. **Plus Allowable Recoupment Rate** If Applicable (Attach Form G or H) \_\_\_\_\_
- J. **Tax Rate To Be Levied** Rate to be Certified MUST be  $\leq$  Line F (Line F - Line G - Line H + Line I) \_\_\_\_\_
- AA. **Rate To Be Levied For Debt Service** If Applicable (Form C, Line 10) \_\_\_\_\_
- BB. **Additional Special Purpose Rate Authorized By Voters** After The Prior Year Tax Rates Were Set, If Applicable (Form B, Line 2 if a different purpose) \_\_\_\_\_

**CERTIFICATION**

I, the undersigned, \_\_\_\_\_ (Office) of \_\_\_\_\_ (Political Subdivision) levying a rate in \_\_\_\_\_ County(ies) do hereby certify that the data set forth above and on the accompanying forms is true and accurate to the best of my knowledge and belief.

**Please complete Lines G - BB, sign this form, and return to either the County Clerk(s) for final certification or the State Auditor's Office for a math check.**

\_\_\_\_\_  
(Print Name) (Date) (Signature) (Telephone)

**Proposed rate to be entered on tax books by County Clerk**  
**Based on Certification from the Political Subdivision: Lines J \_\_\_\_\_ AA \_\_\_\_\_ BB \_\_\_\_\_**  
Section 137.073.7 RSMo, states that no tax rate shall be extended on the tax rolls by the county clerk unless the political subdivision has complied with the foregoing provisions of this section.

\_\_\_\_\_  
(County) (County Clerk's Signature) (Date)

**Please submit only 1 copy directly to the State Auditor's Office - if you fax it, DON'T mail it and vice versa.**

**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
COMPUTATION OF REASSESSMENT GROWTH AND RATE FOR COMPLIANCE  
WITH ARTICLE X, SECTION 22 AND SECTION 137.073 RSMo  
FORM A - FOR POLITICAL SUBDIVISIONS OTHER THAN SCHOOLS**

**(2004)**

(Name of Political Subdivision) (Political Subdivision Code) (Purpose of Levy)

**1.\*\* Current Year (2004) Assessed Valuation**

Include the current state and locally assessed valuation obtained from the County Clerk, County Assessor, or comparable office finalized by the local board of equalization.

(a) \_\_\_\_\_ + (b) \_\_\_\_\_ = \_\_\_\_\_  
(Real Estate) (Personal) (Total)

**2.\*\* Assessed Value of New Construction and Improvements**

2(a) - May be obtained from the County Clerk or County Assessor.

2(b) - Increase in personal property. Use the formula listed under Line 2(b).

(a) \_\_\_\_\_ + (b) \_\_\_\_\_ = \_\_\_\_\_  
(Real Estate) Line 1(b) - 3(b) - 5(b) + 6(b) + 7(b) (Total)  
**If Line 2b is Negative, Enter Zero**

**3.\*\* Assessed Value of Newly Added Territory**

May be obtained from the County Clerk or County Assessor.

(a) \_\_\_\_\_ + (b) \_\_\_\_\_ = \_\_\_\_\_  
(Real Estate) (Personal) (Total)

**4. Adjusted Current Year Assessed Valuation**

[Line 1 (Total) - Line 2 (Total) - Line 3 (Total)]

**5.\*\* Prior Year (2003) Assessed Valuation**

Include the prior year state and locally assessed valuation obtained from the County Clerk, County Assessor, or comparable office finalized by the local board of equalization.

Note: If this is different than the amount on the 2003 Form A, Line 1, then revise the 2003 tax rate form to re-calculate the 2003 tax rate ceiling. Enter the revised 2003 tax rate ceiling on the 2004 Tax Rate Summary Page, Line A.

(a) \_\_\_\_\_ + (b) \_\_\_\_\_ = \_\_\_\_\_  
(Real Estate) (Personal) (Total)

**6.\*\* Assessed Value of Newly Separated Territory**

May be obtained from the County Clerk or County Assessor.

(a) \_\_\_\_\_ + (b) \_\_\_\_\_ = \_\_\_\_\_  
(Real Estate) (Personal) (Total)

**7.\*\* Assessed Value of Property Locally Assessed in Prior Year, but State Assessed in Current Year**

May be obtained from the County Clerk or County Assessor.

(a) \_\_\_\_\_ + (b) \_\_\_\_\_ = \_\_\_\_\_  
(Real Estate) (Personal) (Total)

**8. Adjusted Prior Year Assessed Valuation**

[Line 5 (Total) - Line 6 (Total) - Line 7 (Total)]

**\*\* - Mandatory Required Fields to Complete**

Continue to Form A, Page 2 of 3 for Computation of the Tax Rate.

HASH TOTAL (To be computed and used by the State)

**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
 COMPUTATION OF REASSESSMENT GROWTH AND RATE FOR COMPLIANCE  
 WITH ARTICLE X, SECTION 22 AND SECTION 137.073 RSMo**

**FORM A - FOR POLITICAL SUBDIVISIONS OTHER THAN SCHOOLS (2004)**

<u>(Name of Political Subdivision)</u>	<u>(Political Subdivision Code)</u>	<u>(Purpose of Levy)</u>
.....		
9. <b>Percentage Increase in Adjusted Valuation</b> of existing property in the current year over the prior year's assessed valuation [(Line 4 - Line 8) / Line 8] x 100		_____ %
10. <b>Increase in Consumer Price Index</b> as certified by the State Tax Commission.		<b><u>2.3000%</u></b>
11. <b>Adjusted Prior Year Assessed Valuation</b> (Line 8) If Negative, Enter Zero		_____
12. <b>Tax Rate Ceiling from Prior Year (2003)</b> (Tax Rate Summary Page, Line A)		_____
13. <b>Maximum Prior Year Adjusted Revenue Permitted</b> from property that existed in both years. [(Line 11 x Line 12) / 100]		_____
14. <b>Permitted Reassessment Revenue Growth</b> <u>The percentage entered on Line 14 should be the lower of the actual growth (Line 9), the CPI (Line 10), or 5%.</u> A negative figure on Line 9 is treated as a zero for Line 14 purposes. Do not enter less than 0, nor more than 5%.		_____ %
15. <b>Additional Reassessment Revenue Permitted</b> (Line 13 x Line 14)		_____
16. <b>Revenue Permitted in the Current Year</b> from property that existed in both years (Line 13 + Line 15)		_____
17. <b>Adjusted Current Year Assessed Valuation</b> (Line 4) If Negative, Enter Zero		_____
18. <b>Maximum Tax Rate Permitted by Article X, Section 22 and Section 137.073 RSMo.</b> [(Line 16 / Line 17) x 100]  Round a fraction to the nearest one/one hundredth of a cent. See the rounding worksheet  <b>Enter this rate on the Tax Rate Summary Page, Line B</b>		_____

\* To compute the total property tax revenues BILLED for the current year (including revenues from all new construction and improvements and annexed property), multiply Line 1 by the rate on Line 22 and divide by 100. The property tax revenues BILLED would be used in estimating budgeted revenues.

**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
NEW VOTER APPROVED TAX RATE OR TAX RATE INCREASE  
FORM B - FOR POLITICAL SUBDIVISIONS OTHER THAN SCHOOLS (2004)**

(Name of Political Subdivision) (Political Subdivision Code) (Purpose of Levy)

**\*\* - Mandatory Required Fields to Complete** (if there was a new voter approved tax rate or tax rate increase).

.....  
Since the prior year tax rate computation, some political subdivisions may have held elections where voters approved an increase in an existing tax or approved a new tax. Form B is designed to document the election.

1.\*\* **Date of election** \_\_\_\_\_

2.\*\* **Amount of Increase Approved by Voters** (An "Increase of" or "Increase by")  
Enter this rate on the Tax Rate Summary Page, Line C  
(if this is an increase to an existing rate).  
or  
Enter this rate on the Tax Rate Summary Page, Line BB  
(if it is a new rate or replaces a rate that has expired). \_\_\_\_\_

**State Rate Approved by Voters** (An "Increase to")  
Enter this rate on the Tax Rate Summary Page, Line D and put  
the difference between the Tax Rate Summary Page, Line C1 & the  
Tax Rate Summary Page, Line D on the Tax Rate Summary Page, Line C  
(if this is an increase to an existing rate). **OR**  
or  
Enter this rate on the Tax Rate Summary Page, Line BB  
(if it is a new rate or replaces a rate that has expired) \_\_\_\_\_

3.\*\* **Ballot Language**  
Attach a sample ballot or state proposition posed to the voters exactly as it appeared on the ballot.

4.\*\* **Election results** \_\_\_\_\_  
(Yes) (No)

5.\*\* **Expiration Date**  
Enter the last year the levy will be in effect, if applicable. \_\_\_\_\_

.....  
HASH TOTAL (To be computed and used by the State) \_\_\_\_\_

**QUESTIONNAIRE - DATA SUBMITTED TO THE STATE AUDITOR'S OFFICE FOR REVIEW  
DEBT SERVICE CALCULATION FOR GENERAL OBLIGATION BONDS  
PAID FOR WITH PROPERTY TAXES  
FORM C - FOR POLITICAL SUBDIVISIONS OTHER THAN SCHOOLS (2004)**

(Name of Political Subdivision) (Political Subdivision Code) (Purpose of Levy)

The tax rate for Debt Service will be considered valid if, after making the payment(s) for which the tax was levied, the bonds remain outstanding, and the debt fund reserves do not exceed the following year's payments.

Since property taxes are levied and collected on a calendar year basis (January – December), it is recommended that this levy be computed using calendar year data.

- 1.\*\* **Total current year assessed valuation** obtained from the County Clerk or County Assessor. (Form A, Line 1 Total) \_\_\_\_\_
- 2.\*\* **Amount required to pay debt service requirements during the next calendar year (January 2005 – December 2005).** Include the principal and interest payments due on outstanding general obligation bond issues plus anticipated fees of any transfer agent or paying agent. \_\_\_\_\_
- 3.\*\* **Estimated costs of collection (collector fees and commissions and Assessment Fund withholdings) and anticipated delinquencies.** Experience in prior years is the best guide for estimating un-collectible taxes. (Usually 2% to 10% of Line 2 above) \_\_\_\_\_
- 4.\*\* **Reasonable reserve up to one year's payment** - It is important that the Debt Service Fund have sufficient reserves to prevent any default on the bonds. This will include payments for January 2006 – December 2006. \_\_\_\_\_
- 5. **Total required for debt service** (Line 2 + Line 3 + Line 4) \_\_\_\_\_
- 6.\*\* **Anticipated balance at end of current calendar year.** Show the anticipated bank balance at December 31, 2004 (account for any principal or interest due and estimated investment earning in the fund). \_\_\_\_\_
- 7. **Property tax revenue required for debt service** (Line 5 - Line 6) Any current balance in the fund available to meet the Debt Service requirements in the next calendar year is deducted from the total revenues required for Debt Service purposes. \_\_\_\_\_
- 8. **Computation of debt service tax rate** [(Line 7 / Line 1) x 100] Round a fraction to the nearest one/one hundredth of a cent. See the rounding worksheet. \_\_\_\_\_
- 9. **Less Voluntary Reduction By Political Subdivision** \_\_\_\_\_
- 10. **Actual rate to be levied for debt service purposes \*** (Line 8 – Line 9) Enter this rate on the Tax Rate Summary Page, Line AA. \_\_\_\_\_

\* - The tax rate levied may be lower than the rate computed as long as adequate funds are available to service the debt requirements.

\*\* - **Mandatory Required Fields to Complete**

HASH TOTAL (To be computed and used by the State) \_\_\_\_\_

**FORM G - RECOUPMENT FORM FOR COMPLIANCE WITH SECTION 137.073.3(2)(a) and (b)  
FOR POLITICAL SUBDIVISIONS OTHER THAN SCHOOL DISTRICTS NOT IMPLEMENTING SB960 (2004)**

\_\_\_\_\_  
(Name of Political Subdivision) (Political Subdivision Code) (Purpose of Levy)

If assessments are reduced after tax rates are set and the reductions are due to decisions of the State Tax Commission or a judicial court or are due to clerical corrections, the existing tax rate ceiling may be revised to compensate for the changes described above. A political subdivision may document these changes by filing revised copies of each of the tax rate forms for each year that is affected. These changes should be clearly marked on the revised forms and a written explanation of the revised should be attached.

Before completion of this form, revisions are required to the prior year(s) tax rate forms to determine the revised assessed valuation and revised tax rate ceiling. Revised forms must be filed with the State Auditor before or at the time the recoupment form is filed. **See tab "Input Data" to update the tax rate computation for years 2003, 2002, and/or 2001 using this calculator. Otherwise, manually revise the tax rate computation for years 2003, 2002, and/or 2001.**

After making revisions, a political subdivision may be permitted to levy an additional tax for up to three years to recoup the revenues it was entitled to receive for the preceding one to three year period affected by the revisions. The steps below determine if a recoupment is permissible and document to what extent the political subdivision desires to recoup in the current year.

**Start with the third prior year (if applicable) and work forward to the present.**

**To use this calculator, begin by entering the revised information into the "Input Data" tab. The updated information will flow into the applicable line items of the revised 2003, 2002, and 2001 tax rate forms, as well the Recoupment Form. The highlighted cells below must be completed. Print Tip - Select "entire workbook" if you wish to print all forms in one step.**

Please provide a written explanation in the space below (or by attaching an explanation) as to why the political subdivision would be eligible for the recoupment process.

**CERTIFICATION**

I, the undersigned hereby do certify that the data set forth on the accompanying forms is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Name of Political Subdivision

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Political Subdivision Code

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Purpose of Levy

2003                      2002                      2001

**FORM G - RECOUPMENT FORM FOR COMPLIANCE WITH SECTION 137.073.3(2)(a) and (b)  
 FOR POLITICAL SUBDIVISIONS OTHER THAN SCHOOL DISTRICTS NOT IMPLEMENTING SB960 (2004)**

(Name of Political Subdivision)	(Political Subdivision Code)	(Purpose of Levy)
<b>1. Revised State &amp; Locally Assessed Valuation</b>		
After the changes to 2003, 2002 &/or 2001 tax rate(s) have been made. (Revised Form A, Line 1 Total)		
_____	_____	_____
<b>2. Revised Tax Rate Ceiling</b>		
After the revision to the assessed valuation was made. (Revised Tax Rate Summary Page, Line F)		
_____	_____	_____
<b>3. Permissible revised state and locally assessed tax revenue</b>		
[(Line 1 x Line 2)/100] Line 3 Rounded		
_____	_____	_____
<b>4. Revised state and locally assessed valuation</b>		
(Form G, Line 1 Total)		
_____	_____	_____
<b>5. Original tax rate ceiling (Certified)</b>		
_____	_____	_____
<b>6. Total state and locally assessed tax revenue</b>		
[(Line 4 x Line 5)/100] Line 6 Rounded		
_____	_____	_____
<b>Determination of Recoupment Rate - Enter information into the highlighted cells.</b>		
<b>7. Total Revenue Loss (Total of Line 6). Recoupment is <b>not</b> allowed if cell is negative.</b>		_____
<b>8. Revenue desired to recoup in current year (not less than line 6 for year 2001 nor more than Line 7)</b>		_____
<b>9. Total current year (2004) locally assessed property</b> [Current (2004) Form A, Line 1]		_____
<b>10. Rate to be levied to partially or fully recoup the loss [(Line 8 / Line 9) x 100]</b>		_____
<b>Complete lines 12 and 13 IF Line 9 is less than Line 8</b>		
<b>12. Portion of revenue on Line 7 for year 2005 reserved for second year of recoupment</b>		_____
<b>13. Portion of revenue on Line 7 for year 2006 reserved for second or third year of recoupment</b>		_____

**FORM H COMPUTATION OF RECOUPMENT RATE  
FOR POLITICAL SUBDIVISIONS OTHER THAN SCHOOL DISTRICTS (2004)**

(Name of Political Subdivision) (Political Subdivision Code) (Purpose of Levy)

Assessment reductions ordered after tax rates are set may result in a loss of revenue. In certain instances, a separate recoupment rate may be levied in a subsequent year to replace the revenue lost (See Form G). A political subdivision may choose not to fully recoup the revenue lost in one year. A three-year period following the year in which the loss occurred is allowed by statute for recouping the lost revenues. Form H is used to document the revenue remaining to be recouped and the allowable recoupment rate when there is a carry over.

**Before completion of this form, Form G must have been completed in a prior year.**

**COMPUTATION OF RECOUPMENT RATE**

1. **Total revenue lost due to assessment reductions**  
from Form G, Line 7 (Form G was completed in a previous year) \_\_\_\_\_

2. **Revenue recouped in prior years**

(Year) a.  $[(\text{Assessed Valuation} \times \text{Recoupment Rate}) / 100]$  \_\_\_\_\_

(Year) b.  $[(\text{Assessed Valuation} \times \text{Recoupment Rate}) / 100]$  \_\_\_\_\_

**Total revenue recouped in prior years**  
(Line 2a + Line 2b) \_\_\_\_\_

3. **Revenue remaining to be recouped**  
[Line 1 - Line 2 (Total)] \_\_\_\_\_

4. **Revenue desired to be recouped in the current year**  
The law provides for recoupment no further back than the third prior year. For example, if the recoupment rate is being computed for 2004, the revenue lost from 2001 must be recouped or waived. \_\_\_\_\_

5. **Total current year assessed valuation**  
Obtained from the County Assessor or County Clerk  
(Form A, Line 1 Total) \_\_\_\_\_

6. **Recoupment rate for the current year**  
[(Line 4 / Line 5) x 100] \_\_\_\_\_

**CERTIFICATION**

I, the undersigned, \_\_\_\_\_ of \_\_\_\_\_  
(Office) (Political Subdivision)  
located in \_\_\_\_\_ do hereby certify that the data set forth above is true and accurate  
(County(ies))  
to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Print Name) (Telephone)



**Title 19—DEPARTMENT OF HEALTH  
AND SENIOR SERVICES  
Division 30—Division of Health Standards and Licensure  
Chapter 82—General Licensure Requirements**

**PROPOSED AMENDMENT**

**19 CSR 30-82.050 Transfer and Discharge Procedures.** The department is proposing to amend sections (1) through (15).

*PURPOSE: This proposed amendment provides additional definitions and clarifies the procedure for the discharge and transfer of residents from long-term care facilities and the appeal process.*

(1) For the purposes of this rule, the following terms shall be defined as follows:

*[(A) Transfer means moving a resident from one institutional setting to another institutional setting for care and under circumstances where the releasing facility has decided that it will not readmit the resident or a legally authorized representative of the resident has not consented or agreed with the transfer. Unless indicated otherwise from the context of this rule, a transfer shall be deemed the same as a discharge;*

*(B) Discharge means releasing from a facility or refusing to readmit a resident from a community setting under circumstances where the resident or a legally authorized representative of the resident has not consented or agreed with the move or decision to refuse readmittance. Refusal to readmit a former resident shall not constitute a discharge if the former resident has been absent from the facility for more than ninety (90) days;*

*(C) Consent to or agreement with transfer or discharge means one of the following:*

*1. The resident or a legally authorized representative of the resident has consented to, agreed with, or requested the discharge; or*

*2. The resident's treating physician has ordered the transfer and the releasing facility intends to readmit the resident if requested to do so;*

*(D) Consent of the resident means that the resident, with sufficient mental capacity to fully understand the effects and consequences of the transfer or discharge, consents to or agrees with the transfer or discharge; and]*

**(A) Department shall mean the Missouri Department of Health and Senior Services;**

**(B) Division shall mean the Division of Senior Services and Regulation of the Missouri Department of Health and Senior Services;**

**(C) Certified facility shall mean a facility licensed pursuant to Chapter 198, RSMo, or a portion of such facility, that is also Medicare certified as a skilled nursing facility (SNF) as defined in 19 CSR 30-81.010(1)(J) or Medicaid certified as a nursing facility (NF) as defined in 19 CSR 30-81.010(1)(I) or that is certified as both an SNF and NF;**

*[(E)] (D) Legally authorized representative of a resident means a duly appointed guardian or an attorney-in-fact who has current and valid power to make health care decisions for the resident./;]*

**(E) Facility shall mean any facility licensed under Chapter 198, RSMo, as a residential care facility I, residential care facility II, intermediate care facility or skilled nursing facility including those facilities, which are also certified facilities; and**

**(F) Transfer and discharge includes the movement of a resident, initiated by a facility, to a bed or location outside of the facility in which the resident currently resides whether or not that bed or location is in the same physical plant.**

**1. Transfer and discharge does include movement of a resident from a bed in the certified portion of a facility to a bed in a non-certified portion of the same facility.**

**2. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility.**

**3. Transfer and discharge does not refer to movement of a resident pursuant to a court order including, but not limited to, orders pursuant to Chapters 475, 552, and 632, RSMo.**

**4. Transfer and discharge does not refer to movement of a resident as the result of directions of the Department of Corrections pursuant to Chapter 217, RSMo, or of directions of the Department of Mental Health pursuant to Chapter 630, RSMo, with respect to residents who are under the jurisdiction of those departments.**

**5. Transfer and discharge does not refer to movement of a resident as the result of the direction of a physician to admit a resident to a hospital or other place of specialized medical treatment providing the resident is readmitted to the facility at the conclusion of the treatment.**

**6. Transfer and discharge does not refer to movement of a resident initiated by the resident or the resident's legally authorized representative.**

*(2) The facility, shall permit each resident to remain in the facility unless[-];*

*(3) When the facility transfers or discharges a resident under any of the circumstances specified in [subsections (2)(A)-(E)] this rule, the resident's clinical record shall be documented. The facility shall ensure that documentation for the transfer or discharge is obtained from[-];*

**(A) The facility administrator or the facility director of nursing in all circumstances; and**

*[(A)](B) The resident's personal physician or the physician's designee when transfer or discharge is necessary under subsections (2)(A)[-] and (B); [and] or*

*[(B)](C) A physician or a physician's designee when transfer or discharge is necessary under subsections (2)(C) and (D) [; and].*

*[(C)]The facility administrator or the facility director of nursing in all circumstances.]*

*(4) Before a facility transfers or discharges a resident, the facility shall[-];*

*[(A) Send written notice to the resident in a language and manner reasonably calculated to be understood by the resident. The notice must also be sent to any legally authorized representative of the resident and to at least one family member. In the event that there is no family member known to the facility, the facility shall send a copy of the notice to the appropriate regional coordinator of the Missouri State Ombudsman's office;]*

**(A) Record and document in detail in each affected resident's record the reason for the transfer or discharge. The recording of the reason for the transfer or discharge shall be entered into the resident's record prior to the date the resident or any legally authorized representative receives notice of the transfer or discharge, or prior to the time when the transferring or discharging facility decides to transfer or discharge the resident;**

**(B) Send written notice to the resident in a language and manner reasonably calculated to be understood by the resident, if competent. The notice must also be sent to any legally authorized representative of the resident and to at least one (1) interested family member. In the event that there is no interested family member known to the facility, the facility shall send a copy of the notice to the appropriate regional coordinator of the Missouri State Ombudsman's office;**

*[(B)](C) Include in the written notice the following information:*

**1. The reason for the transfer or discharge;**

2. The effective date of transfer or discharge;

[3. *The resident's right to appeal the transfer or discharge notice to the director of the Division of Aging or his/her designated hearing official within thirty (30) days of the receipt of the notice;*]

[4.]3. The address to which the request for a hearing should be sent: Administrative Hearings [Unit, Division of Legal Services, P.O. Box 1527, Jefferson City, MO 65102-1527] **Officer, Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570;**

**4. The resident's right to appeal the transfer or discharge notice to the director of the division or the designated hearing official within thirty (30) days of the receipt of the notice;**

5. That filing an appeal may allow a resident to remain in the facility until the hearing is held unless a hearing official finds otherwise;

6. The location to which the resident is being transferred or discharged;

7. The name, address and telephone number of the designated regional long-term care ombudsman office; **and**

8. For Medicare and Medicaid certified facility residents with developmental disabilities **or mental illness**, the mailing address and telephone number of the Missouri Protection and Advocacy Agency, 925 South Country Club Drive, Jefferson City, MO 65109, (573) 893-3333, or the current address and telephone number of the protection advocacy agency if it has changed. *[The protection and advocacy agency is responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act. For Medicare and Medicaid certified facility residents with mental illness, the address and telephone number of Missouri Protection and Advocacy Agency, the agency responsible for persons with mental illness under the Protection and Advocacy for Mentally Ill Individuals Act; and]*

*[(C) Record and document in detail in each affected resident's record the reason for the transfer or discharge. The recording of the reason for the transfer or discharge shall be entered into the resident's record prior to the date the resident receives notice of the transfer or discharge, or prior to the time when the transferring or discharging facility decides to transfer or discharge the resident.]*

(5) The notice of transfer or discharge described in this rule shall be made by the facility no less than thirty (30) days before the resident is to be transferred or discharged. In the case of an emergency discharge, the notice shall be made as soon as practicable *[before the discharge]* when it is specifically alleged in the notice that *[-]*:

*[(C) The resident's health has improved sufficiently to allow a more immediate transfer or discharge under subsection (2)(B) of this rule;]*

*[(D)](C)* An immediate transfer or discharge is required by the resident's urgent medical needs under subsection (2)(A) of this rule; *or*.

*[(E) The resident has not resided in the facility for thirty (30) days.]*

(6) Any resident of a facility who receives notice of discharge from the facility in which he//or she resides may file an appeal of the notice with the Administrative Hearings *[Section, Division of Legal Services, P.O. Box 1527, Jefferson City, MO 65102-1527]* **Officer, Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570** within thirty (30) days of the date the resident received the discharge notice from the facility. The resident's legal guardian, the resident's attorney-in-fact appointed under sections 404.700/-/through 404.725, RSMo *[(Durable Power of Attorney Law of Missouri)]* or pursuant to sections 404.800-404.865, RSMo (Durable Power of Attorney for Health

Care Act) or any other individual may file a/n **written notice of appeal** on the resident's behalf. A Nursing Facility Transfer *[or]* Discharge Hearing Request form *[(MO Form 886-3245)]* to request a hearing may be obtained from the *[D]*division *[of Aging]* or the regional ombudsman. However, the use of a form is not required in order to file a *[request]* **written notice of appeal** for a hearing. *[The request for a hearing shall be verified in writing by the resident, his/her legal guardian, attorney-in-fact, or any other party requesting a hearing on the resident's behalf by attesting to the truth of the resident's request for a hearing.]*

(7) The director of the *[D]*department *[of Social Services]* shall designate a hearing official to hear and decide the resident's appeal.

(A) The designated hearing official shall notify the *[resident]* **person that filed the appeal**, the *[state long-term care ombudsman]* **Section for Long Term Care**, and the facility that the request for a hearing has been received and that a hearing has been scheduled.

(8) The discharge of the resident shall be stayed at the time the request for a hearing was filed unless the facility can show good cause why the resident should not remain in the facility until a written hearing decision has been issued by the designated hearing official. Good cause shall include, but is not limited to, those exceptions when the facility may notify the resident of a discharge from the facility with less than thirty (30) days notice as set forth in *[section (5) of]* this rule.

(A) The facility may show good cause for discharging the resident prior to a hearing decision being issued by the designated hearing official by filing a written Motion to Set Aside the Stay with the Administrative Hearings *[Unit]* **Officer** at the address in paragraph (4)(B)/4.3. The facility must provide a copy of the Motion to Set Aside the Stay to the *[resident, or to the resident's legally authorized representative and to at least one (1) family member, if one is known. In the event that a resident has no legally authorized representative and no known family members, then a copy of the Motion to Set Aside the Stay must be provided to the Missouri State Long-Term Care Ombudsman's Office]* **person filing the appeal**.

(B) Within five (5) days after a written Motion to Set Aside the Stay has been filed with the Administrative Hearings *[Unit]* **Officer**, the designated hearing official shall schedule a hearing to determine whether the facility has good cause to discharge the resident prior to a written hearing decision being issued. Notice of the good cause hearing need not be in writing. All parties and representatives who *[received]* **were entitled** to a copy of the Motion to Set Aside the Stay under *[subsection (8)(A)]* **provisions** of this rule shall also be notified of the good cause hearing.

1. The designated hearing official shall have the discretion to consolidate the facility's good cause hearing with the discharge hearing requested by the resident. In the case of an emergency discharge, an expedited hearing shall be held upon the request of the *[resident, legally authorized representative, family member, and in a case where notice was required to be sent to the regional ombudsman]* **the person filing the appeal**, to the state long-term care ombudsman, so long as the parties waive the ten (10)-day notice requirement specified in *[section (9)]* **this rule**.

2. Subsequent to the good cause hearing, the designated hearing official shall issue an order granting or denying the facility's Motion to Set Aside the Stay. If the facility's good cause hearing and the resident's discharge hearing were consolidated, the order shall also set forth whether the facility may discharge the resident.

(9) Written notice of a hearing shall contain the date and time for the hearing and shall be mailed to the facility, *the resident or the resident's legally authorized representative, and to any and all parties in interest, including any family members who*

received notice of the discharge, that are known to the designated hearing official. The written notice shall be mailed to the parties and the person filing the appeal at least ten (10) days prior to the hearing.

(10) If the [facility's good cause hearing and the resident's discharge hearing were not consolidated and the] designated hearing official [issues an order denying] denies the [facility's] Motion to Set Aside the Stay, the designated hearing official shall schedule the discharge hearing [subsequent to the date the order which denied the facility's motion was issued]. After the hearing, the designated hearing official shall issue a written decision setting forth whether the facility may discharge the resident. The written decision shall be mailed to the facility[, the resident or the resident's legally authorized representative and counsels for all parties, if any. If the state long-term care ombudsman's office received notice of the discharge, a copy of the hearing decision shall be sent to the ombudsman's office. If a member of the resident's family] and the person filing the appeal. Any person who received notice of the discharge[,] shall receive a copy of the hearing decision [shall be mailed to the family member upon request].

(11) The burden of showing that the facility has complied with all requirements for appropriate discharge of the resident shall be upon the facility. The [resident] person filing the appeal may provide any additional evidence competent to show that the facility has not met its burden.

(12) The [resident] person filing the appeal may obtain legal counsel, represent him//or herself or use a relative, a friend or other spokesperson. All natural parties, [including residents, sole proprietors of a facility and a partner of a facility operated in the partnership form of business] except corporate operators, may represent themselves [in a pro se capacity on behalf of the facility] without an attorney. Corporate operators of a facility may only be represented by an attorney licensed to practice law in Missouri per *Reed v. Labor and Industrial Relations Commission*, 789 SW2d 19 (Mo. 1990).

(13) Hearings shall be subject to the hearing procedures found in 42 CFR Chapter IV, Part 483, subpart E and the Missouri Administrative Procedures Act, [specifically] sections 536.070 through 536.080, RSMo, which include, but are not limited to, oral and written evidence, witnesses, objections, official notices, affidavits, transcripts, depositions and other discovery methods, sanctions, oral arguments and written briefs. Written medical statements by a physician, psychiatrist or psychologist shall be admitted as relevant and probative evidence and shall be given due weight [in consideration by the director or his/her designated hearing official].

(14) An audiotape recording of the hearing shall be made unless it is agreed by both parties to substitute a certified transcript.

[(14)](15) If the decision is that there is no cause for discharge, the resident shall be permitted to remain in the facility. If the decision is in the facility's favor, the resident shall be granted an additional ten (10) days after the decision is received for purpose of relocation, and the facility shall assist the resident in making suitable arrangements for relocation. If the resident prevails and has already been discharged, the facility shall notify the resident, [the qualified representative] the person filing the appeal, or any other responsible party who will assure that the resident is made aware of the decision and that the resident may return to the facility. In the event that there are no beds available, the facility shall admit the resident to occupy the first available bed without regard to any waiting list maintained by the facility.

*AUTHORITY:* section 198.088, RSMo [1994] 2000 and 660.050, RSMo [Supp. 1997] Supp. 2003. This rule was originally filed as 13 CSR 15-10.050. Original rule filed Feb. 13, 1998, effective Sept. 30, 1998. Moved to 19 CSR 30-82.050, effective Aug. 28, 2001. Amended: Filed Nov. 15, 2004.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed amendment with David S. Durbin, J.D., M.P.A. Deputy Services, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH  
AND SENIOR SERVICES  
Division 30—Division of Health Standards and Licensure  
Chapter 86—Residential Care Facilities I and II**

**PROPOSED AMENDMENT**

**19 CSR 30-86.012 Construction Standards for New and Existing Residential Care Facilities II and Newly Licensed Residential Care Facilities I.** The department is amending sections (1), (2) and (9).

*PURPOSE:* This amendment changes the name of the agency throughout the rule due to the transfer of the Division of Aging from the Department of Social Services to the Department of Health and Senior Services and also changes the abbreviated spelling of a month to the correct full spelling.

(1) A facility shall submit a copy of plans of proposed new construction, additions to or major remodeling of an existing facility to the [division] **Section for Long Term Care of the Department of Health and Senior Services (hereinafter—the department)**. If the facility is to be licensed for more than nine (9) residents, a registered architect or registered professional engineer shall prepare the plans and specifications for new construction or additions to an existing facility in conformance with Chapter 327, RSMo. III

(2) Construction of facilities shall begin only after the plans and specifications have received the written approval of the [division] **department**. Facilities shall then be built in conformance with the approved plans and specifications. The facility shall notify the [division] **department** when construction begins. If construction of the project is not started within one (1) year after the date of approval of the plans and specifications and completed within a period of three (3) years, the facility shall resubmit plans to the [division] **department** for its approval and shall amend them, if necessary, to comply with the then current rules before construction work is started or continued. III

(9) Facilities shall permit no more than four (4) beds per bedroom, regardless of the room size. Residential care facilities II existing prior to [Nov.] **November 13, 1980**, are exempt from this requirement. II

*AUTHORITY:* section 198.076, RSMo [1994] 2000. This rule originally filed as 13 CSR 15-15.012. Original rule filed July 13, 1983, effective Oct. 13, 1983. For intervening history, please consult the Code of State Regulations. Amended: Filed Nov. 15, 2004.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed amendment with David S. Durbin, J.D., M.P.A. Deputy Department Director Senior Services and Regulation, Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

## Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

### Division 30—Division of Health Standards and Licensure Chapter 86—Residential Care Facilities I and II

#### PROPOSED AMENDMENT

**19 CSR 30-86.032 Physical Plant Requirements for New and Existing Residential Care Facilities I and II.** The department is adding new section (1), renumbering sections throughout as required, deleting section (13) and amending sections (3), (13) and (17).

*PURPOSE:* This amendment changes the requirements for requesting approval for operating another business within a long-term care facility building, defines non-licensed adult day care program, adult day health care program, associated adult day health care program and respite care, clarifies requirements for installation, maintenance and inspection of electrical wiring, adds the requirement to provide lighting based on resident's needs, changes the name of this agency due to the transfer of the Division of Aging from the Department of Social Services to the Department of Health and Senior Services and renumbers sections throughout as needed.

*PUBLISHER'S NOTE:* The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

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

(A) Non-licensed adult day care program shall mean a group program designated to provide care and supervision to meet the needs of four (4) or fewer impaired adults for periods of less than twenty-four (24) hours but more than two (2) hours per day in a long-term care facility.

(B) Respite care shall mean short-term care and health services to an impaired individual who is at least seventeen (17) years of age and who receives care or supervision that is normally provided in home by his or her family or other caregiver.

(C) Adult day health care program shall mean a program operated by a provider certified to provide Medicaid-reimbursed adult day health care services to Medicaid-eligible participants in accordance with 19 CSR 70-92.010.

(D) Associated adult day health care program shall mean an adult day health care program, which is connected physically with a licensed long-term care facility but has separate designated space for an adult day health care program which is above the

licensed space requirement for the long-term care residents. An associated adult day health care program may share, in part, staff, equipment, utilities, dietary and security with the connected long-term care facility. Recipients of adult day health care program may participate with the residents of the long-term care facility for some activities and programs.

[(1)] (2) The building shall be substantially constructed and shall be maintained in good repair and in accordance with the construction and fire safety rules in effect at the time of initial licensing. II/III

[(2)] (3) Only activities necessary to the administration of the facility shall be contained in any building used as a long-term care facility except [that] as follows:

(A) [r] Related activities may be conducted in buildings subject to prior written approval of these activities by the [Division of Aging] Department of Health and Senior Services (hereinafter—the department). Examples of these activities are Home Health Agencies, physician's office, pharmacy, ambulance service, child day care and food service for the elderly in the community[.];

(B) Adult day care may be provided for four (4) or fewer participants without prior written approval of the department if the long-term care facility meets the following stipulations:

1. The operation of the adult day care business shall not interfere with the care and delivery of services to the long-term care residents;

2. The facility shall only accept participants in the adult day care program appropriate to the level of care of the facility and whose needs can be met;

3. The facility shall not change the physical layout of the facility without prior written approval of the department;

4. The facility shall provide a private area for adult day care residents to nap or rest;

5. Adult day care participants shall be included in the census, and the licensed capacity of the long-term care facility shall not be exceeded; and

6. The adult day care participants, while on site, are to be included in the determination of staffing patterns for the long-term care facility;

(C) An associated adult day health care program may be operated without prior written approval if the provider of the adult day health care services is certified in accordance with 19 CSR 70-92.010;

(D) Respite care may be provided without written prior approval if the facility meets the following stipulations:

1. The operation of the respite care business shall not interfere with the care and delivery of services to the long-term care residents;

2. The facility shall only accept individuals in the respite care program appropriate to the level of care of the facility and whose needs can be met;

3. The facility shall not change the physical layout of the facility without prior written approval of the department;

4. The facility shall admit the respite care resident into a long-term care resident room;

5. Respite care residents shall be included in the census, and the licensed capacity of the long-term care facility shall not be exceeded, and

6. The respite care residents shall be included in the determination of staffing patterns for the long-term care facility. II/III

[(3)] (4) All stairways shall be equipped with permanently secured handrails on at least one (1) side. III

[(4)] (5) There shall be a telephone in the facility and additional telephones or extensions as necessary so that help may be summoned promptly in case of fire, accident, acute illness or other emergency. II/III

[(5)] (6) Bath and toilet facilities shall be provided for the convenience, privacy, comfort and safety of residents. Fixed partitions or curtains shall be provided in toilet and bathrooms to assure privacy. II/III

[(6)] (7) Newly licensed facilities shall have handrails and grab bars affixed in all toilet and bathing areas. Existing licensed facilities shall have handrails and grab bars available in at least one (1) bath and toilet area. II

[(7)] (8) There shall be adequate storage areas for food, supplies, linen, equipment and resident's personal possessions. III

[(8)] (9) Each room or ward in which residents are housed or to which residents have reasonable access shall be capable of being heated to not less than eighty degrees Fahrenheit (80°F) under all weather conditions. Temperature shall not be lower than sixty-eight degrees Fahrenheit (68°F) and the reasonable comfort needs of individual residents shall be met. I/II

[(9)] (10) In newly licensed facilities or if a new heating system is installed in an existing licensed facility, the heating of the building shall be restricted to steam, hot water, permanently installed electric heating devices or a warm air system employing central heating, plants with installation such as to safeguard the inherent fire hazard, or approved installation of outside wall heaters which bear the approved label of the American Gas Association or National Board of Fire Underwriters. All oil or gas heating appliances shall be properly vented to the outside. The use of portable heaters of any kind is prohibited. If approved wall heaters are used, adequate guards shall be provided to safeguard residents. I/II

[(10)] (11) Wood-burning stoves shall not be installed in newly licensed facilities or in existing licensed facilities that did not previously have a wood-burning stove. If wood-burning stoves are used in an existing licensed facility, or wood-burning furnaces or fireplaces are used, flues or chimneys shall be maintained in good condition and kept free of accumulation of combustible materials. II

[(11)] (12) Fireplaces may be used only if there is a protective screen in place; if there is direct staff supervision of residents while in use; and the fire shall not be left burning overnight. II

[(12)] (13) *In newly constructed facilities, electrical wiring shall be installed and maintained in accordance with the requirements of the National Electrical Code and local codes. In existing licensed facilities and newly licensed existing buildings built prior to September 28, 1979 electrical wiring shall be maintained in good repair and shall not present a safety hazard. II/III* **In facilities that are constructed or have plans approved after July 1, 2005, electrical wiring shall be installed and maintained in accordance with the requirements of the National Electrical Code, 1999 edition, National Fire Protection Association, Inc. One Batterymarch Park, Quincy, Massachusetts 02269, incorporated by reference, and local codes. Facilities built between July 1, 2005 and September 28, 1979 shall be maintained in accordance with the requirements of the National Electrical Code, which was in effect at the time of the original plan approval and local codes. This rule does not incorporate any subsequent amendments or additions. In facilities built prior to September 28, 1979, electrical wiring shall be maintained in good repair and shall not present a safety hazard. All facilities shall have wiring inspected every two (2) years by a qualified electrician. II/III**

[(13)] *Wiring shall be inspected every two (2) years by a qualified electrician. III*

(17) A reading light shall be provided for each resident desiring to read. **Additional lighting shall be provided to meet the individual needs of each resident. III**

*AUTHORITY: section 198.076, RSMo [1986] 2000. This rule originally filed as 13 CSR 15-15.032. Original rule filed July 13, 1983, effective Oct. 13, 1983. For intervening history, please consult the Code of State Regulations. Amended: Filed Nov. 15, 2004.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with David S. Durbin, J.D., M.P.A. Deputy Department Director Senior Services and Regulation, Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 19—DEPARTMENT OF HEALTH  
AND SENIOR SERVICES  
Division 30—Division of Health Standards and Licensure  
Chapter 86—Residential Care Facilities I and II**

**PROPOSED AMENDMENT**

**19 CSR 30-86.042 Administrative, Personnel and Resident Care Requirements for New and Existing Residential Care Facilities I and II.** The department is amending this rule as follows: adding new sections (1), (19), (23), (34), (35), (37), (44), (55), (56), (60), (62), (63), (67) and (68); amending sections (2), (3), (4), (5), (7), (8), (9), (10), (11), (13), (16), (20), (21), (22), (32), (33), (36), (38), (39), (41), (53), (54), (57), (58), (59), (61), (64), (65), (66), (70), (71) and (72); deleting sections (44), (56) and (57), and renumbering and reordering sections throughout as needed.

*PURPOSE: This amendment changes the name of the agency throughout the rule due to the transfer of the Division of Aging from the Department of Social Services to the Department of Health and Senior Services; defines "outbreak"; updates criminal background check and Employee Disqualification List requirements; updates requirements regarding medications; clarifies administration and personnel requirements, clarifies that adult day care participants and/or respite care residents shall be included in the total facility census, clarifies new employee orientation requirements; clarifies requirements for meeting the needs of residents having psychosocial difficulties, behavior management difficulties, including disruptive or assaultive behaviors; updates requirements for protective oversight when residents are on voluntary leave from the facility and adds the statutorily mandated orientation training requirements for Alzheimer's disease and related dementias.*

*PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.*

**(1) Definitions.** For the purpose of this rule, the following definition shall apply:

(A) **Outbreak**—an occurrence in a community or region of an illness(es) similar in nature, clearly in excess of normal expectancy and derived from a common or a propagated source OR as defined in the *INFECTION CONTROL GUIDELINES FOR LONG TERM CARE FACILITIES, July 1999*, Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570, incorporated by reference. This rule does not incorporate any subsequent amendments or additions. An occurrence of similar illnesses that are in excess (generally two to two and one-half (2 to 2 and 1/2) times) of the normal expectancy for a given location, and period of time. It can also be one (1) case of an unusually virulent disease, two (2) cases when persons do not share a room, OR two (2) cases where one (1) case is in the resident population and one (1) case is in the employee population.

*[(1)] (2)* For a residential care facility II, an *[person]* individual shall be designated to be administrator who is currently licensed as a nursing home administrator under Chapter 344, RSMo. II

*[(2)](3)* For a residential care facility I, an *[person]* individual shall be designated as administrator/manager who is either currently licensed as a nursing home administrator or is at least twenty-one (21) years of age, has never been convicted of an offense involving the operation of a long-term care or similar facility and who attends at least one (1) continuing education workshop within each calendar year given by or approved by the *[Division of Aging] Department of Health and Senior Services (hereinafter—the department)*. When used in this chapter of rules, the term manager shall mean that *[person]* individual who is designated by the operator to be in general administrative charge of a residential care facility I. It shall be considered synonymous to “administrator” as defined in section 198.006, RSMo and the terms administrator and manager may be used interchangeably. II/III

*[(3)] (4)* *[By January 1, 1991, t]*The administrator/manager of a residential care facility I or II shall have successfully completed the state approved Level I Medication Aide course unless *[s/he] he or she* is a physician, *[pharmacist,]* licensed nurse or a certified medication technician, or if the facility is operating in conjunction with a skilled nursing facility or intermediate care facility on the same premises, or, for a residential care facility II, if the facility employs on a full-time basis, a licensed nurse who is available seven (7) days per week. II/III

*[(4)] (5)* The operator shall be responsible to assure compliance with all applicable laws and regulations. The administrator/manager shall be fully authorized and empowered to make decisions regarding the operation of the facility and shall be held responsible for the actions of all employees. The administrator/manager’s responsibilities shall include oversight of residents to assure that they receive *[appropriate] care appropriate to their needs*. II/III

*[(5)] (6)* The administrator/manager shall devote sufficient time and attention to the management of the facility as is necessary for the health, safety and welfare of the residents. II

*[(6)] (7)* For a residential care facility II, the administrator cannot be listed or function in more than one (1) facility at the same time unless *[s/he] he or she* serves no more than four (4) facilities which are within a thirty (30)-mile radius and licensed to serve in total no more than one hundred (100) residents. However, one (1) administrator may serve as the administrator of more than one (1) licensed facility if all facilities are on the same premises. II/III

*[(7)] (8)* The administrator/manager shall designate, in writing, a staff *[person] member* in charge in *[his/her] the administrator/manager’s* absence. For a residential care facility II, if the administrator is absent for more than thirty (30) consecutive days, during which time *[s/he] he or she* is not readily accessible for consultation by telephone with the *[person] individual* in charge, the individual designated to be in charge shall be a licensed nursing home administrator. Such thirty (30) consecutive-day absences may only occur once within any consecutive twelve (12)-month period. *[or i]*If the administrator is absent from the facility for more than sixty (60) *[working] weekdays* during the course of a calendar year, the *[person] individual* designated to be in charge shall be a licensed nursing home administrator. II/III

*[(8)] (9)* The facility shall not care for more residents than the number for which the facility is licensed. **If the facility operates a non-licensed adult day care program or a respite care business within the licensed facility, the day care participants and/or respite care residents shall be included in the total facility census. Adult day care participants shall be counted in staffing determination during the hours the day care participants are in the facility.** II/III

*[(9)] (10)* The facility’s current license shall be posted in a conspicuous place and notices provided to the facility by the *[Division of Aging] department* granting exception(s) to regulatory requirements shall be posted alongside of the facility’s license. III

*[(10)] (11)* All personnel responsible for resident care shall have access to the legal name of each resident, name and telephone number of resident’s physician, *[and next of kin or] responsible party and/or legal representative* in the event of emergency. II/III

*[(11)] (12)* All persons who have any contact with the residents in the facility shall not knowingly act or omit any duty in a manner which would materially and adversely affect the health, safety, welfare or property of residents. No person who is listed on the Employee Disqualification List maintained by the division as required by section 198.070, RSMo shall work or volunteer in the facility in any capacity whether or not employed by the operator. I/II

*[(12)] (13)* *[Effective August 28, 1997, each facility shall, not later than two (2) working days of the date an applicant for a position to have contact with residents is hired, request a criminal background check, as provided in sections 43.530, 43.540 and 610.120, RSMo. Each facility must maintain in its record documents verifying that the background checks were requested and the nature of the response received for each such request. The facility must ensure that any applicant who discloses prior to the check of his/her criminal records that he/she has been convicted of, plead guilty or nolo contendere to, or has been found guilty of any A or B felony violation of Chapter 565, 566, or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo, will not be allowed to work in contact with patients or residents until and unless a check of the applicant’s criminal record shows that no such conviction occurred.]* Prior to allowing any person who has been hired as a full-time, part-time or temporary position to have contact with any residents the facility shall, or in the case of temporary employees hired through or contracted for an employment agency, the employment agency shall prior to sending a temporary employee to a provider:

(A) Request a criminal background check for the person, as provided in section 43.540, RSMo. Each facility must maintain in its record documents verifying that the background checks were requested and the nature of the response received for each such request.

1. The facility must ensure that any applicant or person hired or retained who discloses prior to the receipt of the criminal background check that he/she has been convicted of, pled guilty or *nolo contendere* to in this state or any other state or has been found guilty of a crime, which if committed in Missouri would be a class A or B felony violation of Chapter 565, 566, or 569, RSMo or any violation of subsection 198.070.3, RSMo or of section 568.020, RSMo, will not have contact with residents;

2. Upon receipt of the criminal background check, the facility must ensure that if the criminal background check indicates that the person hired or retained by the facility has been convicted of, pled guilty or *nolo contendere* to in this state or any other state or has been found guilty of a crime, which if committed in Missouri would be a class A or B felony violation of Chapter 565, 566, or 569, RSMo or any violation of subsection 198.070.3, RSMo or of section 568.020, RSMo, the person will not have contact with residents unless the facility obtains verification from the department that a good cause waiver has been granted and maintains a copy of the verification in the individual's personnel file; and

(B) Make an inquiry to the department, whether the person is listed on the employee disqualification list as provided in section 660.315, RSMo.

(C) If the person has registered with the department's Family Care Safety Registry, the facility may utilize the Registry in order to meet the requirements of subsections (13)(A) and (13)(B) of this rule. II/III

[[13]] (14) The facility must develop and implement written policies and procedures which require that persons hired for any position which is to have contact with any patient or resident have been informed of their responsibility to disclose their prior criminal history to the facility as required by section 660.317.5, RSMo. The facility must also develop and implement policies and procedures which ensure that the facility does not knowingly hire, after August 28, 1997, any person who has or may have contact with a patient or resident, who has been convicted of, plead guilty or *nolo contendere* to, in this state or any other state, or has been found guilty of any class A or B felony violation of Chapter 565, 566 or 569, RSMo, or any violation of subsection 198.070.3, RSMo, or of section 568.020, RSMo. II/III

[[14]] (15) All persons who have or may have contact with residents shall at all times when on duty or delivering services wear an identification badge. The badge shall give their name, title and, if applicable, the status of their license or certification as any kind of health care professional. This rule shall apply to all personnel who provide services to any resident directly or indirectly. III

[[15]] All personnel shall be able physically and emotionally to work in a long-term care facility. I/II

[[16]] Personnel who have been diagnosed with a communicable disease may begin work or return to duty only with the written approval by a physician or physician's designee which indicates any limitations. II

[[17]] (16) The administrator/manager shall be responsible [for monitoring the health of the employees] to prevent employees diagnosed with communicable disease from exposing residents to such disease. The facility's policies and procedures must comply with the department's regulations pertaining to communicable diseases, specifically 19 CSR 20-20.010 through 19 CSR 20-20.100. II /III

(17) All personnel shall be able physically and emotionally to work in a long-term care facility. I/II

(18) Personnel who have been diagnosed with a communicable disease may begin work or return to duty only with written approval by a physician or physician's designee which indicates any limitations. II

(19) The facility shall screen residents and staff for tuberculosis as required for long-term care facilities by 19 CSR 20-20.100. I/II

[[18]] (20) For any facility that provides care to any resident having Alzheimer's disease or related dementia, [P]prior to or on the first day that a new employee works in the facility [s/he] he or she shall receive orientation of at least one (1) hour appropriate to his/her job function. This shall include, at a minimum, job responsibilities, [how to handle] emergency [situations] response procedures, the importance of infection control and hand washing procedures and requirements, confidentiality of resident information, preservation of resident dignity and information regarding residents' rights, information regarding what constitutes abuse/neglect and how to report abuse/neglect to the [Division of Aging] department (1-800-392-0210), information regarding the Employee Disqualification List [and], instruction regarding the rights of residents and protection of property./] and information regarding mental illness. Additionally, orientation training shall include information regarding mentally confused residents such as those with Alzheimer's disease and related dementias as follows:

(A) For employees providing direct care to such persons, the training shall include, at a minimum an overview of mentally confused residents such as those having Alzheimer's disease and related dementias, communicating with persons with dementia, behavior management, promoting independence in activities of daily living, and understanding and dealing with family issues; and

(B) For other employees who do not provide direct care for, but may have daily contact with, such persons, the training shall include, at a minimum an overview of mentally confused residents such as those having dementias as well as communicating with persons with dementia. II/III

(21) For those facilities, which do not admit or continue to care for residents having Alzheimer's disease or related dementias, prior to or on the first day that a new employee works in the facility he or she shall receive orientation of at least one (1) hour appropriate to his/her job function. This shall include, at a minimum, job responsibilities, emergency response procedures, infection control and hand washing procedures and requirements, confidentiality of resident information, preservation of resident dignity and information regarding residents' rights, information regarding what constitutes abuse/neglect and how to report abuse/neglect to the department (1-800-392-0210), information regarding the Employee Disqualification List, instruction regarding the rights of residents and protection of property and information regarding mental illness. II/III

[[19]] (22) The administrator/manager shall maintain on the premises an individual personnel record on each facility employee [of the facility], which shall include but not be limited to the following:

(A) [t/The employee's name and address;

(B) Social Security number;

(C) [d/Date of birth;

(D) [d/Date of employment;

(E) [e/Experience and education including documentation of specialized training on medication and/or insulin administration, or both;

(F) [r/References, if available;

(G) *[t/The results of background checks required by section 660.317, RSMo; and a copy of any good cause waiver granted by the department, if applicable;*

(H) *[p/Position in the facility;*

(I) *[w/Written statement signed by a licensed physician or physician's designee indicating the person can work in a long-term care facility and indicating any limitations;*

(J) **Documentation of the employee's tuberculin screening status;**

(K) *[record that] Documentation of what the employee was instructed on during orientation including but not limited to [residents rights,] facility's policies, job duties and any other [orientation] training; and*

(L) *[r/Reason for termination if applicable. [Personnel records shall be maintained for at least one (1) year following termination of employment.] III*

**(23) Personnel records shall be maintained for at least three (3) years following termination of employment. III**

*[(20)] (24) There shall be written documentation maintained in the facility showing actual hours worked by each employee. III*

*[(21)] (25) No one individual shall be on duty with responsibility for oversight of residents longer than eighteen (18) hours per day except in a residential care facility I licensed for twelve (12) or fewer residents. I/II*

*[(22)] (26) Employees who are counted in meeting the minimum staffing ratio and employees who provide direct care to the residents shall be at least sixteen (16) years of age. III*

*[(23)] (27) One (1) employee at least eighteen (18) years of age shall be on duty at all times. I/II*

*[(24)] (28) Staffing for Residential Care Facility I.*

(A) The facility shall have an adequate number and type of personnel on duty at all times for the proper care of residents and upkeep of the facility. At a minimum, one (1) employee shall be on duty for every forty (40) residents or fraction of forty (40) to provide protective oversight to residents and for fire safety. I/II

Staff	Residents
1	1-40
2	41-80
3	81-120
4	121-160

(B) The required staff person shall be in the facility awake, dressed and prepared to assist residents in case of emergency, except that in a facility licensed for twelve (12) or fewer residents, this person may be asleep during the night hours. In a facility licensed for twenty (20) or fewer residents, the required staff person may be asleep if there is a sprinkler system or if there is a complete automatic fire detection system. I/II

(C) In a facility of more than one hundred (100) residents, the administration/manager shall not be counted when determining the personnel required. II

(D) If the facility is opened in conjunction with and is immediately adjacent to and contiguous to another licensed long-term care facility and if—

1. The resident bedrooms of the residential care facility I are on the same floor or on the ground floor immediately below that of the other licensed facility;

2. There is an approved call system in each resident's bedroom and bathroom or a patient-controlled system connected to a nursing station of the other licensed facility;

3. There is a complete fire alarm system in the residential care facility I connected to the complete fire alarm system in the other licensed facility;

4. The staff of the other licensed facility is greater than their minimum requirements; and

5. Periodic visits to the residential care facility I are made by a staff person to determine the welfare of the resident in the residential care facility; then, for a facility serving twenty (20) or fewer residents, there need not be an attendant on duty during the day and evening shifts and the attendant may be asleep during the night shift; or if the facility is on the same floor as the other licensed facility, there need not be an attendant at night. If there are more than twenty (20) residents, there shall be at least one (1) staff person awake and dressed at all times for every forty (40) residents or fraction of forty (40). I/II

(E) Those facilities which have only an asleep attendant during the night-time period and those facilities which have only the minimum staff required by subsection *[(24)](28)(D)* during the night-time period shall not accept residents who are blind, use assistive devices, such as walkers or wheelchairs, or who need care greater than can be provided with the staffing pattern in those facilities~~./~~. Those residents who were living in a residential care facility I prior to July 11, 1980, may remain in that facility with an asleep attendant even though they may be blind, deaf or use assistive devices provided they can demonstrate the ability to reach safety unassisted or with assistive devices. II

*[(25)] (29) Staffing for Residential Care Facility. II*

(A) The facility shall have an adequate number and type of personnel for the proper care of residents and upkeep of the facility. At a minimum, the staffing pattern for fire safety and care of residents shall be one (1) staff person for every fifteen (15) residents or major fraction of fifteen (15) during the day shift, one (1) person for every twenty (20) residents or major fraction of twenty (20) during the evening shift and one (1) person for every twenty-five (25) residents or major fraction of twenty-five (25) during the night shift. I/II

Time	Personnel	Residents
7 a.m. to 3 p.m. (Day)*	1	3-15
3 p.m. to 9 p.m. (Evening)*	1	3-20
9 p.m. to 7 a.m. (Night)*	1	3-25

\*If the shift hours vary from those indicated, the hours of the shifts shall show on the work schedules of the facility *[and shall not be less than six (6) hours]*. III

(B) The required staff shall be in the facility awake, dressed and prepared to assist residents in case of emergency. I/II

(C) In a facility of more than one hundred (100) residents, the administrator shall not be counted when determining the personnel required. II

(D) If a residential care facility II is operated in conjunction with and is immediately adjacent to and contiguous to another licensed long-term care facility and if the resident bedrooms of the residential care facility II are on the same floor as at least a portion of a licensed intermediate care or skilled nursing facility; there is an approved call system in each resident's bedroom and bathroom or a patient-controlled call system; and there is a complete fire alarm system in the facility tied into the complete fire alarm system in the other licensed facility, then the following minimum staffing for oversight and care of residents, for upkeep of the facility and for fire safety shall be one (1) staff person for every eighteen (18) residents or major fraction of residents during the day shift, one (1) person for every twenty-five (25) residents or major fraction of residents during the evening shift and one (1) person for every thirty (30) residents or major fraction of residents during the night shift. I/II



Time	Personnel	Residents
7 a.m. to 3 p.m. (Day)*	1	3-18
3 p.m. to 9 p.m. (Evening)*	1	3-25
9 p.m. to 7 a.m. (Night)*	1	3-30

\*If the shift hours vary from those indicated, the hours of the shifts shall show on the work schedules of the facility and shall not be less than six (6) hours. III

(E) There shall be a licensed nurse employed by the facility to work at least eight (8) hours per week at the facility for every thirty (30) residents or additional major fraction of thirty (30). The nurse's duties shall include, but shall not be limited to, review of residents' charts, medications and special diets or other orders, review of each resident's adjustment to the facility and observation of each individual resident's general physical and mental condition. The nurse shall inform the administrator/manager of any problems noted and these shall be brought to the attention of the resident's physician. II/III

[(26)] (30) All residents shall be physically and mentally capable of negotiating a normal path to safety unassisted or with the use of assistive devices. I/II

[(27)] (31) Residents suffering from short periods of incapacity due to illness, injury or recuperation from surgery may be allowed to remain or be readmitted from a hospital if the period of incapacity does not exceed forty-five (45) days and written approval of a physician is obtained for the resident to remain in or be readmitted to the facility. II/III

[(28)] (32) The facility shall not admit or continue to care for residents whose needs cannot be met. If necessary services cannot be obtained in or by the facility, the resident shall be promptly referred to appropriate outside resources or transferred to a facility [providing the] appropriate to the level of care required by the resident. I/II

[(29)] (33) In the event a resident is transferred from the facility, facility staff shall forward a report of the resident's current medical status, [shall accompany him/her] physician's orders/prescriptions, and if applicable, a copy of the resident's advanced directives/living will to the facility to which the resident is being transferred. II/III

(34) Each resident who displays mental and psychosocial adjustment difficulty(ies) shall receive appropriate treatment and services to address the resident's needs and behaviors. I/II

(35) If specialized rehabilitative services for mental illness or mental retardation are required to enable a resident to reach and maintain the highest practicable level of physical, mental and psychosocial functioning, the facility must ensure the required services are provided. II

[(30)] (36) Residents admitted to a facility on referral by the Department of Mental Health or designated administrative agent shall have an individual treatment plan or individual habilitation plan on file [prepared by the Department of Mental Health], which is updated at least annually and as needed between annual updates. Such plans shall address any symptoms or behaviors, which may pose a threat of harm to the resident or others. II/III

(37) The use of interventions to manage disruptive or assaultive resident behaviors shall be employed with sufficient safeguards to ensure the safety, welfare and rights of the residents and shall be in accordance with the therapeutic goals for the resident. I/II

[(31)] (38) Residents under [sixteen (16)] seventeen (17) years of age shall not be admitted. III

[(32)] (39) Placement of residents in the building shall be determined by their abilities. Those residents who require the use of a walker or who are blind shall be housed on a floor which has direct exits at grade, a ramp or no more than two (2) steps to grade with a handrail unless an area of refuge as defined in 19 CSR 30-86.022 is provided. Those residents who use a wheelchair shall be able to demonstrate the ability to transfer to and from the wheelchair unassisted. They shall be housed near an exit and there shall be a direct exit at grade, [or] a ramp or an area of refuge as defined in 19 CSR 30-86.022. II

[(33)] (40) Residents admitted or readmitted to the facility shall have an admission physical examination by a licensed physician. Documentation should be obtained prior to admission but shall be on file not later than ten (10) days after admission and shall contain information regarding the resident's current medical status and any special orders or procedures which should be followed. If the resident is admitted directly from a hospital or another long-term care facility and is accompanied on admission by a report which reflects his/her current medical status, an admission physical will not be required. II/III

[(34)] (41) [If at any time a resident or prospective resident is diagnosed with a communicable disease, the Division of Aging shall be notified within seven (7) days and if the facility can meet the resident's needs the resident may be admitted or does not need to be transferred. Appropriate infection control procedures shall be followed if the resident remains in or is accepted by the facility.] The facility shall follow appropriate infection control procedures as set forth in rule and the department's INFECTION CONTROL GUIDELINES FOR LONG TERM CARE FACILITIES, July 1999 edition, incorporated by reference. The administrator or his or her designee shall make a report to the local health authority or the department of the presence or suspected presence of any diseases or findings listed in 19 CSR 20-20.020, sections (1)-(3) according to the specified time frames as follows:

(A) Category I diseases or findings shall be reported to the local health authority or to the department within twenty-four (24) hours of first knowledge or suspicion by telephone, facsimile, or other rapid communication;

(B) Category II diseases or findings shall be reported to the local health authority or the department within three (3) days of first knowledge or suspicion;

(C) Category III. The occurrence of an outbreak or epidemic of any illness, disease or condition which may be of public health concern, including any illness in a food handler that is potentially transmissible through food. This also includes public health threats that could result from terrorist activities such as clusters of unusual diseases or manifestations of illness and clusters of unexplained deaths. Such incidents shall be reported to the local authority or to the department by telephone, facsimile, or other rapid communication within twenty-four (24) hours of first knowledge or suspicion. I/II

[(35)] (42) Protective oversight shall be provided twenty-four (24) hours a day. For residents departing the premises on voluntary leave, the facility shall have, at a minimum, a procedure to inquire of the resident or resident's guardian of the resident's departure, of the resident's estimated length of absence from the facility, and of the resident's whereabouts while on voluntary leave. I/II

[(36)] (43) Residents shall receive proper care to meet their needs. Physician orders shall be followed. I/II

*[(37)] In case of serious illness, accident or death, appropriate action shall be taken and the person designated in the resident's record as the responsible party and, if applicable, the guardian shall be immediately notified. II/III]*

**(44)** In case of behaviors which may potentially pose a threat of harm, serious illness, significant change in condition, injury or death, staff shall take appropriate action and shall promptly attempt to contact the person listed in the resident's record as the designated legal representative, an individual involved in the resident's care, and/or guardian or placement authority. The facility shall contact the attending physician or designee and notify the local coroner or medical examiner as required by that office immediately upon the death of any resident of the facility prior to transferring the deceased resident to a funeral home. I/II

*[(38)] (45)* Every resident shall be clean, dry and free of offensive body and mouth odor. II/III II

*[(39)] (46)* Except in the case of emergency, the resident shall not be inhibited by chemical and/or physical restraints that would limit self-care or ability to negotiate a path to safety unassisted or with assistive devices. I/II

*[(40)] (47)* A supply of clean linen shall be available in the facility and provided to residents to meet their daily needs. II/III

*[(41)] (48)* Beds shall be made daily and linen changed at least weekly or more often if needed to maintain a clean, dry bed. II/III

*[(42)] (49)* The resident's unit shall be thoroughly cleaned and disinfected following a resident's death, discharge or transfer. II/III

*[(43)] (50)* Commodes and urinals, if used, shall be kept at the bedside of the residents. They shall not be left open and the container shall be emptied promptly and thoroughly cleaned after each use. In a residential care facility I, portable commodes and urinals may be used only during short periods of recuperation from illness or for night-time use. III

*[(44)] Cuspidors shall be emptied and cleaned daily or disposable cartons shall be provided daily. III]*

*[(45)] (51)* Self-control of prescription medication by a resident may be allowed only if approved in writing by the resident's physician and allowed by facility policy. *[If a resident is not taking any prescription medication, the]* A resident may be permitted to control the storage and use of nonprescription medication unless there is a physician's written order or facility policy to the contrary. *[If not permitted, all medications for that resident, including over-the-counter medications, shall be controlled by the administrator unless the physician specifies otherwise.]* II/III

*[(46)] (52)* Written approval for self-control of prescription medication shall be rewritten as needed but at least annually and after any period of hospitalization. III

*[(47)] (53)* All medication shall be *[safety]* safely stored at proper temperature and shall be kept in a secured location behind at least one (1) locked door or cabinet, **which shall be accessible only to persons authorized to administer medications.**

**(A)** If access is controlled by the resident, a secured location shall mean in a locked container, a locked drawer in a bedside table or dresser or in a resident's private room if locked in *[his/her]* **his or her** absence, although this does not preclude access by a responsible employee of the facility;

**(B)** Schedule II controlled substances shall be stored in locked compartments separate from non-controlled medications, except

that single doses of Schedule II controlled substances may be controlled by a resident in compliance with the requirements for self-control of medication of this rule; and

**(C)** Medication that is not in current use and is not destroyed shall be stored separately from medication that is in current use. II/III

*[(48)] (54)* All prescription medications shall be supplied as individual prescriptions **except where an emergency medication supply is allowed.** All medications, including over-the-counter medications shall be packaged and labeled in accordance with applicable professional pharmacy standards, state and federal drug laws *[and regulations and the United States Pharmacopeia (USP)]*. Labeling shall include accessory and cautionary instructions as well as the expiration date, when applicable, and the name of the medication as specified in the physician's order. **Medication labels shall not be altered by facility staff and medications shall not be repackaged by facility staff except as allowed by section (55) of this rule.** Over-the-counter medications for individual residents shall be labeled with at least the resident's name. II/III

**(55)** Controlled substances and other prescription medications for administration when a resident temporarily leaves a facility shall be labeled by the pharmacy with instructions for administration, except that up to a seventy-two (72)-hour supply of each prescription medication may be provided by a licensed nurse in separate containers labeled with the facility name and address, resident's name, medication name and strength, quantity, instructions for use, date, initials of person providing, and other appropriate information. Prescription medication cards or other multiple-dose containers currently in use in the facility may be sent by any authorized facility medication staff member with the resident if the containers are labeled by the pharmacy with instructions for use. Such containers shall be identified as having been sent with the resident, and shall not later be returned to the pharmacy for reuse. The facility shall maintain accurate records of medications sent from the facility and may have a policy that limits the quantity of medication sent with a resident without approval of the prescriber. II/III

**(56)** Upon discharge or transfer of a resident, the facility shall release prescription medications, including controlled substances, held by the facility for the resident when the physician writes an order for each medication to be released. Medications shall be labeled by the pharmacy with current instructions for use. Prescription medication cards or other containers may be released if the containers are labeled by the pharmacy with the instructions for use. II/III

*[(49)] (57)* Injections shall be administered only by a physician or licensed nurse, except that residents who require insulin, upon written order of their physician, may administer their own insulin or the insulin may be administered by an *[person]* **individual** trained to do so by a licensed nurse or physician and the resident's condition shall be monitored by his/her physician. *[After December 31, 1990, u/Unless insulin is self-administered or [it] is administered [only] by a physician or licensed nurse, it shall be administered by a certified medication technician or a level I medication aide who has successfully completed the state-approved course for insulin administration, taught by an approved instructor and who was recommended for training by an administrator or nurse with whom [s/he] he or she works. Anyone trained prior to December 31, 1990, who completed the state-approved insulin administration course taught by an approved instructor shall be considered qualified to administer insulin in a residential care facility I or II. [Anyone trained prior to December 31, 1990, to administer insulin by a licensed nurse or physician not using the state-approved course may*

qualify by challenging the final examination of the insulin administration course.] I/II

[(50)] (58) The administrator/manager shall develop and implement a safe and effective system of medication control and use, which assures that all residents' medications are administered [or distributed] by personnel at least [eighteen (18)] **seventeen (17)** years of age, in accordance with physicians' instructions using acceptable nursing techniques. [Until January 1, 1991, those facilities administering medications shall utilize personnel trained in medication administration (a licensed nurse, certified medication technician or level I medication aide) and] **The facility shall employ a licensed nurse eight (8) hours per week for every thirty (30) residents to monitor each resident's condition and medication. [Distribution] Administration of medication shall mean delivering to a resident [his/her] his or her prescription medication either in the original pharmacy container, or for internal medication, removing an individual dose from the pharmacy container and placing it in a small cup container or liquid medium for the resident to remove from the container and self-administer. External prescription medication may be applied by facility personnel if the resident is unable to do so and the resident's physician so authorizes. [After December 31, 1990, a] All [persons] individuals who administer [or distribute] medication shall be trained in medication administration and, if not a physician or a licensed nurse, shall be a certified medication technician or level I medication aide. I/II**

[(51)] (59) Medication Orders.

(A) Physician's instructions, as evidenced by the prescription label or by signed order of a physician, shall be accurately followed. If the physician changes the order which is designated on a prescription label, there shall be on file in the resident's record a signed physician's order to that effect with the amended instructions for use or until the prescription label is changed by the pharmacy to reflect the new order. II/III

(B) Physician's written and signed orders are not required, but if it is the facility's or physician's policy to use the orders, they shall include: name of medication, dosage, [and] frequency **and route of administration and the orders shall be renewed at least every three (3) months. Computer generated and rubber stamp signatures may be used if safeguards are in place to prevent their misuse. Computer identification codes and rubber stamps shall be accessible to and used by only the individuals whose signatures they represent. Orders that include optional doses or include "prn" administration frequencies shall specify a maximum frequency and the reason for administration. II/III**

(C) [Verbal and t/Telephone and other verbal orders shall be [taken] given only [to] by a licensed nurse, medication technician, level I medication aide or pharmacist and shall be immediately reduced to writing and signed by that individual. If a telephone or other verbal order is given to a medication technician or level I medication aide, an initial dosage [of a new prescription] shall not be [initiated] administered until the order has been reviewed by telephone, facsimile or in person by a licensed nurse or pharmacist. II

(D) The review shall be documented by the **licensed nurse's or pharmacist's signature within seven (7) days. III**

(E) The physician shall sign all [verbal and] telephone **and other verbal orders within seven (7) days. III**

(F) The administration [or distribution] of medication shall be recorded on a medication sheet or directly in the resident's record and, if recorded on a medication sheet, shall be made part of the resident's record. The administration [or distribution] shall be recorded by the same [person] **individual who prepares the medication and [who distributes or] administers it. II/III**

[(52)] No stock supply of prescription medication may be kept in the facility except in a residential care facility II, an emergency drug supply as recommended by a pharmacist or

physician may be kept if approved by the Division of Aging. Storage and use of medications in the emergency drug supply shall assure accountability. II/III]

(60) **Level I medication aides and certified medication technicians shall not administer medications when the order or prescription includes optional dosages, "prn" administration frequency choices, or other assessment requirements except as follows:**

(A) After assessment by a licensed nurse when required by the prescription or physician's order; or

(B) Upon request of the resident. If there is a question regarding the safety of the resident's request, the certified medication technician or level I medication aide shall consult with the resident's physician, a pharmacist or the licensed nurse. II/III

[(53)] (61) Stock supplies of nonprescription medication may be kept [for pro re nata (PRN) use] in both residential care [facility Is or IIs as long as the particular] **facilities I or II when the specific medications are approved in writing by a consulting physician, a registered nurse or a pharmacist. II/III**

(62) **Records shall be maintained upon receipt and disposition of all controlled substances and shall be maintained separately from other records, for two (2) years.**

(A) Inventories of controlled substances shall be reconciled as follows:

1. **Controlled Substance Schedule II medications shall be reconciled each shift; and**

2. **Controlled Substance Schedule III-V medications shall be reconciled weekly or as needed to ensure accountability.**

(B) Inventories of controlled substances shall be reconciled by the following:

1. **Two (2) medication personnel, one of whom is a licensed nurse; or**

2. **Two (2) medication personnel, one of whom is the administrator/manager when no nurse is available on staff; or**

3. **Two (2) medication personnel either medication technicians or level I medication aides when neither a licensed nurse nor the administrator/manager is available.**

(C) Receipt records shall include the date, source of supply, resident name and prescription number when applicable, medication name and strength, quantity and signature of the supplier and receiver. Administration records shall include the date, time, resident name, medication name, dose administered and the signature of the person administering.

(D) When self-control of medication is approved a record shall be made of all controlled substances transferred to and administered from the resident's room. Inventory reconciliation shall include controlled substances transferred to the resident's room. I/II

(63) **Documentation of waste of controlled substances at the time of administration shall include the reason for the waste and the signature of an authorized employee witness. If no authorized employee witness is available at the time of administration, the controlled substance shall be properly labeled, clearly identified as non-useable, stored in a locked area, and destroyed as soon as an authorized employee is available to witness the waste. When no witness is available and the controlled substance is contaminated by patient body fluids, the controlled substance shall be destroyed immediately and the circumstances documented. II/III**

[(54)] (64) [All controlled substances shall be handled according to state laws and regulations as given in and required by 19 CSR 30-1 and Chapter 195, RSMo. II/III] **A pharmacist or registered nurse shall review the controlled substance record keeping including reconciling the inventories of controlled substances, at the time of the drug regimen review of**

each resident, and as needed to ensure accountability. All discrepancies in controlled substance records shall be reported to the administrator or manager for review and investigation. The theft or loss of controlled substances shall be reported as follows:

(A) The facility shall notify the department's Section for Long Term Care (SLTC) and other appropriate authorities of any theft or significant loss of any controlled substance medication written as an individual prescription for a specific resident upon the discovery of the theft or loss. If an insignificant amount of such controlled substance is lost during lawful activities, which includes but are not limited to receiving, record keeping, access auditing, administration, destruction and returning to the pharmacy, a description of the occurrence shall be documented in writing and maintained with the facility's controlled substance records.

(B) When the facility is registered with the Drug Enforcement Agency (DEA), the facility shall notify the DEA of any theft or significant loss of any stock supply controlled substance medication upon the discovery of the theft or loss. If an insignificant amount of such controlled substance is lost during lawful activities, a description of the occurrence shall be documented in writing and maintained with the facility's controlled substance records.

(C) When the facility is registered with the Bureau of Narcotics and Dangerous Drugs (BNDD), the facility shall report to or document for the BNDD any loss of any stock supply controlled substance in compliance with 19 CSR 30-1.034. II/III

(65) No stock supply of prescription medication may be kept in a residential care facility I. A residential care facility II may keep an emergency medication supply if approved by a pharmacist or physician. Storage and use of medications in the emergency medication supply shall assure accountability. When the emergency medication supply contains controlled substances, the facility shall be registered with the BNDD and shall be in compliance with 19 CSR 30-1.052 and other applicable state and federal controlled substance laws and regulations. II/III

[[55]] (66) A pharmacist or registered nurse shall review the *[drug regime]* medication regimen of each resident. This shall be done at least every other month in a residential care facility II and every three (3) months in a residential care facility I. The review shall be performed in the facility and shall include, but shall not be limited to, **indication for use, dose, possible *[drug]* medication interactions and medication/food interactions, contraindications, adverse reactions and a review of the medication system utilized by the facility.** Irregularities and concerns shall be reported in writing to the resident's physician and to the administrator/manager. If after thirty (30) days, there is no action taken by a resident's physician and significant concerns continue regarding a resident's or residents' medication order(s), the administrator/manager shall contact or recontact the physician to determine if *[s/he]* he or she received the information and if there are any new instructions. II/III

[[56]] *Medication controlled by the facility shall be disposed of either by destroying, returning to the pharmacy or sending with residents on discharge. The following shall be destroyed within the facility within ninety (90) days: discontinued medication not returnable to the pharmacy, all discontinued controlled substances, outdated or deteriorated medication, medication of expired residents not returnable to the pharmacy, and medications not sent with the resident on discharge.* II/III

[[57]] *Disposition of medication controlled by the facility shall be recorded listing the resident's name, the date and the name, strength and quantity of the drug and the signature(s) of the person(s) involved. Medication destruction shall*

*involve two (2) persons one (1) of whom shall be a pharmacist, a nurse or a state inspector.* III]

(67) All medication errors and adverse reactions shall be promptly documented and reported to the administrator/manager and the resident's physician. If the pharmacy made a dispensing error, it shall also be reported to the issuing pharmacist. II/III

(68) Medications that are not in current use shall be disposed of as follows:

(A) Discontinued medications may be retained up to one hundred twenty (120) days prior to other disposition if there is reason to believe, based on clinical assessment of the resident, that the medication might be reordered;

(B) Medications may be released to the resident or family upon discharge according to section (56) of this rule;

(C) After a resident has expired, medications, except for controlled substances, may be released to the resident's legal representative upon written request of the legal representative that includes the name of the medication and the reason for the request;

(D) Medications may be returned to the pharmacy pursuant to 4 CSR 220-3.040 or a pharmacy, hospital or non-profit clinic participating in the Prescription Drug Repository Program pursuant to 19 CSR 20-50.020;

(E) All other medications, including all controlled substances and all expired or otherwise unusable medications, shall be destroyed within thirty (30) days as follows:

1. Medications shall be destroyed within the facility by a pharmacist and a licensed nurse or by two (2) licensed nurses or when two (2) licensed nurses are not available on staff by two (2) individuals who have authority to administer medications, one (1) of whom shall be a licensed nurse or a pharmacist; and

2. A record of medication destroyed shall be maintained and shall include the resident's name, date, medication name and strength, quantity, prescription number, and signatures of the individuals releasing and receiving the medications;

(F) A record of medication released or returned to the pharmacy shall be maintained and shall include the resident's name, date, medication name and strength, quantity, prescription number, and signatures of the individuals releasing and receiving the medications. II/III

[[58]] (69) Residents shall be encouraged to be active and to participate in activities. In a residential care facility licensed for more than twelve (12) residents, a method for informing the residents in advance of what activities are available, where they will be held and at what times they will be held shall be developed, maintained and used. II/III

[[59]] (70) **The facility shall maintain [A] a record *[shall be maintained]* in the facility for each resident, which shall include but not be limited to the following:**

(A) Admission information including the resident's name; admission date; confidentiality number; previous address; birth date; sex; marital status; Social Security number; Medicare and Medicaid numbers (if applicable); name, address and telephone number of the resident's physician and alternate; **diagnosis**, name, address and telephone number of the resident's *[next of kin]* interested family members, legal *[guardian,]* representative or designee or *[person]* another person responsible for the care of the individual to be notified in case of emergency; and preferred dentist, pharmacist and funeral director; III *[and]*

(B) *[A resident's record, including a]* A review monthly or more frequently, if indicated, of the resident's general condition and needs; a monthly review of medication consumption of any resident controlling *[his/her]* his or her own medication, noting if prescription medications are being used in appropriate quantities; a daily

record of *[distribution or]* administration of medication; *[any physician's orders;]* a logging of the *[drug regime]* medication regimen review process; a monthly weight; a record of each referral of a resident for services from an outside service; and a record of any *[patient]* resident incidents **including behaviors that pose or have posed a threat of harm to self or others** and accidents **that potentially could result in injury or did result in injuries** involving the resident./.; and

**(C) Any physician's orders. All orders shall be signed and dated. III**

*[(60)] (71)* A record of the resident census *[as well as records regarding discharge, transfer or death of residents]* shall be *[kept]* **retained** in the facility. III

*[(61)] (72)* Resident records, **which include but are not limited to records regarding discharge, transfer or death of the resident** shall be maintained by the operator for at least five (5) years after *[the]* a resident leaves the facility or after the resident reaches the age of twenty-one (21), whichever is longer. III

*AUTHORITY: sections 198.006, RSMo Supp. 2003 and 198.076, RSMo 2000. This rule originally filed as 13 CSR 15-15.042. Original rule filed July 13, 1983, effective Oct. 13, 1983. For intervening history, please consult the Code of State Regulations. Amended: Filed Nov. 15, 2004.*

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

*PRIVATE COST: For existing Residential Care Facilities, the cost of adding Lock Boxes to store scheduled medications is estimated to be a one-time cost of sixteen thousand fifty dollars (\$16,050) in 2005 and a cost of five hundred dollars (\$500) annually plus three percent (3%) increase for inflation as new Residential Care Facilities are added each year.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with David S. Durbin, J.D., M.P.A. Deputy Department Director Senior Services and Regulation, Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**FISCAL NOTE  
PRIVATE COST**

**I. RULE NUMBER**

Rule Number and Name:	19 CSR 30-86.042 Administrative, Personnel and Residential Care Requirements for Residential Care Facilities I and II.
Type of Rulemaking	Proposed Amendment

**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:
321	Residential Care Facilities I and II	FY-05 \$16,050.00
10	New Residential Facilities I and II	\$500.00 annually. Add 10 Residential Care Facilities per year plus three (3) percent cost increase annually for inflation to determine the aggregate cost for the life of the rule.

**III. WORKSHEET**

- Existing Residential Care Facilities  
321 facilities with a cost of \$50.0 per lock box equals \$16,050.00
- New Residential Care Facilities.  
10 new facilities per year with a cost of \$50.00 per lock box equal \$500.00 plus 3 percent inflation equals \$515.00.
- Annually thereafter-add ten (10) facilities per year.

**IV. ASSUMPTIONS**

1. DHSS Section for Long term Care regional office staff estimate about 50 percent Of the 641 current Residential Care Facilities lack a separate locked container for scheduled medications. Thus 321 facilities are affected by the rule.
2. Board of Narcotics and Dangerous Drugs (BNDD) staff have advised that a simple lock

**FISCAL NOTE  
PRIVATE COST**

- box which cannot be removed from the cabinet will meet the rules requirement. The estimated cost of such a container is \$50.00.
3. It is estimated from Missouri Certificate of Need Program data that an average of 10 new RCF's will be constructed each year for the foreseeable future.
  4. In determining the aggregate private cost over the life of the rule add 3 percent each year to adjust for inflation.
  5. This rule contains other private entity costs required by statute including changes in the Criminal Background Check, Employee Disqualification List and Family Care Safety Registry requirements. These costs are set forth in the fiscal note for Senate Bill 556 (2003).
  6. Any costs associated with the statutorily required training related to Alzheimer's Disease may be found in the fiscal note for House Bill 603 (2001)
  7. DHSS staff have performed a takings analysis in accordance with Section 536.017 and determined that no taking of real property will occur as a result of this amended rule.
  8. Any other costs not identified within this fiscal note are unforeseeable and unquantifiable.