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SALUS POPULI SUPREMA LEX ESTO

"The welfare of the people shall be the supreme law."



ROBIN CARNAHAN
SECRETARY OF STATE

MISSOURI
REGISTER

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RULES—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 28, *Missouri Register*, page 27. The approved short form of citation is 28 MoReg 27.

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

Title	Code of State Regulations	Division	Chapter	Rule
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation, i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division within the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo—The most recent version of the statute containing the section number and the date.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

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

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

**Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 5—General Program Procedures**

EMERGENCY RULE

9 CSR 10-5.240 Health Home

PURPOSE: This rule prescribes a Health Home as an alternative approach to the delivery of health care services that promises better experience and better results than traditional care. This rule also establishes the payment methodology for those Community Mental Health Centers (CMHCs) participating as a Health Home.

EMERGENCY STATEMENT: On October 20, 2011, Missouri received approval from the Centers for Medicare and Medicaid Services (CMS) to operate Health Homes as an alternative approach to the delivery of health care services that promises better experience and better results than traditional care. This approved state plan rule is effective January 1, 2012. This rule establishes how behavioral health providers will be able to better integrate their practices with primary health care, do more outreach and care coordination with hospitals and primary care clinics, and try to reduce the number of unnecessary emergency room visits. It also establishes the payment methodology for Community Mental Health Centers (CMHCs) participating as Health Homes. This rule also provides for a financial incentive to the state as there is an enhanced federal match of ninety percent (90%) for eight (8) quarters to provide Health Home services to per-

*sons with chronic illnesses. Without an emergency rule the state will not be able to collect the enhanced federal match for all eight (8) quarters nor proceed with this alternative approach to the delivery of health care services January 1, 2012. The Department of Mental Health finds that this emergency rule is necessary to preserve a compelling governmental interest, to enhance federal matching funds, and to promote public health, safety, and/or welfare through the coordination of behavioral and physical health care. A proposed rule, which covers the same material, was published in the November 15, 2011, *Missouri Register* (36 MoReg 2369–2373). The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri* and *United States Constitutions*. This rule was developed with involvement of representatives from the Department of Mental Health, the Department of Social Services, Missouri Primary Care Association, the Missouri Coalition of Community Mental Health Centers, along with various other stakeholders. Therefore, the Missouri Department of Mental Health believes that this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed December 20, 2011, becomes effective January 1, 2012, and expires June 28, 2012.*

(1) Definitions.

(A) Community Mental Health Centers (CMHC)—An agency and its approved designee(s) authorized by the Division of Comprehensive Psychiatric Services (CPS) as an entry and exit point into the state mental health service delivery system for a geographic service area defined by the division.

(B) Department—Missouri Department of Mental Health (DMH).

(C) Electronic Medical Record (EMR) (also referred to as Electronic Health Records (EHR))—An electronic version of a patient's medical history that is maintained by the provider over time and may include all of the key administrative clinical data relevant to that person's care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports. The EMR automates access to information and has the potential to streamline the clinician's workflow. The EMR also has the ability to support other care-related activities directly or indirectly through various interfaces, including evidence-based decision support, quality management, and outcomes reporting.

(D) Health Home (also referred to as Health Care Home)—A site that provides comprehensive primary physical and behavioral health care to Medicaid patients with chronic physical and/or behavioral health conditions, using a partnership or team approach between the Health Home practice's/site's health care staff and patients in order to achieve improved primary care and to avoid hospitalization or emergency room use for conditions treatable by the Health Home.

(E) Learning Collaborative—Group training sessions that CMHCs must attend if they are chosen to participate in the Missouri Medicaid Community Mental Health Center Health Home program.

(F) MO HealthNet Division (MHD)—The Missouri Medicaid agency.

(G) Needy individuals—Individuals receiving medical assistance from Medicaid or the Children's Health Insurance Program (CHIP), or are furnished uncompensated care by the provider or furnished services at either no cost or reduced cost based on a sliding scale.

(2) Health Home Qualifications.

(A) Initial Provider Qualifications. In order to be recognized as a Health Home, a CMHC must, at a minimum, meet the following criteria:

1. Have a substantial percentage of its patients enrolled in Medicaid, with special consideration given to those with a considerable volume of needy individuals;
2. Have strong, engaged leadership personally committed to and

capable of leading the practice through the transformation process and sustaining transformed practice processes as demonstrated through the application process and agreement to participate in learning activities; and that agency leadership have presented the state approved "Paving the Way for Health Homes" PowerPoint introduction to Missouri's Health Home Initiative to all agency staff;

3. Meet the state's minimum access requirements. Prior to implementation of Health Home service coverage, provide assurance of enhanced patient access to the health team, including the development of alternatives to face-to-face visits, such as telephone or email, twenty-four (24) hours per day, seven (7) days per week;

4. Actively use MHD's comprehensive EHR to conduct care coordination and prescription monitoring for Medicaid participants;

5. Utilize an interoperable patient registry to input annual metabolic screening results, track and measure care of individuals, automate care reminders, and produce exception reports for care planning;

6. Routinely use a behavioral pharmacy management system to determine problematic prescribing patterns;

7. Conduct wellness interventions as indicated based on client's level of risk;

8. Complete status reports to document client's housing, legal, employment status, education, custody, etc.;

9. Agree to convene regular, ongoing and documented internal Health Home team meetings to plan and implement goals and objectives of practice transformation;

10. Agree to participate in the Centers for Medicare and Medicaid Services (CMS) and state-required evaluation activities;

11. Agree to develop required reports describing CMHC Health Home activities, efforts, and progress in implementing Health Home services;

12. Maintain compliance with all of the terms and conditions as a CMHC Health Home provider or face termination as a provider of CMHC Health Home services; and

13. Present a proposed Health Home delivery model that the state determines to have a reasonable likelihood of being cost effective. Cost effectiveness will be determined based on the size of the Health Home, Medicaid caseload, percentage of caseload with eligible chronic conditions of patients, and other factors to be determined by the state.

(B) Ongoing Provider Qualifications. Each CMHC must also—

1. Within three (3) months of Health Home service implementation, have developed a contract or Memorandum of Understanding (MOU) with regional hospital(s) or system(s) to ensure a formalized structure for transitional care planning, to include communication of inpatient admissions of Health Home participants, as well as maintain a mutual awareness and collaboration to identify individuals seeking emergency department (ED) services that might benefit from connection with a Health Home site, and in addition motivate hospital staff to notify the CMHC primary care nurse manager or staff of such opportunities;

2. Develop quality improvement plans to address gaps and opportunities for improvement identified during and after the application process;

3. Demonstrate continuing development of fundamental Health Home functionality at six (6) months and twelve (12) months through an assessment process to be determined by DMH;

4. Demonstrate improvement on clinical indicators specified by and reported to the state; and

5. Meet accreditation standards approved by the state as such standards are developed.

(3) Scope of Services. This section describes the activities CMHCs will be required to engage in and the responsibilities they will fulfill if recognized as a Health Home provider.

(A) Health Home Services. The Health Home Team shall assure that the following health services are received as necessary by all members of the Health Home:

1. Comprehensive Care Management. Comprehensive care management includes the following services:

A. Identification of high-risk individuals and use of client information to determine level of participation in care management services;

B. Assessment of preliminary service needs;

C. Development of treatment plans, including client goals, preferences, and optimal clinical outcomes;

D. Assignment of health team roles and responsibilities;

E. Development of treatment guidelines that establish clinical pathways for health teams to follow across risk levels or health conditions;

F. Monitoring of individual and population health status and service use to determine adherence to or variance from treatment guidelines; and

G. Development and dissemination of reports that indicate progress toward meeting outcomes for client satisfaction, health status, service delivery, and costs.

2. Care coordination. Care coordination consists of the implementation of the individualized treatment plan (with active client involvement) through appropriate linkages, referrals, coordination, and follow-up to needed services and supports, including referral and linkage to long-term services and supports. Specific care coordination activities include, but are not limited to: appointment scheduling, conducting referrals and follow-up monitoring, participating in hospital discharge processes, and communicating with other providers and clients/family members. Health Homes must conduct care coordination activities across the health team. The primary responsibility of the Nurse Care Manager is to ensure implementation of the treatment plan for achievement of clinical outcomes consistent with the needs and preferences of the client.

3. Health promotion services. Services shall minimally consist of providing health education specific to an individual's chronic conditions, development of self-management plans with the individual, education regarding the importance of immunizations and screening, child physical and emotional development, providing support for improving social networks, and providing health promoting lifestyle interventions, including, but not limited to: substance use prevention, smoking prevention and cessation, nutritional counseling, obesity reduction and prevention, and increasing physical activity. Health promotion services also assist clients to participate in the implementation of the treatment plan and place a strong emphasis on person-centered empowerment to understand and self-manage chronic health conditions.

4. Comprehensive transitional care. Members of the Health Team must provide care coordination services designed to streamline plans of care, reduce hospital admissions, ease the transition to long-term services and supports, and interrupt patterns of frequent hospital emergency department use. Members of the Health Team collaborate with physicians, nurses, social workers, discharge planners, pharmacists, and others to continue implementation of the treatment plan with a specific focus on increasing clients' and family members' ability to manage care and live safely in the community and shift the use of reactive care and treatment to proactive health promotion and self-management.

5. Individual and family support services. Services include, but are not limited to: advocating for individuals and families; assisting with, obtaining, and adhering to medications and other prescribed treatments. In addition, Health Team members are responsible for identifying resources for individuals to support them in attaining their highest level of health and functioning in their families and in the community, including transportation to medically necessary services. A primary focus will be increasing health literacy, ability to self-manage care, and facilitate participation in the ongoing revision of their care/treatment plan. For individuals with developmental disabilities (DD) the Health Team will refer to and coordinate with the approved DD case management entity for services more directly related to habilitation or a particular health care condition.

6. Referral to community and social support. Involves providing assistance for clients to obtain and maintain eligibility for health care, disability benefits, housing, personal need, and legal services, as examples. For individuals with DD, the Health Team will refer to and coordinate with the approved DD case management entity for this service.

(B) Health Home Staffing. Health Home providers will augment their current Community Psychiatric Rehabilitation (CPR) teams by adding a Health Home Director, Physician Leadership, and Nurse Care Managers to provide consultation as part of the Care Team and assist in delivering Health Home services. Clerical support staff will also be funded to assist with Health Home supporting functions.

(C) Learning Activities. CMHCs will be supported in transforming service delivery by participating in statewide learning activities. Given CMHCs' varying levels of experience with practice transformation approaches, the state will assess providers to determine learning needs. CMHCs will therefore participate in a variety of learning supports, up to and including learning collaborative, specifically designed to instruct CMHCs to operate as Health Homes and provide care using a whole person approach that integrates behavioral health, primary care, and other needed services and supports.

1. Learning activities will support providers of Health Home services in addressing the following components:

A. Provide quality-driven, cost-effective, culturally-appropriate, and person-and-family-centered Health Home services;

B. Coordinate and provide access to high-quality health care services informed by evidence-based clinical practice guidelines;

C. Coordinate and provide access to preventive and health promotion services, including prevention of mental illness and substance use disorders;

D. Coordinate and provide access to mental health and substance use services;

E. Coordinate and provide access to comprehensive care management, care coordination, and transitional care across settings;

F. Coordinate and provide access to chronic disease management, including self-management support to individuals and their families;

G. Coordinate and provide access to individual and family supports, including referral to community, social support, and recovery services;

H. Coordinate and provide access to long-term care supports and services;

I. Develop a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical health care related needs and services;

J. Demonstrate a capacity to use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate; and

K. Establish a continuous quality improvement program and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.

(D) Patient Registry. Health Homes shall utilize the DMH/Department of Social Services (DSS) provided EHR patient registry. A patient registry is a system for tracking information that DMH/DSS deems critical to the management of the health of a Health Home's patient population, including dates of delivered and needed services, laboratory values needed to track chronic conditions, and other measures of health status. The registry shall be used for—

1. Patient tracking;
2. Patient risk stratification;
3. Analysis of patient population health status and individual patient needs; and
4. Reporting as specified by DMH.

(E) Data Reporting. CMHCs shall submit to DMH the following

reports, as further specified by DMH, within the time frames specified below:

1. Monthly update CMHC report that describes the CMHC's efforts and progress to implement Health Home; including identifying the CMHC leadership and Health Home staffing and providing updates on Health Home enrollment status; and

2. Other reports, as specified by DMH/DSS.

(F) Demonstrated Evidence of Health Home Transformation. CMHCs are required to demonstrate evidence of Health Home transformation on an ongoing basis using measures and standards established by DSS and DMH, and communicated to the CMHCs. Evidence of Health Home transformation includes:

1. Demonstrates development of fundamental health home functionality at six (6) months and twelve (12) months based on an assessment process to be determined by DMH; and

2. Demonstrates improvement on clinical indicators specified by and reported to DMH.

(G) Participation in Evaluation. CMHCs shall participate in an evaluation. Participation may entail responding to surveys and requests for interviews with CMHC staff and clients. CMHCs shall provide all requested information to the evaluator in a timely fashion.

(H) Notification of Staffing Changes. Practices are required to notify DMH within five (5) working days of staff changes in Health Home Director, Physician Leadership, Nurse Care Managers, and Clerical Support Staff.

(4) Patient Eligibility and Enrollment.

(A) Medicaid beneficiaries eligible for Health Home services from recognized CMHC Health Home service providers must meet one (1) of the following criteria:

1. Diagnosed with a serious and persistent mental health condition (adults with Seriously Mentally Ill (SMI) and children with Serious Emotional Disturbance (SED)); or

2. Diagnosed with a mental health condition and substance use disorder; or

3. Diagnosed with a mental health condition and/or substance use disorder, and one (1) other chronic condition (diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease, overweight (body mass index (BMI) > 25), tobacco use, and developmental disability).

(B) Individuals eligible for Health Home services and identified by the state as being an existing service user of a Health Home will be auto-assigned to eligible providers based on qualifying conditions. Individuals will be attributed to the CMHC using a standard patient attribution algorithm adopted by DMH/DSS.

(C) After being assigned to a Health Home, participants will be granted the option to change their Health Home if desired. A participant assigned to a Health Home will be notified by DMH of all available Health Homes sites throughout the state. The notice will—

1. Describe the participant's choice in selecting a new Health Home;

2. Provide a brief description of Health Home services; and

3. Describe the process for the participant to decline receiving Health Home services from the assigned Health Home provider.

(D) Potentially eligible individuals receiving services in the hospital emergency department or as an inpatient will be notified about eligible Health Homes and referred based on their choice of provider. Eligibility for Health Home services will be identifiable through the state's comprehensive Medicaid electronic health record.

(E) Health Home providers to which patients have been auto-assigned will receive communication from the state regarding a patient's enrollment in Health Home services. The Health Home will notify other treatment providers about the goals and types of Health Home services as well as encourage participation in care coordination efforts.

(5) Health Home Payment Components.

(A) General.

1. All Health Home payments to a practice site are contingent on the site meeting the Health Home requirements set forth in this rule. Failure to meet these requirements is grounds for revocation of a site's Health Home status and termination of payments specified within this rule.

2. Health Home reimbursement will be in addition to a provider's existing reimbursement for services and procedures and will not change existing reimbursement for a provider's non-Health Home services and procedures.

3. DMH/DSS reserves the right to make changes to the payment methodology after consultation with recognized Health Homes and receipt of required federal approvals.

(B) Types of Payments.

1. Clinical Care Management Per Member Per Month (PMPM). PMPM reimburses for cost of staff primarily responsible for delivery of Health Home services not covered by other reimbursement and whose duties are not reimbursable otherwise by Medicaid.

AUTHORITY: section 630.050, RSMo 2000. Original rule filed Oct. 17, 2011. Emergency rule filed Dec. 20, 2011, effective Jan. 1, 2012, expires June 28, 2012.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 200—Insurance Solvency and Company
Regulation**

Chapter 18—Service Contracts

EMERGENCY RULE

20 CSR 200-18.030 Licensure of Motor Vehicle Extended Service Contract Producers

PURPOSE: This rule effectuates and aids in the interpretation of section 385.207, RSMo, by setting the fees for motor vehicle extended service contract producer license applications.

*EMERGENCY STATEMENT: This emergency rule is necessary to implement section 385.207, RSMo, a newly enacted statute providing for motor vehicle extended service contract producer licensure. This emergency rule is necessary to protect the public and to preserve a compelling governmental interest, in that section 385.207, RSMo, effective January 1, 2012, protects the public by subjecting motor vehicle extended service contract producers to greater regulatory oversight by requiring a license issued by the department before selling, offering, negotiating, or offering motor vehicle extended service contracts for sale to the public. The licensure scheme of which section 385.207, RSMo, is a part was enacted to curb widespread abuse of consumers by marketers of motor vehicle extended service contracts. The new statute is effective January 1, 2012, and the department accordingly must set the fees for the application so that applications can be processed. A proposed rule, which covers the same material, is published in this issue of the *Missouri Register*. The scope of this emergency rule is limited to circumstances creating the emergency and complies with the protections extended in the *Missouri and United States Constitutions*. In October 2011, the department distributed a draft of the emergency rule, including the application fee amounts contained in this text, to motor vehicle extended service contract industry representatives, including the Vehicle Protection Agency and the Service Contract Industry Council. The department did not receive any comments objecting to the amounts. The Department of Insurance, Financial Institutions and Professional Registration believes this emergency rule is fair to all interested persons and parties under the circumstances. This*

emergency rule was filed December 29, 2011, becomes effective January 9, 2012, and expires July 6, 2012.

(1) Application and Fees. Application for a motor vehicle extended service contract producer license shall include the following, as applicable:

(A) Initial Licensure.

1. Individual motor vehicle extended service contract producer.

A. A completed application form, as prescribed by the director.

B. Twenty-five dollar (\$25)-application fee.

2. Business entity motor vehicle extended service contract producer.

A. A completed application form, as prescribed by the director.

B. One hundred dollar (\$100)-application fee.

*AUTHORITY: sections 374.045, 385.207, and 385.218, RSMo Supp. 2011. Emergency rule filed Dec. 29, 2011, effective Jan. 9, 2012, expires July 6, 2012. A proposed rule covering this same material is published in this issue of the *Missouri Register*.*

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 700—Insurance Licensing
Chapter 1—Insurance Producers**

EMERGENCY RULE

20 CSR 700-1.160 Licensing and Authorization of Portable Electronics Insurance Producers and Related Entities

PURPOSE: This rule effectuates and aids in the interpretation of sections 379.1500 to 379.1550, RSMo, by setting fees for initial applications.

*EMERGENCY STATEMENT: This emergency rule is necessary to implement new statutes providing for portable electronics insurance producer licensure. This emergency rule is necessary to preserve a compelling governmental interest, in that the new statutes are effective January 1, 2012, and the department accordingly must set application fees, in order to process applications. A proposed rule, which covers the same material, is published in this issue of the *Missouri Register*. The scope of this emergency rule is limited to circumstances creating the emergency and complies with the protections extended in the *Missouri and United States Constitutions*. The Department of Insurance, Financial Institutions and Professional Registration believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed December 29, 2011, becomes effective January 9, 2012, and expires July 6, 2012.*

(1) Application and Fees. Application for a portable electronics insurance license shall include the following, as applicable:

(A) Initial Licensure.

1. Vendor with ten (10) or fewer locations.

A. A completed application form, as prescribed by the director.

B. One hundred dollar (\$100)-application fee.

C. Notice that each location authorized to sell, solicit, or negotiate portable electronics insurance has the brochures and actual policies or certificates of coverage required under section 379.1510, RSMo.

2. Vendor with more than ten (10) locations.

A. A completed application form, as prescribed by the director.

B. One thousand dollar (\$1,000)-application fee.

C. Notice that each location authorized to sell, solicit, or negotiate portable electronics insurance has the brochures and actual policies or certificates of coverage required under section 379.1510, RSMo.

*AUTHORITY: sections 379.1550 and 374.045, RSMo Supp. 2011. Emergency rule filed Dec. 29, 2011, effective Jan. 9, 2012, expires July 6, 2012. A proposed rule covering this same material is published in this issue of the **Missouri Register**.*

Under 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."

Entirely new rules are printed without any special symbolology 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.

An 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.

If 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*.

An 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.

If 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.

communicators. [(The Department of Public Safety is proposing the general organization.)]

AUTHORITY: section 650.340, RSMo Supp. [1999] 2011. This rule originally filed as 11 CSR 10-12.010. Original rule filed May 16, 2000, effective Nov. 30, 2000. Moved and amended: Filed Jan. 3, 2012.

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 Public Safety, Director's Office, PO Box 749, 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 11—DEPARTMENT OF PUBLIC SAFETY
[Division 10—Adjutant General]
Division 30—Office of the Director
Chapter [12] 13—911 Training and Standards Act

PROPOSED AMENDMENT

[11 CSR 10-12.020] 11 CSR 30-13.020 Definitions. The department is moving the rule and amending the purpose statement.

PURPOSE: This amendment moves the rule from the Adjutant General to the Office of the Director and removes the reference to the department in the purpose statement because that language is no longer necessary with the rule moving to the Office of the Director.

PURPOSE: This rule defines the terms used in the rules, which pertain to the training of telecommunicators. [(The Department of Public Safety is defining definitions.)]

AUTHORITY: section 650.340, RSMo Supp. [1999] 2011. This rule originally filed as 11 CSR 10-12.020. Original rule filed May 16, 2000, effective Nov. 30, 2000. Moved and amended: Filed Jan. 3, 2012.

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 Public Safety, Director's Office, PO Box 749, 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 11—DEPARTMENT OF PUBLIC SAFETY
[Division 10—Adjutant General]
Division 30—Office of the Director
Chapter [12] 13—911 Training and Standards Act

PROPOSED AMENDMENT

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

Title 11—DEPARTMENT OF PUBLIC SAFETY
[Division 10—Adjutant General]
Division 30—Office of the Director
Chapter [12] 13—911 Training and Standards Act

PROPOSED AMENDMENT

[11 CSR 10-12.010] 11 CSR 30-13.010 General Organization. The department is moving the rule and amending the purpose statement.

PURPOSE: This amendment moves the rule from the Adjutant General to the Office of the Director and removes the reference to the department in the purpose statement because that language is no longer necessary with the rule moving to the Office of the Director.

PURPOSE: This rule provides for the organization, administration, and methods of operation of a program of certification for telecom-

[11 CSR 10-12.030] **11 CSR 30-13.030 Initial Training.** The department is moving the rule and amending the purpose and section (1).

PURPOSE: This amendment moves the rule from the Adjutant General to the Office of the Director and removes the reference to the department in the purpose statement because that language is no longer necessary with the rule moving to the Office of the Director. The amendment also updates a rule reference consistent with moving the rule to the Office of the Director.

PURPOSE: This rule defines the training levels and requirements for telecommunicators. [(The Department of Public Safety is proposing requirements.)]

(1) Telecommunicators hired after August 28, 1999, must complete the following training within **twelve** (12) months of the date of employment. Training must meet the requirements indicated in [11 CSR 10-12.060] **11 CSR 30-13.060**.

(A) In order to act as a telecommunicator for any law enforcement agency, **sixteen** (16) hours of police dispatcher training or **forty** (40) hours of joint communications dispatcher training.

(B) In order to act as a telecommunicator for any fire department, **sixteen** (16) hours of fire dispatcher training or **forty** (40) hours of joint communications dispatcher training.

(C) In order to act as a telecommunicator for any emergency medical service, **sixteen** (16) hours of emergency medical dispatcher training or **forty** (40) hours of joint communications dispatcher training.

(D) In order to act as a telecommunicator for a joint communications center, **forty** (40) hours of joint communications dispatcher training.

AUTHORITY: section 650.340, RSMo Supp. [1999] 2011. This rule originally filed as 11 CSR 10-12.030. Original rule filed May 16, 2000, effective Nov. 30, 2000. Moved and amended: Filed Jan. 3, 2012.

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 Public Safety, Director's Office, PO Box 749, 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 11—DEPARTMENT OF PUBLIC SAFETY
[Division 10—Adjutant General]
Division 30—Office of the Director
Chapter [12] 13—911 Training and Standards Act

PROPOSED AMENDMENT

[11 CSR 10-12.040] **11 CSR 30-13.040 Exemptions and Waiver of Initial Training Requirement.** The department is moving the rule and amending the purpose and sections (2), (4), and (5).

PURPOSE: This amendment moves the rule from the Adjutant General to the Office of the Director and removes the reference to the department in the purpose statement because that language is no longer necessary with the rule moving to the Office of the Director.

The amendment also updates a rule reference and an address consistent with moving the rule to the Office of the Director.

PURPOSE: This rule defines those individuals exempt from the training requirements, delineates those circumstances where the initial training requirements may be waived and how such requests shall be handled. [(The Department of Public Safety is proposing requirements for waiver.)]

(2) Any persons hired after August 28, 1999, as a telecommunicator, may have the initial training requirement waived upon furnishing proof to the committee that they have completed a training course in another state that meets the minimum requirements listed in [11 CSR 10-12.030] **11 CSR 30-13.030**.

(4) If an individual received training in a single discipline and is not employed in a multidiscipline Public Safety Answering Point (PSAP) (**two** (2) disciplines) or joint communication center, they must complete the initial training requirements for the disciplines in which they are not certified.

(5) Requests for waivers from individuals who received training from organizations outside Missouri may submit certificates, transcripts, or other proof of training to the Advisory Committee for 911 Service Oversight, P[.]O[.] Box [116] 749, Jefferson City, MO 65102, for review and approval. Original documents are preferred and will be returned to the applicant.

AUTHORITY: section 650.340, RSMo Supp. [1999] 2011. This rule originally filed as 11 CSR 10-12.040. Original rule filed May 16, 2000, effective Nov. 30, 2000. Moved and amended: Filed Jan. 3, 2012.

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 Public Safety, Director's Office, PO Box 749, 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 11—DEPARTMENT OF PUBLIC SAFETY
[Division 10—Adjutant General]
Division 30—Office of the Director
Chapter [12] 13—911 Training and Standards Act

PROPOSED AMENDMENT

[11 CSR 10-12.050] **11 CSR 30-13.050 Requirements for Continuing Education.** The department is moving the rule and amending the purpose and sections (1)–(4).

PURPOSE: This amendment moves the rule from the Adjutant General to the Office of the Director and removes the reference to the department in the purpose statement because that language is no longer necessary with the rule moving to the Office of the Director. The amendment clarifies the time period for telecommunicators to obtain continuing education and sets out the approved sources of telecommunicator continuing education. The amendment requires the telecommunicator to maintain a record of compliance with the continuing education requirements.

PURPOSE: *The rule defines the requirements for completion of continuing education and the terms for maintaining training records. [(The Department of Public Safety is proposing requirements.)] The rule further defines the approved sources for telecommunicator continuing education.*

(1) *[All telecommunicators employed in a Public Safety Answering Point (PSAP) must complete a minimum of 16 hours refresher or ongoing training every two years.] Continuing telecommunicators education (CTE) shall be obtained and monitored on a fixed, three- (3)-year cycle, with the first CTE period ending December 31, 2014, and successive CTE periods ending December 31 every third year thereafter.*

(2) *[Training must satisfy the requirements listed in 11 CSR 10-12.060.] Every telecommunicator shall obtain a minimum of twenty-four (24) hours of CTE credit during each CTE period.*

(3) *[It is the responsibility of the PSAP to maintain training records, certificates and waivers for each telecommunicator employed. Certified copies of certificates and transcripts may be used in place of originals.] CTE credit may be obtained from the following sources:*

(A) *From a CTE provider approved pursuant to 11 CSR 30-13.070 or a Continuing Law Enforcement Education provider licensed pursuant to 11 CSR 75-15.030;*

(B) *From a source approved to provide a specific CTE course pursuant to 11 CSR 30-13.080;*

(C) *From an approved out-of-state source pursuant to 11 CSR 30-13.090;*

(D) *For serving as an instructor for a CTE class pursuant to 11 CSR 30-13.060(3)(B);*

(E) *By attending an accredited college or university course related to communications or emergency management or applicable to communications or emergency management administration pursuant to 11 CSR 30-13.060(3)(C); or*

(F) *As in-service training pursuant to 11 CSR 30-13.100.*

(4) *[It is incumbent upon the PSAP to certify telecommunicators meet the requirements.] Each telecommunicator shall be responsible for maintaining record of compliance with the continuing education rules.*

AUTHORITY: *section 650.340, RSMo Supp. [1999] 2011. This rule originally filed as 11 CSR 10-12.050. Original rule filed May 16, 2000, effective Nov. 30, 2000. Moved and amended: Filed Jan. 3, 2012.*

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 Missouri Department of Public Safety, Director's Office, PO Box 749, 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 11—DEPARTMENT OF PUBLIC SAFETY
[Division 10—Adjutant General]
Division 30—Office of the Director
Chapter [12] 13—911 Training and Standards Act

PROPOSED AMENDMENT

[11 CSR 10-12.060 Procedures for Certification of Training Providers] 11 CSR 30-13.060 Minimum Standards for Continuing Education Training. The department is moving the rule, amending the purpose and sections (1)–(7), and deleting section (8).

PURPOSE: *This amendment moves the rule from the Adjutant General to the Office of the Director and removes the reference to the department in the purpose statement because that language is no longer necessary with the rule moving to the Office of the Director. The amendment sets out the types of continuing telecommunicators training, how an hour of continuing education is calculated, and the procedure for a training provider to provide proof that the telecommunicator completed a continuing telecommunicators training course.*

PURPOSE: *[This rule defines the documentation requirements and procedures for approval of a course provider of the training of telecommunicators. (The Department of Public Safety is proposing procedures for certification.)] This rule establishes minimum standards for the continuing education training of telecommunicators.*

(1) *[The Department of Public Safety, with the assistance and advice of the Advisory Committee for 911 Service Oversight, is the certifying agency for 911 telecommunicator training.] All continuing telecommunicators education (CTE) training shall relate to one (1) or more of the following curricula areas:*

(A) *Legal studies;*

(B) *Technical studies;*

(C) *Interpersonal perspectives; or*

(D) *Skill development.*

(2) *[Organizations, including Public Safety Answering Points (PSAP), which have developed telecommunicator training courses may submit the instructor's manual, handouts, course outline and supporting material to the Department of Public Safety for review and certification. Material submitted will be maintained on file with the department and will be considered proprietary material.] All CTE training shall be designated according to curricula area.*

(3) *[Upon completion of the review process, a certification letter will be mailed, indicating whether the course is acceptable and meets the training intent.] CTE credit shall be calculated at the following rates:*

(A) *One (1) hour of CTE credit for each fifty (50) minutes of CTE instruction received;*

(B) *Two (2) hours of CTE credit for each hour of CTE instruction delivered; and*

(C) *Two (2) hours of CTE credit for each semester hour of credit earned at an accredited college, university, or technical institution related to communications and emergency management or applicable to communications and emergency management administration.*

(4) *[Organizations that have developed courses that are denied certification will be notified in writing as to the reasons for the denial. Deficiencies may be corrected and the course resubmitted for consideration.] Upon successful completion of the requirements of any CTE course, the provider of the training shall present each trainee a certificate bearing—*

(A) *The provider's name and the phrase "Approved Provider";*

(B) *The course name;*

(C) *The total number of CTE credit hours earned;*

(D) *A breakdown of CTE credit hours earned by curricula area;*

(E) *The trainee's name; and*

(F) The name of the individual responsible for general administration of the course.

(5) [Organizations may appeal the denial of certification for any course to the Director of the Department of Public Safety, P.O. Box 749, Jefferson City, MO 65102. The director is the final adjudication authority for course certification and denial.] The CTE provider shall retain, for a period of five (5) years after each CTE training course, the following records:

- (A) A copy of the training certificate or other record of the information required by subsections (4)(A) to (4)(F) of this rule;
- (B) A list of all trainees who successfully completed the course;
- (C) The name of the individual responsible for general administration of the course;
- (D) A list of all training objectives;
- (E) All course outlines;
- (F) All instructor records; and
- (G) The course evaluation plan.

(6) [Once a course is certified, any changes or modifications, additions and deletions must be submitted to the department for review. Only the modifications need to be forwarded for review, a completely new set of course materials is not required.] Every agency that provides in-service CTE training shall present each telecommunicator leaving the agency with a complete record of all in-service CTE training obtained by the telecommunicator during the telecommunicator's tenure with the agency.

(7) [Instructor certification is the responsibility of the PSAP. The Department of Public Safety will not issue certification letters for instructors.] CTE providers shall deliver all CTE training in an effective manner.

[(8) PSAPs may contact the Advisory Committee for 911 Service Oversight for general guidelines regarding instructor qualifications and training.]

AUTHORITY: section 650.340, RSMo Supp. [1999] 2011. This rule originally filed as 11 CSR 10-12.060. Original rule filed May 16, 2000, effective Nov. 30, 2000. Moved and amended: Filed Jan. 3, 2012.

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 Missouri Department of Public Safety, PO Box 749, 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 11—DEPARTMENT OF PUBLIC SAFETY
Division 30—Office of the Director
Chapter 13—911 Training and Standards Act**

PROPOSED RULE

11 CSR 30-13.070 Procedure to Obtain Continuing Education Provider Approval for 911 Telecommunicators

PURPOSE: This rule identifies the procedure to obtain continuing

education provider approval.

(1) Any person or entity may apply for a continuing telecommunicator education (CTE) provider approval, except that an agency eligible to provide in-service CTE training pursuant to 11 CSR 30-13.100 is not eligible for CTE provider approval.

(2) An applicant shall submit to the 911 Oversight Training Subcommittee a CTE provider approval application. The subcommittee may review or request additional information from an applicant.

(3) The 911 Oversight Training Subcommittee may consider any relevant factor in determining an applicant's qualifications, including the applicant's history, facilities and equipment, academic qualifications, financial qualifications, the estimated number of annual graduates, letters of support, and the justification for provider status as opposed to obtaining individual course approval pursuant to 11 CSR 30-13.080.

(4) The 911 Oversight Training Subcommittee may—

- (A) Conduct a site visit;
- (B) Review the applicant's policies and procedures, including attendance and instructor evaluation policies;
- (C) Review the applicant's proposed courses, including training objectives, outline, evaluation plan, and instructor qualifications; and
- (D) Report the findings to the 911 Oversight Committee.

(5) Upon receipt of the training subcommittee's report, the 911 Oversight Committee may invite the applicant to appear before the committee.

(6) The 911 Oversight Committee shall provide the director of the department with a report outlining the findings from the review and a final recommendation whether to approve the applicant as a CTE provider.

(7) At the director's request, the 911 Oversight Committee shall obtain additional information regarding the application. The director shall consider the recommendation of the 911 Oversight Committee and shall grant the CTE provider approval or deny the applicant's request.

(8) All new CTE provider approvals shall be issued for an initial period of one (1) year.

(9) The procedure to renew a CTE provider approval shall be as follows:

- (A) The applicant shall submit to the 911 training subcommittee a CTE provider renewal application;
- (B) The 911 training subcommittee may conduct a programmatic review of the applicant;
- (C) The 911 training subcommittee shall review the renewal application of the CTE provider and present the findings to the 911 Oversight Committee for review;
- (D) The 911 Oversight Committee shall provide a report of the findings and make a recommendation to the director of the department whether to grant or deny the renewal; and
- (E) The director of the department shall consider the renewal recommendation of the 911 Oversight Committee and may—
 1. Request additional information regarding the renewal application;
 2. Renew the approval for an additional period of one (1) year subject to further audit and review by the 911 Oversight Committee;
 3. Grant a three- (3)-year approval; or
 4. Deny the approval.

AUTHORITY: section 650.340, RSMo Supp. 2011. Original rule filed Jan. 3, 2012.

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 Missouri Department of Public Safety, Director's Office, PO Box 749, 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 11—DEPARTMENT OF PUBLIC SAFETY
Division 30—Office of the Director
Chapter 13—911 Training and Standards Act**

PROPOSED RULE

11 CSR 30-13.080 Procedure to Obtain Approval for an Individual Continuing Education Course for 911 Telecommunicators

PURPOSE: This rule identifies the procedure to obtain approval for an individual continuing telecommunicator education course.

- (1) To be eligible to obtain approval for a specific, individual continuing telecommunicator education (CTE) course, an applicant must not be the holder of a CTE provider approval.
- (2) An applicant shall submit to the 911 training subcommittee a completed individual CTE course application. The training subcommittee may investigate the applicant or request additional information from the applicant.
- (3) Continuing telecommunicator education courses must fall within one (1) or more of the following curricula areas:
 - (A) Legal studies;
 - (B) Technical studies;
 - (C) Interpersonal perspectives; or
 - (D) Skill development.
- (4) The 911 training subcommittee may consider any relevant factor in determining the qualification of the applicant and proposed course, including, attendance policy, evaluation plan, training objectives, course outline, and record of instructions of previous courses.
- (5) The 911 training subcommittee shall make a recommendation to the 911 Oversight Committee.
- (6) The 911 Oversight Committee shall provide the director of the department with a report and final recommendation regarding the application.
- (7) The director of the department may—
 - (A) Request additional information regarding the application;
 - (B) Grant approval of the individual CTE course; or
 - (C) Deny the application.
- (8) Any change to the training objectives of an individual CTE course shall require prior approval of the director.

AUTHORITY: section 650.340, RSMo Supp. 2011. Original rule filed Jan. 3, 2012.

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 Missouri Department of Public Safety, PO Box 749, 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 11—DEPARTMENT OF PUBLIC SAFETY
Division 30—Office of the Director
Chapter 13—911 Training and Standards Act**

PROPOSED RULE

11 CSR 30-13.090 Out-of-State, Federal, and Organizations Continuing Education Credit for 911 Telecommunicators

PURPOSE: This rule establishes the process for receiving credit for continuing education from other state or federal agencies and organizations.

- (1) The director of the department may recognize other state or federal agencies and organizations with standards for continuing education training providers comparable to the standards established pursuant to these rules.
- (2) In order to receive credit for attending continuing telecommunicator education (CTE) training recognized by the director pursuant to this rule, a telecommunicator shall maintain evidence that—
 - (A) The training was approved for continuing education by the state or federal agency providing the training or by the state in which the training was located; and
 - (B) The telecommunicator successfully completed the training.

AUTHORITY: section 650.340, RSMo Supp. 2011. Original rule filed Jan. 3, 2012.

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 Missouri Department of Public Safety, PO Box 749, 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 11—DEPARTMENT OF PUBLIC SAFETY
Division 30—Office of the Director
Chapter 13—911 Training and Standards Act**

PROPOSED RULE

11 CSR 30-13.100 In-Service Continuing Education Training for 911 Telecommunicators

PURPOSE: The rule establishes the procedure for a governmental

agency to provide in-service training that qualifies for CTE credit.

(1) Any governmental agency may provide in-service continuing telecommunicator education (CTE) training to its employed telecommunication officers.

(2) In order for in-service training to qualify for CTE credit, the agency providing the training must submit an application and a copy of the proposed in-service training to the 911 training subcommittee for review. The applicant shall provide to the subcommittee, without charge, relevant agency records retained pursuant to 11 CSR 30-13.060(5).

(3) The 911 training subcommittee shall review the application and proposed training and make a recommendation to the 911 Oversight Committee whether the in-service training meets the requirements of 11 CSR 30-13.060.

(4) The 911 Oversight Committee shall provide the director of the department with a report and final recommendation regarding the application.

(5) The director of the department may—
(A) Request additional information regarding the application;
(B) Grant approval of the in-service training; or
(C) Deny the application.

AUTHORITY: section 650.340, RSMo Supp. 2011. Original rule filed Jan. 3, 2012.

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 Missouri Department of Public Safety, Director's Office, PO Box 749, 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 11—DEPARTMENT OF PUBLIC SAFETY
Division 30—Office of the Director
Chapter 13—911 Training and Standards Act**

PROPOSED RULE

11 CSR 30-13.110 Computer-Based Continuing Education Training for 911 Telecommunicators

PURPOSE: This rule establishes the requirements for computer-based training.

(1) Any source approved to provide continuing telecommunicator education (CTE) training pursuant to 11 CSR 30-13.050 may offer interactive, computer-based training.

(2) Computer-based training shall meet all requirements of 11 CSR 30-13.060. In addition, the training certificate presented to each trainee shall bear the phrase "Computer-Based Training."

(3) A computer-based training course shall be considered a complete course outline plan within itself. When a course is no longer available via computer, the provider shall maintain a printed copy of the

course outline in the course file or a video copy retained pursuant to 11 CSR 30-13.060(5).

(4) The course administrator shall attest to actual attendance and may ascertain attendance by any reasonably certain method, including tracking by the computer course software, if the tracking meets the standard of this rule. The attendance policy and methodology for ascertaining attendance shall be included in the course record file.

(5) The number of CTE credit hours for a computer-based training course shall be determined by the approved provider.

AUTHORITY: section 650.340, RSMo Supp. 2011. Original rule filed Jan. 3, 2012.

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 Missouri Department of Public Safety, Director's Office, PO Box 749, 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 30—State Tax Commission
Chapter 4—Agricultural Land Productive Values**

PROPOSED AMENDMENT

12 CSR 30-4.010 Agricultural Land Productive Values. The commission is amending this rule to adjust agricultural land values.

PURPOSE: Pursuant to section 137.021 requirements, the state tax commission proposes to change the values in land grades 1 through 4. The state tax commission proposes to implement the same use values which are in effect to date for land grades 5 through 8.

PURPOSE: This rule complies with the requirement of section 137.021, RSMo, to publish a range of productive values for agricultural and horticultural land for the ensuing tax year.

(1) Agricultural Land Grades and Values. The following are definitions of agricultural land grades and the productive values of each:

(A) Grade #1. This is prime agricultural land. Condition of soils is highly favorable with no limitations that restrict their use. Soils are deep, nearly level (zero to two percent (0–2%) slope) or gently sloping with low erosion hazard and not subject to damaging overflow. Soils that are consistently wet and poorly drained are not placed in Grade #1. They are easily worked and produce dependable crop yields with ordinary management practices to maintain productivity—both soil fertility and soil structure. They are adapted to a wide variety of crops and suited for intensive cropping. Use value: *[nine hundred eighty-five dollars (\$985)] one thousand sixty-five dollars (\$1,065);*

(B) Grade #2. These soils are less desirable in one (1) or more respects than Grade #1 and require careful soil management, including some conservation practices on upland to prevent deterioration. This grade has a wide range of soils and minimum slopes (mostly zero to five percent (0–5%)) that result in less choice of either crops or management practices. Primarily bottomland and best upland soils. Limitations—

1. Low to moderate susceptibility to erosion;
 2. Rare damaging overflows (once in five to ten (5–10) years);
- and

3. Wetness correctable by drainage. Use value: *[eight hundred ten dollars (\$810)]* **eight hundred seventy-five dollars (\$875)**;

(C) Grade #3. Soils have more restrictions than Grade #2. They require good management for best results. Conservation practices are generally more difficult to apply and maintain. Primarily good upland and some bottomland with medium productivity. Limitations—

1. Gentle slope (two to seven percent (2–7%));
2. Moderate susceptibility to erosion;
3. Occasional damaging overflow (once in three to five (3–5) years) of Grades #1 and #2 bottomland; and
4. Some bottomland soils have slow permeability, poor drainage, or both. Use value: *[six hundred fifteen dollars (\$615)]* **six hundred sixty-five dollars (\$665)**;

(D) Grade #4. Soils have moderate limitations to cropping that generally require good conservation practices. Crop rotation normally includes some small grain (for example, wheat or oats), hay, or both. Soils have moderately rolling slopes and show evidence of serious erosion. Limitations—

1. Moderate slope (four to ten percent (4–10%));
2. Grade #1 bottomland subject to frequent damaging flooding (more often than once in two (2) years), or Grades #2 and #3 bottomland subject to occasional damaging flooding (once every three to five (3–5) years);
3. Poor drainage in some cases; and
4. Shallow soils, possibly with claypan or hardpan. Use value: *[three hundred eighty-five dollars (\$385)]* **four hundred fifteen dollars (\$415)**;

(E) Grade #5. Soils are not suited to continuous cultivation. Crop rotations contain increasing proportions of small grain (for example, wheat or oats), hay, or both. Upland soils have moderate to steep slopes and require conservation practices. Limitations—

1. Moderate to steep slopes (eight to twenty percent (8–20%));
2. Grades #2 and #3 bottomland subject to frequent damaging flooding (more than once in two (2) years) and Grade #4 bottomland subject to occasional damaging flooding; and
3. Serious drainage problems for some soils. Use value: one hundred ninety-five dollars (\$195);

(F) Grade #6. Soils are generally unsuited for cultivation and are limited largely to pasture and sparse woodland. Limitations—

1. Moderate to steep slopes (eight to twenty percent (8–20%));
2. Severe erosion hazards present;
3. Grades #3 and #4 bottomland subject to frequent damaging flooding (more than once in two (2) years), and Grade #5 bottomland subject to occasional damaging flooding (once every three to five (3–5) years); and
4. Intensive management required for crops. Use value: one hundred fifty dollars (\$150);

(G) Grade #7. These soils are generally unsuited for cultivation and may have other severe limitations for grazing and forestry that cannot be corrected. Limitations—

1. Very steep slopes (over fifteen percent (15%));
2. Severe erosion potential;
3. Grades #5 and #6 bottomland subject to frequent damaging flooding (more than once in two (2) years);
4. Intensive management required to achieve grass or timber productions; and
5. Very shallow topsoil. Use value: seventy-five dollars (\$75);

(H) Grade #8. Land capable of only limited production of plant growth. It may be extremely dry, rough, steep, stony, sandy, wet, or severely eroded. Includes rivers, running branches, dry creek, and swamp areas. The lands do provide areas of benefit for wildlife or recreational purposes. Use value: thirty dollars (\$30); and

(I) Definitions. The following are definitions of flooding for purposes of this rule:

1. Damaging flooding. A damaging flood is one that limits or affects crop production in one (1) or more of the following ways:

- A. Erosion of the soil;
- B. Reduced yields due to plant damage caused by standing or flowing water;
- C. Reduced crop selection due to extended delays in planting and harvesting; and
- D. Soil damage caused by sand and rock being deposited on the land by flood waters;

2. Frequent damaging flooding. Flooding of bottomlands that is so frequent that normal row cropping is affected (reduces row crop selection); and

3. Occasional damaging flooding. Flooding of bottomland that is so infrequent that producing normal row crops is not compromised in most years.

(2) Forest Land and Horticultural Land. The following prescribes the treatment of forest land and horticultural land:

(A) Forest land, whose cover is predominantly trees and other woody vegetation, should not be assigned to a land classification grade based on its productivity for agricultural crops. Forest land of two (2) or more acres in area, which if cleared and used for agricultural crops, would fall into land grades #1–#5 should be placed in land grade #6; or if land would fall into land grades #6 or #7 should be placed in land grade #7. Forest land may or may not be in use for timber production, wildlife management, hunting, other outdoor recreation or similar uses; and

(B) Land utilized for the production of horticultural crops should be assigned to a land classification grade based on productivity of the land if used for agricultural crops. Horticultural crops include fruits, ornamental trees and shrubs, flowers, vegetables, nuts, Christmas trees, and similar crops which are produced in orchards, nurseries, gardens, or cleared fields.

AUTHORITY: section 137.021, RSMo Supp. 2000. Original rule filed Dec. 13, 1983, effective March 12, 1984. For intervening history, please consult the Code of State Regulations. Amended: Filed Dec. 23, 2011.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions forty-seven thousand dollars (\$47,000) 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 Sandy Wankum, Administrative Secretary, State Tax Commission, PO Box 146, Jefferson City, MO 65102, (573) 751-2414. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title:** Department of Revenue
Division Title: Division 30 State Tax Commission
Chapter Title: Chapter 4 Agricultural Land Productivity Value

Rule Number and Name:	12 CSR-30.4.010 Agricultural Land Productivity Value
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
114 County Assessors	\$47,000 statewide

III. WORKSHEET

The cost of updating productivity grade values would be negligible. The cost of generating notices of increased assessments and mailing them to the taxpayers would be very roughly estimated as follows:

- Thirty-five percent of the 670,000 agricultural parcels, or 235,000, would be affected.
- Estimating that the average agricultural taxpayer with land in grades one through four owns three agricultural parcels would reduce the number of impact notices to be mailed to approximately 78,000.
- Estimating the cost to print and mail each notice at \$0.60, the total cost statewide would be \$47,000.

IV. ASSUMPTIONS

**Title 14—DEPARTMENT OF CORRECTIONS
Division 80—State Board of Probation and Parole
Chapter 4—Rights of Alleged Probation, Parole
[Violator], or Conditional Release Violator**

PROPOSED AMENDMENT

14 CSR 80-4.010 Arrest and Detention of an Alleged Violator. The Missouri Board of Probation and Parole is amending the chapter title and sections (1) and (2).

PURPOSE: This amendment seeks to include probationers, in addition to parole and conditional release violators, in the application of this regulation.

(1) An alleged **probation**, parole, or conditional release violator may be arrested by any probation and parole officer, or anyone s/he may deputize to do so, when in the judgment of the officer the **probationer**, parolee, or conditional releasee has violated the conditions of **probation**, parole, or conditional release. A statement in writing is given to the arresting officer. A written copy of the alleged violations is furnished to the detaining authority.

(2) After arrest and detention, the **probationer**, parolee, or conditional releasee is given a copy of the warrant setting out the alleged violations.

AUTHORITY: sections 217.040, 217.720, and [558.031] 217.722, RSMo [1986] 2000. This rule was previously filed as 13 CSR 80-4.010. Original rule filed Feb. 5, 1968, effective Feb. 15, 1968. For intervening history, please consult the Code of State Regulations. Amended: Filed Dec. 22, 2011.

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 Board of Probation and Parole, Kim Jones-Drury, 3400 Knipp Drive, Jefferson City, MO 65109 or by email at kim.jones-drury@doc.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 14—DEPARTMENT OF CORRECTIONS
Division 80—State Board of Probation and Parole
Chapter 4—Rights of Alleged Probation, Parole
[Violator], or Conditional Release Violator**

PROPOSED AMENDMENT

14 CSR 80-4.020 Preliminary Hearing. The Missouri Board of Probation and Parole is amending the chapter title, subsection (3)(C), and paragraphs (3)(C)1., 2. and 5., adding paragraphs (3)(C)6. and 7., and deleting the form that follows the rule in the Code of State Regulations.

PURPOSE: This amendment seeks to include probationers, in addition to parole and conditional release violators, in the application of this regulation.

(3) There are certain conditions to be met in the conducting of a preliminary hearing.

(C) The hearing officer will be in charge of the hearing and only the alleged violator and the hearing officer will be present, unless the

hearing officer feels a security officer should be in attendance. Only one (1) witness will be allowed in the hearing room at a time. The hearing officer will initiate all questioning of witnesses and may terminate any questioning if the testimony becomes irrelevant, repetitious, or excessive.

1. The alleged violator may present his/her own testimony and present any documents or other evidence or mitigating circumstances which may *[throw light on]* explain the violation.

2. The alleged violator may present his/her own witnesses who can give relevant information concerning the violator. The witnesses cannot just be character witnesses. It will be the responsibility of the alleged violator to produce his/her own witnesses, and if s/he is in custody, the officials in charge of the detaining facility will allow him/her to make contacts as may be necessary. The hearing officer does not have subpoena power, and there are no funds available to issue the appearance of any witness nor to pay any other expenses incurred by the alleged violator in preparation for or resulting from the preliminary hearing.

3. The alleged violator may confront or cross-examine any adverse witnesses unless the hearing officer determines that the witnesses may be subject to risk of harm if their identity is disclosed.

4. The alleged violator will not be allowed to have an attorney present, as this is an informal review to establish probable cause. The only exception shall be if the hearing officer has reason to believe the alleged violator is incapable of understanding the proceedings.

5. Upon completion of the hearing, the hearing officer will forward a written hearing report to **the court or** the board for further action. The alleged violator will receive a copy of the report as soon as it can be prepared and delivered.

6. When the preliminary hearing is being held by the sentencing court, that court may combine the preliminary and revocation hearings. When this occurs, the hearing shall be governed by the rules of that court and the provisions of this administrative rule.

7. When the probationer is not arrested in the jurisdiction of the sentencing court, the preliminary hearing may be conducted by the judge or associate circuit judge in the county of the alleged violation or arrest having original jurisdiction to try criminal offenses. When this occurs, the hearing shall be governed by the rules of that court and the provisions of this administrative rule.

AUTHORITY: sections 217.040, 217.720, and [558.031] 217.722, RSMo [Supp. 1990] 2000. This rule was previously filed as 13 CSR 80-4.020. Original rule filed March 15, 1974, effective March 25, 1974. For intervening history, please consult the Code of State Regulations. Amended: Filed Dec. 22, 2011.

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 Board of Probation and Parole, Kim Jones-Drury, 3400 Knipp Drive, Jefferson City, MO 65109 or by email at kim.jones-drury@doc.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 14—DEPARTMENT OF CORRECTIONS
Division 80—State Board of Probation and Parole
Chapter 4—Rights of Alleged Probation, Parole
[Violator], or Conditional Release Violator**

PROPOSED AMENDMENT

14 CSR 80-4.030 Revocation Hearing. The Missouri Board of Probation and Parole is amending the chapter title and sections (1) and (2).

PURPOSE: This amendment seeks to include probationers, in addition to parole and conditional release violators, in the application of this regulation. Additionally, this amendment seeks to replace the current "Request for or Waiver of Preliminary Hearing" form with the most current form, MO 931-2163, dated 05-2011.

(1) *[When probable cause has been found in the case of alleged violation of parole or conditional release, the alleged violator has the right to a revocation hearing before the board.]* **When the board chooses to pursue revocation of probation, parole, or conditional release, the alleged violator has the right to a revocation hearing before the authority that originally granted the probation, parole, or conditional release.** The hearing will be held within a reasonable time **frame** after the alleged violator has been made available **to the granting authority either by [his/her] return to the Department of Corrections for appearance before the parole board or return to the jurisdiction of the court.**

(A) An alleged **probation, parole, or conditional release** violator will be contacted by an institutional **or field probation or parole** officer and given a **"Request for or Waiver of Preliminary Hearing," included herein,** form to sign indicating whether s/he requests a revocation hearing or whether s/he waives a hearing.

(C) The alleged violator may present his/her own testimony regarding the alleged violation, and may present any other documents or evidence of mitigating circumstances which may *[throw light on]* **explain** the violation.

(D) The alleged violator may present his/her own witnesses who have relevant information concerning this violation. These witnesses are not just to be character witnesses. It will be the alleged violator's responsibility to produce his/her own witnesses, and s/he will be given an opportunity to make contacts as may be necessary to assure the appearance of any witnesses or to pay any expenses incurred by the alleged violator in preparation for or resulting from the hearing.

(F) The alleged **probation, parole, or conditional release** violator may have a representative of his/her choice at the revocation hearing. The representative may be a family member, a friend, an employer, or legal counsel. *[The alleged violator found to be indigent may be provided legal counsel in either of the following instances:*

- 1. Upon request, counsel may be provided if there is no admission to the alleged violations; or*
- 2. Counsel may be provided if the alleged violator is not capable of self-representation.]*

(G) A statement by the **court or** the board as to the evidence relied on and reasons for revoking shall be supplied to **the probationer, parolee, or conditional releasee.**

(2) After the revocation hearing of an alleged **probation, parole, or conditional release** violator, the board will reach a decision within *[ten (10 working days from the date of the hearing or as soon after that as practicable)]* **a reasonable amount of time.** The inmate will receive a written notice of the board's action as soon as the notice can be prepared and delivered. Following is a possible list of decisions the board may make, but does not exhaust the decisions open to the board:

[(C) The board may revoke and deny further parole consideration, causing the violator to serve the remainder of his/her sentence;]

[(D)](C) The board may revoke and reschedule the violator for a hearing or release.

1. If the remaining time on the sentence from the date of revocation is less than twelve (12) months, it is very likely the board will give a complete denial of further parole consideration.
2. If the remainder of the sentence to serve after revocation is

more than twelve (12) months, the board may schedule a hearing. The hearing will be held within one (1) year for technical violators and absconders. A violator with a new sentence to the Missouri Department of Corrections will be held in accordance with board policy; and

[(E)](D) The board may not revoke, but consider the alleged violator for reinstatement on parole *[on]* **or** conditional release. The release will occur as soon as a satisfactory plan is approved by the board.

(3) Following are the rules regarding time accredited to a parole or conditional release violator's sentence:

(A) For those *[individuals]* **offenders** who were arrested for a crime while on parole or conditional release and received a conviction and sentence to be served outside the Department of Corrections, the board shall determine what part, if any, of the time from the date of arrest until completion of the sentence imposed, is counted as time served under the sentence from which they were paroled or conditionally released;

(B) For those *[individuals]* **offenders** who violate parole or conditional release by absconding, the board shall determine what part, if any, from the date of the board's official Order of Arrest and Return issuance to his/her return to the Department of Corrections is counted as time served under the original sentence;

(C) Those *[individuals]* **offenders** sentenced to the Department of Corrections under section 195.221, RSMo *[(1986)]* for selling, giving, or delivering a controlled substance and were paroled prior to August 13, 1984, are compelled to serve the full amount of their sentences if paroled, plus an additional five (5) years. If they violate this parole, they must serve any time remaining on their sentences from the date of the release on parole;

(F) If the board revoked the parole or conditional release, the paroled person shall serve the remainder of his/her prison term and all the conditional release term, as an additional prison term, and the conditionally released person shall serve the remainder of the conditional release term as an additional prison term, unless s/he is sooner released on parole *[under section 217.690, RSMo (1986)].*



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
BOARD OF PROBATION AND PAROLE
REQUEST FOR OR WAIVER OF PRELIMINARY HEARING

OFFENDER NAME	DOC NUMBER	DATE
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VIOLATION(S)
The charges brought against you consist of the following violation(s) of the conditions of your probation, parole, or conditional release:

OFFENDER'S REQUEST/WAIVER OF PRELIMINARY HEARING

I have received a copy of the *Rights of Offender to Preliminary and Revocation Hearing* booklet and I fully understand my rights to a preliminary hearing. I hereby:

REQUEST a preliminary hearing

WAIVE a preliminary hearing

BOARD CASES: I understand that the Board of Probation and Parole does not have subpoena power and that by waiving my on-site preliminary hearing I may forfeit my right to cross-examine adverse witnesses if I elect to appear before the Board for a final revocation hearing.

INTERSTATE CASES: Offenders must sign a written admission in order to waive their hearing.

OFFENDER STATEMENT

I _____ admit to violating all or some of the above listed conditions of my supervision by:
(Offender Name)

OFFENDER SIGNATURE	DATE	WITNESS SIGNATURE	DATE
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NOTICE OF PRELIMINARY HEARING

THIS IS TO INFORM YOU, THAT AT YOUR REQUEST, A HEARING WILL BE HELD™		DATE
TIME	LOCATION	
THE HEARING OFFICER WILL BE	NAME	TITLE

The purpose of this hearing is to determine whether probable cause is responsible for the offender's violation of the conditions of probation and parole. The Court, having jurisdiction, shall determine whether the offender has violated the conditions of probation and parole. The Hearing Officer will determine if the offender has violated the conditions of probation and parole.

AUTHORITY: sections 217.040, 217.720, 217.722, and 558.031, RSMo [Supp. 1990] 2000, and 217.690, RSMo Supp. 2011. This rule was previously filed as 13 CSR 80-4.030. Original rule filed Feb. 5, 1968, effective Feb. 15, 1968. For intervening history, please consult the Code of State Regulations. Amended: Filed Dec. 22, 2011.

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 Board of Probation and Parole, Kim Jones-Drury, 3400 Knipp Drive, Jefferson City, MO 65109 or by email at kim.jones-drury@doc.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 16—RETIREMENT SYSTEMS
Division 10—The Public School Retirement System
of Missouri
Chapter 5—Retirement, Options and Benefits

PROPOSED AMENDMENT

16 CSR 10-5.030 Beneficiary. The Retirement System is amending sections (2), (4), (5), and (13), including adding new subsections to section (4).

PURPOSE: This amendment clarifies and expands on existing rules that set forth the procedure for naming beneficiaries and their eligibility as provided by sections 169.070 and 169.075, RSMo.

(2) A member may change a beneficiary(ies) at any time prior to retirement by filing a request for change with the board of trustees on a form furnished by the board for this purpose.

(4) Upon the death of a member or retiree, payments shall be made as set forth below.

(A) The designated beneficiary of a deceased member[, or of a deceased retiree who elected Option 1 at retirement,] prior to retirement shall be entitled to receive payment of the accumulated contributions of the deceased member[, or any balance of the deceased retiree's accumulated contributions in excess of the total retirement allowances paid,] if an alternate benefit is not elected by the beneficiary. If the member fails to designate a beneficiary on the form provided, if the beneficiary designation form on file is deemed invalid by operation of section 169.076.2, RSMo, or if no beneficiary designated on the form provided survives the member, the benefit shall be paid in accordance with section 169.076, RSMo.

(B) The designated beneficiary of a deceased retiree who retired before January 1, 2012, and elected Option 1 at retirement shall be entitled to receive any balance of the deceased retiree's accumulated contributions in excess of the total retirement allowances paid. If the retiree fails to designate a beneficiary on the form provided or if no beneficiary designated on the form provided survives the member, the benefit shall be paid in accordance with section 169.070.4, RSMo.

(C) All members retiring on or after January 1, 2012, who elect Option 1 must designate a beneficiary at or after the time of their retirement and any beneficiary designation made prior to the member's retirement shall be deemed void at the time of their retirement. Any beneficiary designated at or after retirement by

a retiree electing Option 1 shall, upon the retiree's death, be entitled to receive any balance of the deceased retiree's accumulated contributions in excess of the total retirement allowances paid. If the retiree fails to designate a beneficiary at or after retirement on the form provided or if no beneficiary designated on the form provided survives the member, the benefit shall be paid in accordance with section 169.070.4, RSMo.

(D) [In a like manner, i]f both a retiree who elected Option 2, 3, or 4 and the designated joint survivor under the option are deceased, any existing balance of the deceased retiree's accumulated contributions in excess of the total retirement allowances paid to the retiree and to the joint survivor shall be paid to the beneficiary designated for that purpose. If the retiree fails to designate a beneficiary on the form provided or if no beneficiary designated on the form provided survives the member, the benefit shall be paid in accordance with section 169.070.4, RSMo.

(E) [However, n]o payment of accumulated contributions shall be made to an estate except through the personal representative who has been legally qualified and who shall file a certified copy of the appointment; except, that in cases where the court does not appoint a personal representative, payment shall be made upon order of the court to the person(s) designated by the court, or in the absence of court order, the system may make payment to a surviving heir if all known surviving heirs sign an Indemnity Agreement and file this agreement with the board of trustees prior to the payment where such agreement would adequately protect the system; or payment may be made in accordance with the provisions of section 473.097, RSMo, relating to small estates.

(5) Payments due a beneficiary of a deceased service retiree under Option 2, 3, 4, 5, or 6 shall commence with the month following the month in which the retiree dies. Payments due a beneficiary under Option 2, 3, or 4 shall cease with the payment at the end of the month in which the death of the beneficiary occurs. Under Options 5 and 6, if the retiree dies prior to receiving one hundred twenty (120) or sixty (60) monthly payments, respectively, the remainder of such monthly payments shall be paid to the retiree's primary beneficiary. If the primary beneficiary dies prior to receiving the remainder of the one hundred twenty (120) or sixty (60) monthly payments under Option 5 or 6, respectively, the remainder of such monthly payments shall be paid to the retiree's first contingent beneficiary. If the first contingent beneficiary dies prior to receiving the remainder of the one hundred twenty (120) or sixty (60) monthly payments under Option 5 or 6, respectively, the remainder of such monthly payments shall be paid to the retiree's second contingent beneficiary. If there is no primary or contingent beneficiary who survives the retiree for the remainder of the one hundred twenty (120) or sixty (60) monthly payments under Option 5 or 6, respectively, the reserve of the remainder of such payments shall be paid [to the estate of the last person to receive a monthly payment] in accordance with section 169.070.3(1), RSMo.

(13) The five thousand dollar (\$5,000) death benefit payable pursuant to section 169.070.20, RSMo, shall be payable to the beneficiary designated by the member to receive such benefit. If the member fails to designate a beneficiary on the form provided or if no beneficiary designated on the form provided survives the member, the death benefit shall be paid in accordance with section 169.070.[20]21, RSMo.

AUTHORITY: section 169.020, RSMo Supp. [2005] 2011. Original rule filed Dec. 19, 1975, effective Jan. 1, 1976. For intervening history, please consult the Code of State Regulations. Amended: Filed Dec. 19, 2011.

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 Public School and Education Employee retirement systems of Missouri, Attn: M. Steve Yoakum, Executive Director, PO Box 268, Jefferson City, MO 65102-0268. 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 16—RETIREMENT SYSTEMS
Division 10—The Public School Retirement System
of Missouri
Chapter 6—The Public Education Employee
Retirement System of Missouri

PROPOSED AMENDMENT

16 CSR 10-6.090 Beneficiary. The Retirement System is amending sections (2), (4), and (5), including adding new subsections to section (4).

PURPOSE: This amendment clarifies and expands on existing rules that set forth the procedure for naming beneficiaries and their eligibility as provided by sections 169.663 and 169.670, RSMo.

(2) A member may change beneficiary(ies) **at any time prior to retirement** by filing a request for change with the board of trustees on a form furnished by the board for this purpose.

(4) **Upon the death of a member or retiree, payments shall be made as set forth below.**

(A) The designated beneficiary of a deceased member[, or of a deceased retiree who elected Option 1 at retirement,] **prior to retirement** shall be entitled to receive payment of the accumulated contributions of the deceased member[, or any balance of the deceased retiree's accumulated contributions in excess of the total retirement allowances paid,] if an alternate benefit is not elected by the beneficiary. **If the member fails to designate a beneficiary on the form provided, if the beneficiary designation form on file is deemed invalid by operation of section 169.676.2, RSMo, or if no beneficiary designated on the form provided survives the member, the benefit shall be paid in accordance with section 169.676, RSMo.**

(B) The designated beneficiary of a deceased retiree who retired before January 1, 2012, and elected Option 1 at retirement shall be entitled to receive any balance of the deceased retiree's accumulated contributions in excess of the total retirement allowances paid. **If the retiree fails to designate a beneficiary on the form provided or if no beneficiary designated on the form provided survives the member, the benefit shall be paid in accordance with section 169.670.5, RSMo.**

(C) All members retiring on or after January 1, 2012, who elect Option 1 must designate a beneficiary at or after the time of their retirement and any beneficiary designation made prior to the member's retirement shall be deemed void at the time of their retirement. Any beneficiary designated at or after retirement by a retiree electing Option 1 shall, upon the retiree's death, be entitled to receive any balance of the deceased retiree's accumulated contributions in excess of the total retirement allowances paid. **If the retiree fails to designate a beneficiary at or after retirement on the form provided or if no beneficiary designated on the form provided survives the member, the benefit shall be paid in accordance with section 169.670.5, RSMo.**

(D) [In a like manner, i]f both a retiree who elected Option 2, 3, or 4 and the designated joint survivor under the option are deceased, any existing balance of the deceased retiree's accumulated

contributions in excess of the total retirement allowances paid to the retiree and to the joint survivor shall be paid to the beneficiary designated for that purpose. **If the retiree fails to designate a beneficiary on the form provided or if no beneficiary designated on the form provided survives the member, the benefit shall be paid in accordance with section 169.670.5, RSMo.**

(E) [However, n]o payment of accumulated contributions shall be made to an estate except through the personal representative who has been legally qualified and who shall file a certified copy of the appointment; except that in cases where the court does not appoint a personal representative, payment shall be made upon order of the court to the person(s) designated by the court or in the absence of court order the system may make payment to a surviving heir if all known surviving heirs sign an Indemnity Agreement and file this agreement with the board of trustees prior to the payment where such agreement would adequately protect the system; or payment may be made in accordance with the provisions of section 473.097, RSMo, relating to small estates.

(5) Payments due a beneficiary of a deceased service retiree under Option 2, 3, 4, 5, 6, or 7 shall commence with the month following the month in which the retiree dies. Payments due a beneficiary under Option 2, 3, 4, or 7 shall cease with the payment at the end of the month in which the death of the beneficiary occurs. Under Options 5 and 6, if the retiree dies prior to receiving one hundred twenty (120) or sixty (60) monthly payments, respectively, the remainder of such monthly payments shall be paid to the retiree's primary beneficiary. **If the primary beneficiary dies prior to receiving the remainder of the one hundred twenty (120) or sixty (60) monthly payments under Option 5 or 6, respectively, the remainder of such monthly payments shall be paid to the retiree's first contingent beneficiary. If the first contingent beneficiary dies prior to receiving the remainder of the one hundred twenty (120) or sixty (60) monthly payments under Option 5 or 6, respectively, the remainder of such monthly payments shall be paid to the retiree's second contingent beneficiary. If there is no primary or contingent beneficiary who survives the retiree for the remainder of the one hundred twenty (120) or sixty (60) monthly payments under Option 5 or 6, respectively, the reserve of the remainder of such payments shall be paid [to the estate of the last person to receive a monthly payment] in accordance with section 169.670.4(1), RSMo.**

AUTHORITY: section 169.610, RSMo Supp. [2005] 2011. Original rule filed Dec. 19, 1975, effective Jan. 1, 1976. For intervening history, please consult the Code of State Regulations. Amended: Filed Dec. 19, 2011.

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 Public School and Education Employee retirement systems of Missouri, Attn: M. Steve Yoakum, Executive Director, PO Box 268, Jefferson City, MO 65102-0268. 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 16—RETIREMENT SYSTEMS
Division 50—The County Employees' Retirement Fund
Chapter 2—Membership and Benefits

PROPOSED AMENDMENT

16 CSR 50-2.010 Definitions. The board is amending subsection (1)(W).

PURPOSE: This amendment clarifies the definition of plan.

(1) When used in these regulations or in sections 50.1000 to 50.1300, RSMo, the words and phrases defined hereinafter shall have the following meanings unless a different meaning is clearly required by the context of the plan:

(W) Plan, or CERF, means the County Employees' Retirement Fund, as described in sections 50.1000/-/-50.1300, RSMo. **The plan intends to satisfy Code section 401(a) by meeting the requirements of Code section 414(d), applicable to a governmental plan;**

AUTHORITY: section 50.1032, RSMo 2000. Original rule filed Oct. 11, 1995, effective May 30, 1996. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Dec. 19, 2011.

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 County Employees' Retirement Fund, 2121 Schotthill Woods Drive, 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 16—RETIREMENT SYSTEMS
Division 50—The County Employees' Retirement Fund
Chapter 2—Membership and Benefits**

PROPOSED AMENDMENT

16 CSR 50-2.160 Administration of Fund. The board is amending section (2) and adding a new section (8).

PURPOSE: This amendment clarifies the trust and consequences of plan termination.

(2) To implement the plan, the board shall enter into a trust agreement so that plan funds shall be segregated from an employer's own assets and held in trust by the trustee for the exclusive benefit of participants and their beneficiaries. Any or all benefits that may accrue to any participant or beneficiary under this plan shall be subject to the terms and conditions of said trust agreement. Except as provided in section (5), it shall be impossible under any circumstances at any time for any part of the corpus or income of the trust fund to be used for, or diverted to purposes other than the exclusive benefit of participants and their beneficiaries **and paying administrative expenses of the plan or to revert to or inure to the benefit of an employer, except as otherwise permitted or required by law.**

(8) Upon termination or partial termination of the plan, a participant's interest under the plan as of such date shall become fully vested to the extent funded.

AUTHORITY: section 50.1032, RSMo 2000. Original rule filed Sept.

29, 2000, effective March 30, 2001. Amended: Filed Nov. 10, 2005, effective May 30, 2006. Amended: Filed Feb. 21, 2006, effective Sept. 30, 2006. Amended: Filed Dec. 19, 2011.

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 County Employees' Retirement Fund, 2121 Schotthill Woods Drive, 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 16—RETIREMENT SYSTEMS
Division 50—The County Employees' Retirement Fund
Chapter 3—Creditable Service**

PROPOSED AMENDMENT

16 CSR 50-3.010 Creditable Service. The board is amending subsection (4)(B).

PURPOSE: This amendment clarifies the treatment of part-time and seasonal employees.

(4) Part-Time and Seasonal Employees.

(B) Part-Time and Seasonal Employees Working Less Than One Thousand (1,000) Hours. If a part-time or seasonal employee works less than one thousand (1,000) hours of service in a plan year, his or her creditable service shall be calculated by dividing the total number of hours worked by ninety-one (91) to arrive at the number of months of creditable service. This number shall be rounded to the nearest whole number of months. Notwithstanding the foregoing, in no event shall a part-time or seasonal employee receive more months of creditable service than the actual number of months worked. *[For this purpose, a part-time or seasonal employee will be considered to have worked a month if the part-time or seasonal employee worked any portion of such month for an employer.]*

AUTHORITY: section 50.1032, RSMo 2000. Original rule filed Oct. 11, 1995, effective May 30, 1996. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Dec. 19, 2011.

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 County Employees' Retirement Fund, 2121 Schotthill Woods Drive, 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.

NOTE: 20 CSR 100-5.020 was published in the December 15, 2011, issue of the *Missouri Register* (36 MoReg 2920-2922) as it appears here. A public hearing for the proposed amendment to 20 CSR 100-5.020 was held sooner than thirty (30) days after its publication in the *Missouri Register* and had to be rescheduled. This resulted in an extension of the end of the public comment period. This proposed amendment is being republished in the *Missouri Register* to give adequate notice for the new public hearing date and end of public comment period. The proposed amendment is being republished in its entirety to add a new hearing date for the proposed amendment. Please see the Notice of Hearing at the end of the proposed amendment for the new date and time.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 100—Insurer Conduct
Chapter 5—Health Care Consumer Procedures**

PROPOSED AMENDMENT

20 CSR 100-5.020 Grievance Review Procedures. The division is adding new sections (2), (7)–(9), and (15)–(17); amending old sections (6), (7), (9), and (10); and renumbering as needed.

PURPOSE: This amendment sets forth with greater specificity the procedures by which the department will process a grievance concerning an adverse determination by a health carrier or its designee for a health plan that has a managed care component, to comply with federal standards. This rule is promulgated pursuant to section 376.1399, RSMo, and implements section 376.1387, RSMo.

(2) As used in this rule, “enrollee’s representative” or “representative” means—

(A) A person to whom an enrollee has given express written consent to represent the enrollee in an external review;

(B) A person authorized by law to provide substituted consent for an enrollee; or

(C) A family member of the enrollee or the enrollee’s treating health care professional only when the enrollee is unable to provide consent.

[(2)](3) When a health carrier, as defined by section 376.1350(22), RSMo, or their designee utilization review organization issues an adverse determination, as defined by section 376.1350(1), RSMo, to an enrollee in a health plan that has a managed care component, the enrollee or his/her representative may file a grievance with the director without exhausting all remedies available under the carrier’s grievance process. Medicaid participants also may use the division’s grievance process in an effort to resolve an adverse determination; however, the director may not have the authority to issue an order in such cases.

[(3)](4) A health carrier or plan sponsor also may file a grievance with the director concerning an adverse determination.

[(4)](5) A grievance will be processed by the division as any other consumer complaint. The division will assign the grievance a file number. The division will send an inquiry to the health carrier (or party) which is complained against requesting the health carrier (or party) to respond in writing with their position and all supporting documentation concerning the matter grieved. The division will attempt to resolve the issue with the health carrier (or party).

[(5)](6) If the director determines a grievance is unresolved after completion of the division’s consumer complaint process, the director shall refer the unresolved grievance to an independent review

organization (IRO). An unresolved grievance shall include a difference of opinion between a treating health care professional and the health carrier concerning the medical necessity, appropriateness, health care setting, level of care, or effectiveness of a health care service.

(7) The director shall seek the services of an IRO(s) by competitive bid pursuant to Chapter 34, RSMo. Any IRO selected through the competitive bid process shall be accredited by a nationally recognized private accrediting organization. The department shall maintain a current list of IROs under contract with the department on its website.

(8) An IRO shall maintain written policies and procedures governing all aspects of the external review process that include a quality assurance mechanism that, at a minimum—

(A) Ensures the selection of qualified and impartial clinical peers to conduct external reviews on behalf of the IRO;

(B) Ensures assignment of clinical peers to specific cases related to their area(s) of expertise;

(C) Ensures that the IRO employs or contracts with an adequate number of clinical peers to meet the foregoing objectives;

(D) Ensures that external reviews are conducted within the specified time frames and required notices are provided in a timely manner;

(E) Ensures the confidentiality of medical and treatment records and clinical review criteria; and

(F) Ensures that any person employed by or under contract with the IRO adheres to the requirements of subsections (8)(D) and (8)(E).

(9) An IRO may not own or control, be a subsidiary of, or in any way be owned or controlled by, or exercise control with a health carrier; a national, state, or local trade association of health carriers; or a national, state, or local trade association of health care providers. Neither the IRO selected to conduct the external review nor the clinical peer assigned by the IRO to conduct the external review may have a material, professional, familial, or financial conflict of interest with any of the following:

(A) The health carrier that is the subject of the external review;

(B) The enrollee whose treatment is the subject of the external review or the enrollee’s authorized representative;

(C) Any officer, director, or management employee of the health carrier that is the subject of the external review;

(D) The health care provider, the health care provider’s medical group, or independent practice association recommending the health care service or treatment that is the subject of the external review;

(E) The facility at which the recommended health care service or treatment would be provided, if known; or

(F) The developer or manufacturer of the principal drug, device, procedure, or other therapy being recommended for the enrollee whose treatment is the subject of the external review.

[(6)](10) The director will provide the IRO and [upon request] the enrollee, enrollee’s representative, or health carrier copies of all medical records and any other relevant documents which the division has received from any party. The enrollee, enrollee’s representative, and health carrier may review all the information submitted to the IRO for consideration.

[(7)](11) The enrollee, enrollee’s representative, or health carrier may also submit additional information to the division which the division shall forward to the IRO. All additional information must be received by the division. If an enrollee, enrollee’s representative, or health carrier has information which contradicts information already provided the IRO, they should provide it as additional information.

All additional information should be received by the division within fifteen (15) working days from the date the division mailed that party copies of the information provided the IRO. An envelope's postmark shall determine the date of mailing. Information may be submitted to the division by means other than mail if it is in writing, typeset, or easily transferred into typeset by the division's technology and a date of transmission is easily determined by the division. **Any additional information submitted by the enrollee or the enrollee's representative shall be reviewed by the IRO when conducting the external review.** At the director's discretion, additional information which is received past the fifteen- (15)-working-day deadline may be submitted to the IRO.

[(8)](12) The IRO shall request from the division any additional information it wants. The division shall gather the requested information from an enrollee, enrollee's representative, or health carrier or other appropriate entity and provide it to the IRO. If the division is unable to obtain the requested information, the IRO shall base its opinion on the information already provided.

[(9)](13) Within twenty (20) calendar days of *[receiving all material]* the receipt of the request for external review, the IRO shall submit to the director its opinion of the issues reviewed. *[[f]]* Under exceptional circumstances, if the IRO requires additional time to complete its review, it should request in writing from the director an extension in the time to process the review, not to exceed five (5) calendar days. Such a request should include the reasons for the request and a specific time at which the review is expected to be complete.

[(10)](14) After the director receives the IRO's opinion, the director shall issue a decision which shall be binding upon the enrollee and the health carrier. **The director's decision shall be in writing and must be provided to the enrollee and health carrier within twenty-five (25) calendar days of receiving the IRO's opinion.** In no event shall the time between the date the IRO receives the request for external review and the date the enrollee and the health carrier are notified of the director's decision be longer than forty-five (45) days.

(15) An enrollee or enrollee's representative or health carrier may request an expedited external review if the adverse determination—

(A) Concerns an admission, availability of care, continued stay, or health care service for which the enrollee received emergency services, but has not been discharged from a facility; or

(B) Involves a medical condition for which the delay occasioned by the standard external review time frame would jeopardize the life or health of the enrollee or jeopardize the enrollee's prognosis or ability to regain maximum function.

(16) As expeditiously as possible after receipt of the request for expedited external review by the IRO, the IRO must issue its opinion as to whether the adverse determination should be upheld or reversed and submit its opinion to the director. As expeditiously as possible, but within no more than seventy-two (72) hours after the receipt of the request for expedited external review by the IRO, the director shall issue notice to the enrollee and the health carrier of the director's determination and may issue a decision to uphold or reverse the adverse determination. If the notice is not in writing, the director must provide the written decision within forty-eight (48) hours after the date of the notice of the determination.

(17) If a request for external review of an adverse determination involves a denial of coverage based on a determination that the health care service or treatment recommended or requested is experimental or investigational, the following additional require-

ments must be met:

(A) The IRO shall make a preliminary determination as to whether the recommended or requested health care service or treatment that is the subject of the adverse determination is a covered benefit under the person's health benefit plan except for the health carrier's determination that the service or treatment is experimental or investigational for a particular medical condition; and is not explicitly listed as an excluded benefit under the enrollee's health benefit plan with the health carrier;

(B) The request for external review of an adverse determination involving a denial of coverage based on a health carrier's determination that the health care service or treatment recommended or requested is experimental or investigational must include a certification from the enrollee's physician that—

1. Standard health care services or treatments have not been effective in improving the condition of the enrollee; or

2. Standard health care services or treatments are not medically appropriate for the enrollee; or

3. There is no available standard health care service or treatment covered by the health carrier that is more beneficial than the recommended or requested health care service or treatment; and

4. The request for external review of an adverse determination involving the denial of coverage based on a determination that the requested treatment is experimental or investigational shall also include documentation a) that the enrollee's treating physician has recommended a health care service or treatment that the physician certifies, in writing, is likely to be more beneficial to the enrollee, in the physician's opinion, than any available standard health care services or treatments; or b) that the enrollee's treating physician, who is a licensed, board-certified, or board-eligible physician qualified to practice in the area of medicine appropriate to treat the enrollee's condition, has certified in writing that scientifically valid studies using accepted protocols demonstrate that the health care service or treatment requested by the enrollee that is the subject of the adverse determination is likely to be more beneficial to the enrollee than any available standard health care services or treatments;

(C) When conducting such an external review, the IRO must select one (1) or more clinical peers, who must be physicians or other health care professionals who meet minimum qualifications and through clinical experience in the past three (3) years are experts in the treatment of the enrollee's condition and knowledgeable about the recommended or requested health care service or treatment. Each clinical peer shall provide a written opinion to the assigned IRO on whether the recommended or requested health care service or treatment should be covered; and

(D) Each such clinical peer's opinion submitted to the IRO shall include the following information:

1. A description of the enrollee's medical condition;

2. A description of the indicators relevant to determining whether there is sufficient evidence to demonstrate that the recommended or requested health care service or treatment is more likely than not to be beneficial to the enrollee than any available standard health care services or treatments and the adverse risks of the recommended or requested health care service or treatment would not be substantially increased over those of available standard health care services or treatments;

3. A description and analysis of any medical or scientific evidence considered in reaching the opinion;

4. Information on whether the reviewer's rationale for the opinion is based upon whether the recommended or requested health care service or treatment has been approved by the federal Food and Drug Administration for the condition, or whether medical or scientific evidence or evidence-based standards demonstrate that the expected benefits of the recommended or requested health care service or treatment is more likely than not to be beneficial to the covered person than any available standard

health care service or treatment and the adverse risks of the recommended or requested health care service or treatment would not substantially be increased over those of available standard health care services or treatments; and

5. A description and analysis of any evidence-based standard.

AUTHORITY: section[s] 376.1387, RSMo 2000, and sections 374.045 and 376.1399, RSMo Supp. [2007] 2011. Original rule filed Nov. 3, 1997, effective June 30, 1998. Amended: Filed Nov. 1, 2007, effective July 30, 2008. Emergency amendment filed Nov. 15, 2011, effective Jan. 1, 2012, expires June 28, 2012. Amended: Filed Nov. 15, 2011.

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 OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing is scheduled for 10:30 a.m. on March 5, 2012. The public hearing will be held at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Insurance, Financial Institutions and Professional Registration, Attention Tamara W. Kopp, PO Box 690, Jefferson City, MO 65102. To be considered, comments must be received by 5 p.m. on March 5, 2012.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 200—Insurance Solvency and Company
Regulation
Chapter 18—Service Contracts**

PROPOSED RULE

20 CSR 200-18.030 Licensure of Motor Vehicle Extended Service Contract Producers

PURPOSE: This rule effectuates and aids in the interpretation of sections 385.200 to 385.220, RSMo, by defining “affiliated entities,” “authorized employees,” and “subsidiaries,” and setting the fees for applications.

(1) Definitions. As used in section 385.206, RSMo, the following terms shall mean:

(A) “Administrative fee,” a fee charged by a motor vehicle service contract provider upon the cancellation of a motor vehicle extended service contract by a service contract holder;

(B) “Affiliated entity,” any company in the same corporate system as a parent, or a member organization by virtue of common ownership, control, operation, or management;

(C) “Authorized employee,” an individual who meets the following criteria:

1. Is employed full time or part time by one (1) of the following entities listed in section 385.206, RSMo: a motor vehicle dealer; a manufacturer of motor vehicles; a federally insured depository institution; a lender; a provider; or an administrator under contract to effect coverage, collect provider fees, and settle claims on behalf

of a provider;

2. Has been granted authority by such entity to sell, offer, negotiate, or solicit motor vehicle extended service contracts in Missouri on behalf of the entity;

3. Is not an employee or independent contractor of any person, except an administrator, required to hold a motor vehicle extended service contract producer license under section 385.206, RSMo, in order to sell, offer, negotiate, or solicit a motor vehicle extended service contract in Missouri; and

4. Is identified by the entity as an “authorized employee” in a record available to the director under section 385.210, RSMo; and

(D) “Subsidiary,” an affiliated entity that is under the control of a provider.

(2) Application and Fees. Application for a motor vehicle extended service contract producer license shall include the following, as applicable:

(A) Initial Licensure.

1. Individual motor vehicle extended service contract producer.

A. A completed application form, as prescribed by the director.

B. Twenty-five dollar (\$25)-application fee.

2. Business entity motor vehicle extended service contract producer.

A. A completed application form, as prescribed by the director.

B. One hundred dollar (\$100)-application fee; and

(B) Renewal.

1. Individual motor vehicle extended service contract producer.

A. A completed renewal application form, as prescribed by the director, submitted no fewer than sixty (60) calendar days prior to the license expiration date.

B. Twenty-five dollar (\$25)-application fee;

2. Business entity.

A. A completed renewal application form, as prescribed by the director, submitted no fewer than sixty (60) calendar days prior to the license expiration date.

B. One hundred dollar (\$100)-application fee.

AUTHORITY: sections 374.045, 385.207, and 385.218, RSMo Supp. 2011. Emergency rule filed Dec. 29, 2011, effective Jan. 9, 2012, expires July 6, 2012. Original rule filed Dec. 29, 2011.

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 cost private entities approximately seventeen thousand seven hundred fifty dollars (\$17,750) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 9:30 a.m. on March 6, 2012. The public hearing will be held at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule, until 5:00 p.m. on March 6, 2012. Written statements shall be sent to Andy Heitmann, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans With Disabilities Act, please notify us at (573) 751-2619 at least five (5) working days prior to the hearing.

**FISCAL NOTE
PRIVATE COST**

I. RULE NUMBER

Rule Number and Name:	20 CSR 200-18.030 Licensure of Motor Vehicle Extended Service Contract Producers
Type of Rulemaking:	Proposed Rule

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:
40	Motor vehicle extended service contract business entity producer applicants	\$4,000
550	Individual motor vehicle extended service contract producer applicants	\$13,750

III. WORKSHEET

Entity Type	Estimated number of entities	Licensing fees for initial licensure	Total	Aggregate Total
Motor vehicle extended service contract business entity producers	40	(40 x \$100)	\$4,000	\$4,000 + \$13,750
Individual motor vehicle extended service contract producers	550	(550 x \$25)	\$13,750	\$17,750

IV. ASSUMPTIONS

Approximately 40 motor vehicle extended service contract business entity producers are expected to apply for licensure. Approximately 500 to 600 individual motor vehicle extended service contract producer are expected to apply for licensure. For the sake of simplicity, the estimate was simplified to 550 individual applicants.

The licensing fee for motor vehicle extended service contract business entity producers is \$100. The licensing fee for individual motor vehicle extended service contract producers is \$25. The license is effective for two years. Because license applications have not yet been approved or

refused, because of the high turnover of individual producers in the industry and because the future market for motor vehicle extended service contracts and the effects of a regulated environment and competition on the industry are difficult to predict, this note has not attempted to project the number of applicants that will renew a license, nor the number of times that licenses may be renewed. However, under the proposed rule, renewal fees are identical to initial licensure fees. In the unlikely event that each initial applicant is granted a license and renews the license, the resulting private cost would be identical to the above calculations.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 700—Insurance Licensing
Chapter 1—Insurance Producers**

PROPOSED RULE

**20 CSR 700-1.160 Licensing and Authorization of Portable
Electronics Insurance Producers and Related Entities**

PURPOSE: This rule effectuates and aids in the interpretation of sections 379.1500 to 379.1550, RSMo, by defining “authorized representative” and “employee” and setting fees for initial and renewal applications.

(1) Definitions. As used in sections 379.1500 to 379.1550, RSMo, and in the regulations promulgated thereto, the following terms shall mean:

(A) “Authorized representative,” any person contracted with, or that has other written authorization from a vendor to sell, solicit, or negotiate portable electronics insurance on behalf of the vendor, under the authority of the vendor’s portable electronics insurance producer license and under the vendor’s policy of portable electronics insurance; and

(B) “Employee,” individual who is employed part time or full time by a vendor and is authorized by the vendor to sell, solicit, or negotiate portable electronics insurance on behalf of the vendor, under the authority of the vendor’s portable electronics insurance producer license and under the vendor’s policy of portable electronics insurance.

(2) Application and Fees. Application for a portable electronics insurance license shall include the following, as applicable:

(A) Initial Licensure.

1. Vendor with ten (10) or fewer locations.

A. A completed applications form, as prescribed by the director.

B. One hundred dollar (\$100)-application fee.

C. Notice that each location authorized to sell, solicit, or negotiate portable electronics insurance has the brochures and actual policies or certificates of coverage required under section 379.1510, RSMo.

2. Vendor with more than ten (10) locations.

A. A completed application form, as prescribed by the director.

B. One thousand dollar (\$1,000)-application fee.

C. Notice that each location authorized to sell, solicit, or negotiate portable electronics insurance has the brochures and actual policies or certificates of coverage required under section 379.1510, RSMo; and

(B) Renewal Application.

1. Vendor with ten (10) or fewer locations.

A. A completed application form, as prescribed by the director.

B. Fifty dollar (\$50)-application fee.

C. Notice that each location authorized to sell, solicit, or negotiate portable electronics insurance has the brochures and actual policies or certificates of coverage required under section 379.1510, RSMo.

2. Vendor with more than ten (10) locations.

A. A completed application form, as prescribed by the director.

B. Five hundred dollar (\$500)-application fee.

C. Notice that each location authorized to sell, solicit, or negotiate portable electronics insurance has the brochures and actual policies or certificates of coverage required under section 379.1510, RSMo.

AUTHORITY: sections 379.1550 and 374.045, RSMo Supp. 2011. Emergency rule filed Dec. 29, 2011, effective Jan. 9, 2012, expires July 6, 2012. Original rule filed Dec. 29, 2011.

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 cost private entities approximately ten thousand five hundred dollars (\$10,500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 9:30 a.m. on March 6, 2012. The public hearing will be held at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule, until 5:00 p.m. on March 6, 2012. Written statements shall be sent to Andy Heitmann, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans With Disabilities Act, please notify us at (573) 751-2619 at least five (5) working days prior to the hearing.

**FISCAL NOTE
PRIVATE COST**

I. RULE NUMBER

Rule Number and Name:	20 CSR 700-1.160, Licensing and Authorization of Portable Electronics Insurance Producers and Related Entities
Type of Rulemaking:	Proposed Rule

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:
	Licensed vendors with 10 or fewer locations	
	Licensed vendors with more than 10 locations	

III. WORKSHEET

Vendor type	Estimated number of vendors	Licensing fees for initial licensure	Total	Aggregate Total
10 or fewer locations	5	(5 x \$100)	\$500	\$500 + \$10,000
More than 10 locations	10	(10 x \$1,000)	\$10,000	\$10,500

IV. ASSUMPTIONS

It is unknown how many vendors will apply for licensure under this rule. Vendors are not currently licensed by the Department and it is unknown how many entities will pursue licensure as a vendor. The number is for illustrative purposes only.

The licensing fees for initial licensure are \$1,000 for a vendor with more than 10 locations and \$100 for a vendor with 10 or fewer locations.

The licensing fees for renewal licensure are \$500 for a vendor with more than 10 locations and \$50 for a vendor with 10 or fewer locations.

A license is effective for two years, so every two years a license must be renewed or it will expire. Although future renewals are too uncertain to be included in this estimate, if the above estimations are accurate and vendors renew, the total aggregate private cost resulting from each renewal will be \$5,250.